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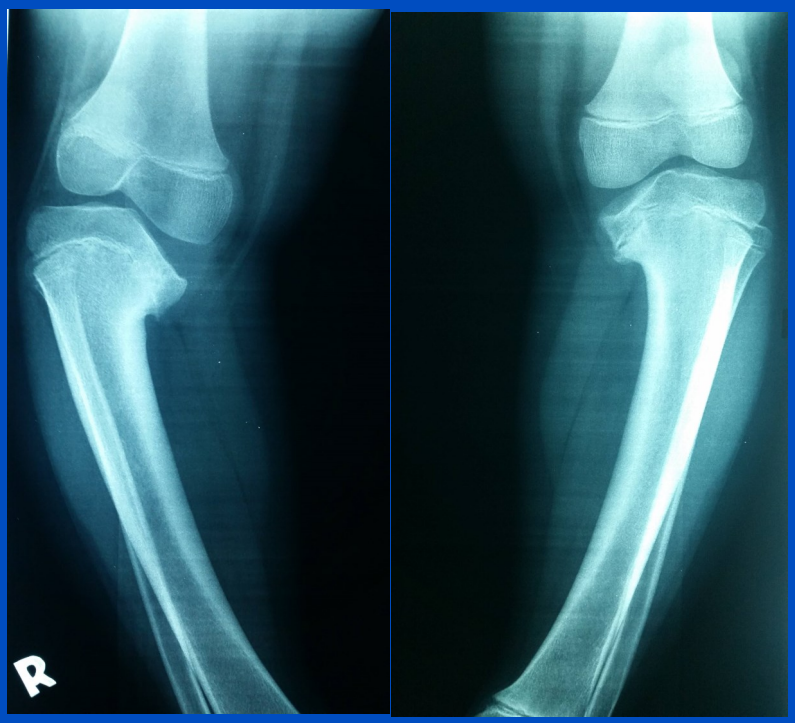

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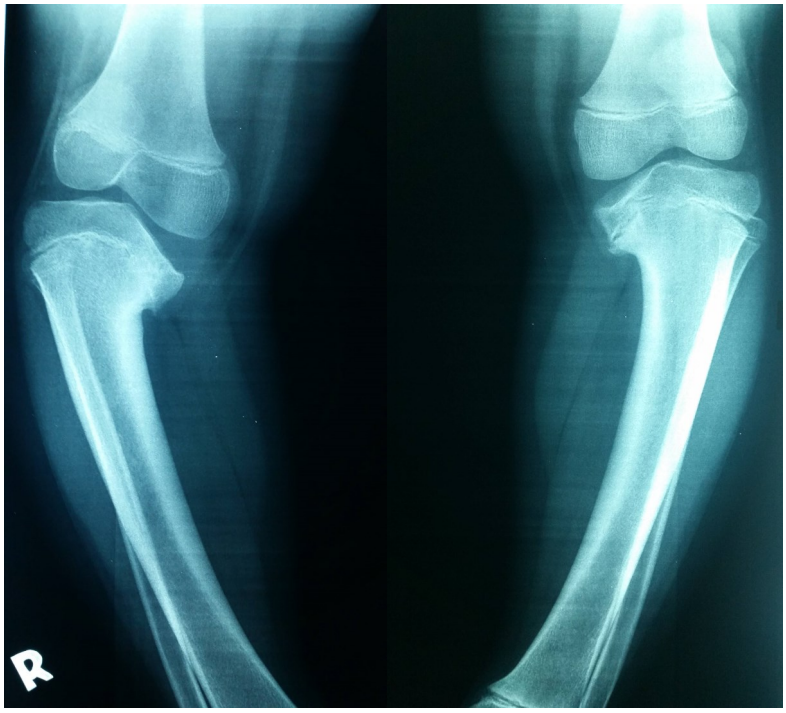

Figure 1

An overweight 8 year old girl was brought by her parents with progressive bowing deformity of the lower limbs first noticed when she was 5 years old. Plain radiographs of the knees were requested.

What is the diagnosis?

***Answer**: refer to page 113*

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DISCLOSURE: There are no conflicts of interest to declare. Consent has been obtained from the child's parents with regards to permission to publish the images.

(Refer to page 112)

ANSWER: BLOUNT'S DISEASE

Blount's disease is developmental disorder characterized by disordered growth of the medial aspect of proximal tibia physis, leading to progressive genu varum at the tibia.[1] Infantile Blount's is the commoner type, affecting children 0 to 4-5 years of age and tends to be bilateral. Adolescent Blount's on the other hand is predominantly unilateral affecting children >10 years of age.[2]

Causes for Blount's disease are multifactorial and seem to be related to mechanical overload in genetically susceptible individual. Overweight children that are early walkers are most at risk of Blount's disease. The combination of mechanical and biological factors damages cartilage on the medial aspect of proximal tibia, producing osteochondrosis on the physis and epiphysis. As growth is selectively inhibited medially, a resultant varus deformity progresses.[2]

Radiographic studies are essential in the diagnosis and severity staging of Blount's disease. Characteristic features are localized deformity at the proximal tibial level with medial beaking of the epiphysis, a widened irregular medial physis and irregular ossification.[2]

Management of Blount's disease depends on the individual's age and on the Langenskiöld classification. The classification is based on the degree of progressive depression of medial plateau of proximal tibia (Stage I –VI).[2] Attempts with brace treatment are usually reserved for children <2.5 years old with Stage I/II disease on Langenskiöld classification. Surgical intervention (primarily osteotomy of tibia and fibula) is indicated in Stage III/IV Infantile Blount's and Adolescent Blount's with moderate-severe deformity.[1,2]

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