

# Clinical Quiz

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## Congenital short femur

### Clinical Presentation

A one-month-old male baby was brought to our outpatient department with the complaints of congenital shortening of his left thigh. The baby was first issue, born at term by spontaneous vaginal delivery. Antenatal history was typical. He cried immediately after birth. The parents denied any family history of skeletal abnormalities and consanguinity. At presentation, he was active, afebrile, with normal respiration, and his weight was 2.9 kg. Examination revealed shortening and deformity of his left thigh. There was limitation of left hip and knee movements. There were no features suggestive of dysmorphism. The left thigh was placed in flexion and abduction. In addition, the ankle joint on left side was approximately at the level of the right knee (Figure 1). There was no other associated skeletal deformity, and rests of the systems were within normal limits. Laboratory investigations including complete blood count, erythrocyte sedimentation rate, serum calcium, serum phosphate and serum alkaline phosphatase were within normal limits. The antero-posterior radiograph of the left thigh with hip and knee was ordered as shown in Figure 2.



**Figure 1** - Clinical photograph of patient showing shortened and deformed left thigh (arrow). Typical flexion-abduction contracture of hip with ankle joint almost at the level of contralateral knee.



**Figure 2** - The antero-posterior radiograph of the thigh with hip and knee shows marked hypoplasia of proximal femur, bending of proximal femur at subtrochanteric region - subtrochanteric varus with pseudoarthrosis (arrow).