Processible developing

VIETNAM PEDIATRIC ORTHOPAEDICs

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Pediatric Orthopaedic Department-National Hospital for Pediatrics
Professor of Hanoi Medical University and
Academy of Medical Army
CONTENT

1. Vietnam Pediatric Orthopaedic Association

2. Organized scientific workshop

3. Scientific Research have been published in International Journal of Pediatric Orthopaedic

4. Relationship
Professor VO THANH PHUNG

Former speciality of
Vietnam Pediatric Orthopaedics

Former
Vietnam Pediatric Orthopaedic Association

Professor VO THANH PHUNG
1941 - 2011
- Two Associations had have union August 2005

VIETNAM PEDIATRIC ORTHOPAEDIC ASSOCIATION (VPOA)

- 9 of 64 provinces, there had Hospital for Pediatrics
5 of them had Pediatric Orthopaedic Department.
President  Prof. Vo Thanh Phung  
Prof. Nguyen Ngoc Hung  
Dr. Phan Quang Tri
President Prof. Nguyen Ngoc Hung
Dr. Phan Quang Tri
Organized scientific workshop
NOAPOS-EPOS-VPOA CONTINUING EDUCATION COURSE

Ho Chi Minh City
Ha Noi City
Perry L. Schoenecker MD
Louis Children’s Hospital,
Washington University School of Medicine, St. Louis, Missouri

Scott A. Hoffinger, MD.
Children’s Hospital Oakland, California
Associate Professor, Univ. Calif. San Francisco
Professor Arjandas Mahadev
Senior Consultant
Department of Orthopaedic Surgery
KK Women’s and Children’s Hospital
Singapore

Professor Buddee.B. Diagnosis and treatment Development dysplasia and Congenital dislocation of the hip joint in Mongolia

Ha Noi City 2011

Ha Noi City 2011
Professor Chiaki Hamanishi.
Kinki University, Osaka
Congenital short femur and associated anomalies.
Japan

Professor James HP HUI
Head Paediatric Orthopaedics, NUH
Malaysia

Ha Noi City  2011
Ha Noi City  2011
Professor JULYN A. AGUILAR
St. Luke’s Medical Center
Institute of Orthopaedics & Sports Medicine
Philippines

Medial soft tissue release for severe LCD

Professor Kit Song, MD, MHA
Seattle Children’s Hospital
USA

The Hip in Spastic Cerebral Palsy

Ha Noi City 2011

Ha Noi City 2011
Professor Makoto Kamegaya  
Chiba Children & Adult Orthopaedic Clinic, Chiba Children’s Hospital  
Japan

Surgery in clubfoot and Talonavicular Alignment in Clubfoot

Professor Paul Wade, DPM  
University of South Australia

Preliminary evaluation of implementing the Ponseti method for correction of clubfoot in Vietnam

Ha Noi City 2011
Ruixue MA
Children’s Hospital of fudan University
Shanghai China

Lateral condyle fracture Diagnosis treatment & presodoarthrosis
Professor Tae Joon CHO
Seoul National University Children’s Hospital
Seoul, Korea

Changing Pattern of Management for DDH. Past & Now in South Korea
Supracondylar Fracture of the Humerus in Children with vascular complication and Volkmann Syndrom

Dr. Phan Quang Tri
Hospital for Traumatology and Orthopaedics Ho Chi Minh City

Early results of treatment surgical of brachial plexus injury at Children’s Hospital 1

Dr. Đang Khai Minh
Ho Chi Minh City

Ha Noi City 2011
Dr. Huynh Manh Nhi. Hospital for Traumatology and Orthopaedics, Ho Chi Minh City

Deployment of Ponseti management for clubfoot deformity in Ho Chi Minh City and surrounding provinces

Dr. Do Van Thanh
Traumatology and Orthopaedics, Da Nang City

Surgical treatment of Developmental Dysplasia of the Hip in DaNang Orthopedic and Rehabilitation Hospital: Preliminary results

Ha Noi City 2011
Derotational osteotomy of the proximal radius and the distal ulna for congenital radioulnar synostosis

Cortical bone fenestrations with continuous antibiotic irrigation to mediate hematogenous tibial osteomyelitis in children.
Management of supracondylar fractures in children treated by closed reduction 2010 in children's hospital Hai Phong

Evaluating Femoral fracture with Intrafixation by plaque in Children at Quang Tri Hospital
Dr. Doan Viet Hung  
General Hospital of Daklak Province

Early results of the closed reduction and percutaneous pinning for supracondylar humeral fractures in children using lateral entry fixation

Dr. Hoang thien Quang,  
Hospital for Traumatology and Orthopaedics HCM City

Treatment of Radial Neck Fractures in Children by Percutaneous Reduction with Kirschner Wire

Ha Noi City  2011

Ha Noi City  2011
Dr. Lam Minh Chinh  
Ho Chi Minh City

Initial results of treatments of paralysis hard limbs with cerebral palsy by Botulinum Toxin Type A

Dr. Nguyen Quang Tien  
CanTho City

Several considerations for 50 Elbow injury cases in Children under 6 years old at Can Tho Hospital for Pediatrics
Dr. Nguyen Quoc Viet
National Hospital for Pediatrics
Hanoi City
Extensive Soft-Tissue Release for congenital clubfoot with children under 24 months of age

Dr. Phung Cong Sang
National Hospital for Pediatrics
Hanoi City
Remark Chiari osteotomy for Legg-Calvé-Perthes Disease in Children
Dr. Nguyen Van Xu Hai
Children Hospital Number 1
Ho Chi Minh City

Legg Calve Perthes Disease: Non Operative Treatment

Dr. Pham Dong Doai
Dong Nai Hospital for Pediatrics

The first case of humeral supracondylar fracture treated with closed reduction and pinning under C-Arm at Dong Nai Hospital for Pediatrics

Ha Noi City 2011
Complications of the Ponseti method in the treatment of clubfoot

Ha Noi City  2011
SCIENTIFIC RESEARCH HAVE BEEN PUBLISHED

IN INTERNATIONAL JOURNAL

OF PEDIATRIC ORTHOPAEDICS

Inform International Colleagues about Developing Vietnam Pediatric Orthopedics

Principle of article have to have new problems of Pediatric Orthopaedics

**Surgical Techniques**

- **Type I:** Proximal release portion of intermediate deltoid muscle and the gap is formed post-operatively;
- **Type II:** Distal release portion of intermediate deltoid muscle and the gap is formed post-operative;
- **Type III:** Lengthening of intermediate portion of deltoid muscle and the gaps is formed post-operative;
- **Type IV:** Distal release portion of intermediate deltoid muscle and transferring posterior portion of deltoid muscle to fill the gap.
The scapulo-humeral angle was measured at the point of intersection of the horizontal line (from superior angle of the scapula to lateral acromion) and humeral axis with the shoulder in maximum horizontal adduction.
### Classification of severity:

<table>
<thead>
<tr>
<th></th>
<th>Serious</th>
<th>Medium</th>
<th>Mild</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction angle</td>
<td>&gt; 25°</td>
<td>&gt; 15° - ≤ 25°</td>
<td>≤ 15°</td>
</tr>
<tr>
<td>Adduction angle</td>
<td>&gt; 15°</td>
<td>&gt; 05° - ≤ 15°</td>
<td>≤ 05°</td>
</tr>
<tr>
<td>Scapulo-Humeral angle</td>
<td>≤ 20°</td>
<td>&gt; 20° - ≤ 30°</td>
<td>&gt; 30°e</td>
</tr>
<tr>
<td>Subluxation or recurrent dislocation of the shoulder</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Droop of acromion(Rx)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Functional points(QuickDASH)</td>
<td>&gt;75</td>
<td>&gt;25 - ≥75</td>
<td>≤25</td>
</tr>
</tbody>
</table>

### New Problems:

- Surgical Technique
- Clinical scapulo-humeral angle
- Classification of severity

**Surgical Technique**

(A) The osteotomies/resections are drawn on both; (B) Both bones resections are performed; (C) Intramedullary K-wires for fixation of both osteotomies.

**New Problems:**

- Surgical Technique

- Iliotibial tract is tenotomized
- Iliotibial tract is passed through the tunnel
- Iliotibial tract was fixed Semitndinousus insertion
Those patients developed dislocation of the patella after repeated antibiotic(s) intramuscular injections into the quadriceps muscle.

The patella was held in the intercondylar groove so that the knee could not flex beyond 30 degree.

**New Problems:**
- Surgical Technique
- Additional cause of Dislocation of the Patella

**Surgical Technique**
**Criteria for result assessment**

<table>
<thead>
<tr>
<th></th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deformities: Valgus, procurvatum, recurvatum</strong></td>
<td>Unequivocal</td>
<td>Equinovocality</td>
<td>nunion</td>
</tr>
<tr>
<td>Maintenance of alignment. No additional surgery</td>
<td>&gt; 15 degree valgus. procurvatum. No additional surgery</td>
<td>Additional surgery</td>
<td></td>
</tr>
<tr>
<td>Limb-length discrepancy</td>
<td>&lt; 3 cm</td>
<td>&gt; 3 cm</td>
<td>&gt; 3 cm</td>
</tr>
<tr>
<td>Refracture</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**New Problems:**
- Surgical Technique
- Criteria for result assessment

**First Author report this disease in literature**
Surgical Technique

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Serious</th>
<th>Medium</th>
<th>Mild</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adduction angle (maximum abduction)</td>
<td>≤ 45</td>
<td>≤ 90</td>
<td>&gt; 90</td>
</tr>
<tr>
<td>Elbow flexed angle (scapula is held in the chest wall)</td>
<td>≤ 60</td>
<td>≤ 90</td>
<td>&gt; 90</td>
</tr>
<tr>
<td>Scapulo-Humeral angle (Rx)</td>
<td>≤ 60</td>
<td>≤ 90</td>
<td>&gt; 90</td>
</tr>
<tr>
<td>Functional points (QuickDASH)</td>
<td>&gt; 75</td>
<td>&gt; 25</td>
<td>≤ 25</td>
</tr>
</tbody>
</table>

Classification of severity

New Problems:
- First Author report this disease in literature
- Surgical Technique
- Roentgenographic scapulo-humeral angle
- Classification of severity

Some holes were created in the anterolateral cortical tibia.

System of irrigation, (a) catheter was placed in medullary canal and (b) drainage tube was placed at the inferior border of the tibia.

New Problems:
- Surgical Technique
Nguyen Ngoc Hung. Bifid thumb type IV in children: transferring an epiphyseal segment of the proximal phalanx with insertion of the abductor pollicis brevis tendon.


**New Problems:**
- Surgical Technique
8. **Nguyen Ngoc Hung.** Analysis of two different techniques in the treatment of knee stiffness in swing phase due to fibrous rectus femoris muscle in children
*Journal of Pediatric Orthopaedics B* 2011, 20:164–172

New Problems:
- Surgical Technique
The correction of CCR by sine plasty combined with removing fibrous groove and fasciotomy in two stages (1-week interval between stages) is simple, safe, and effective in the treatment of CCR in children without any major complications.

New Problems:
- Surgical Technique

- (1) the time interval between injury and reduction procedure: under 3 weeks should be manipulation
- Beyond 3 weeks should be reductional operation
- We released the adductor longus muscle and lengthened the psoas tendon, with purposes to facilitate manipulation and decompression of the hip, to prevent fracture on manipulation, and to prevent subsequent recurrent dislocation.

**New Problems:**
- Surgical Technique for time interval between injury and reduction of procedure
11. **Nguyen Ngoc Hung.** Congenital Club Foot in Children Younger than 24 Months: Decancelous Cuboid Combined with Selective Soft Tissue Release

*Open Journal of Orthopedics, 2012, 2, 94-110*

**New Problems:**
- Surgical Technique Congenital Club Foot in Children Younger than 24 Months
12. Nguyen Ngoc Hung. Patellar dislocation due to iatrogenic quadriceps fibrosis: Results of operative treatment in 54 cases. J Child Orthop (2012) was Accepted

New Problems:
- Surgical Technique
- Additional cause of Dislocation of the Patella
APOA 2012 - Delhi
Using small curette to remove cancellous in both side proximal and distal segment of ilium to create a slot receiving fibular allograft.

Fibular allograft is placed between the two fragments and maintain the displacement. The Fibular grafting lateral displacement 2 mm is needed.

**New Problems:**
- Surgical Technique with modified Salter Innominate Osteotomy
- Fibular Allograft

INVITED LECTURE - APOA 2012 - Delhi

**New Problems:**
- Surgical Technique for time interval between injury and reduction of procedure
15. Nguyen Ngoc Hung. Tarsal Abductory Osteotomy in the Treatment of Adduction Deformity of the fore part of the foot

Mekon Santé Workshop

Mekon Santé Workshop

- The skin incision must be performed carefully because the radial digital nerve may cross the midline.
- Simple incision of the A-1 pulley and partial resection have both been advocated.
- The nodule in the tendon is produced by constriction of the flexor tendon by the tight A-1 pulley, and requires no further treatment.
17. Nguyen Ngoc Hung. Tarsal Abductor Osteotomy in the Treatment of Adductor Deformity of the fore part of the foot: resected Cuboid wedge and fibular Allograft to medial Cuneiform
New Problems:
- Surgical Technique
- Fibular Allograft
Indications

Bone grafts may be used for the following purposes:

1. To fill cavities or defects resulting from cysts, tumors, or other causes
2. To bridge joints and thereby provide arthrodesis
3. To bridge major defects or establish the continuity of a long bone
4. To provide bone blocks to limit joint motion (arthrosis)
5. To establish union in a pseudarthrosis
6. To promote union or fill defects in delayed union, malunion, fresh fractures, or osteotomies
7. To plastical arthrosis of acetabulum for Dislocation and Perthes disease
International relationship

We related some Pediatric Orthopaedic Association:

- IFPOS
- Australia, China, Mongolia, France, Korea, Singapore, USA...
- Member of Pediatric Section of APOA
Use of an intramedullary Kirschner wire for treatment of congenital pseudarthrosis of the tibia

Surgical Treatment for bifid Thumb in children
Nguyen Ngoc Hung. Releasing Soft Tissue for Congenital Clubfoot in Children Under 24 Months of Age

Nguyen Ngoc Hung. Surgical Treatment for Congenital Radial Deficiency

6th International ASAMI Meeting in collaboration with EOA - 2010 CAIRO, EGYPT
Conclusion

1. **Professor VO THANH PHUNG** founder
   Speciality of Vietnam Pediatric Orthopaedics and Vietnam Pediatric Orthopaedic Association

2. Organized scientific seminars

3. Scientific Research have been published in *International Journal of Pediatric Orthopaedic*

4. Relationship
   - Member of IFPOS
   - Australia, China, Mongolia, France, Korea, Singapore, USA...
   - North American Pediatric Orthopaedic Society
   - European Pediatric Orthopaedic Society
   - Member Scientific committee of Pediatric Section of APOA
Thanks for Your Attention