A case of proximal focal femoral hypoplasia
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Objective
The incidence of Proximal Focal Femur Dysplasia ranges from 1 / 50,000 to 200,000. It is a rare skeletal anomaly, without a clear etiology. However, it is thought to be sporadic. There is a spectrum of dysplasia ranging from mild shortened femur to incomplete femur at the level of the condyle. Hemipelvis has also been affected in most cases.

Methods
This is a case report.

Results
Case 1. The patient was 31-year-old G2A1L0. The patient's medical and family history was unremarkable. The second trimester sonography was performed at 16 gestational weeks and the right femur length was compatible with 13 weeks, whereas the left femur length was normal. At 19 gestational weeks the femur length was compatible with 14 weeks. The femoral head was deformed. Gestational diabetes mellitus was diagnosed and treated with insulin. Caesarian section was performed due on maternal request at 38 weeks and 6 days. A live 2810 gr, 48 cm baby girl was born, with 9 / 10 APGAR. In the early neonatal period, the baby was normal except left short femur. Case 2. The patient was a 24-year-old G1 P0 with unremarkable medical and family history. Antenatal screening tests were normal. Isolated left femur hypoplasia was detected at the mid-trimester ultrasound scan in another center and referred to us. At the 24 gestational weeks examination, the left femur length was compatible with 16-17 gestational weeks. Deformation of the hip joint and left femoral head displacement were observed on ultrasound examination. An MRI examination was preformed and the findings were confirmed. At the 32 gestational weeks, FL was consistent with 22 weeks. There was no additional finding or complication in antenatal follow-up. At the 38 weeks 3 days a live male fetus 3440 gr, with 9/10 APGAR was born by caesarean section. There were no additional problems in the early neonatal period.

Conclusion
This congenital anomaly involves the pelvis and proximal femur with widely variable manifestations, from mild femoral shortening and hypoplasia to the absence of any functional femur and acetabular aplasia. Early recognition of this malformation could provide useful information to both parents and physicians concerning management and therapeutic planning.