OBJECTIVE: To stabilize the unstable capital femoral epiphysis to stop further slippage. To prevent imminent epiphyseal dislocation with subsequent articulation disorders of the hip joint and joint degeneration. To prevent additional growth disorders of the proximal femur. INDICATIONS: Epiphyseolysis capitis femoris acuta. Epiphyseolysis capitis femoris lenta. Epiphyseolysis capitis femoris incipiens (incipient epiphyseolysis). Epiphyseolysis capitis femoris imminens (imminent epiphyseolysis of the so-called healthy contralateral side). CONTRAINDICATIONS: None. The diagnosis of slipped capital femoral epiphysis is an absolute indication for surgery unless there is an internal or pediatric disorder that dictates a conservative approach. SURGICAL TECHNIQUE: Three, possibly four, Kirschner wires, at least 2 mm thick, are inserted through a short subtrochanteric approach under image intensification into the femoral neck so that they are seen to be spread uniformly over the cross section of the femoral head when viewed in both planes. The opposite side is transfixed prophylactically. POSTOPERATIVE MANAGEMENT: 3 weeks partial loading at 10 kg, then increased loading after radiologic assessment. Radiologic assessment every 6 months until the end of the growth phase so that migration of the Kirschner wires out of the femoral head can be identified early. If necessary, renewed Kirschner wire transfixation. Implants are removed after consolidation and closure of the
growth plate. RESULTS: 59 therapeutic and 48 prophylactic transfixations of slipped capital femoral epiphysis were performed from 1970 to 1995. The average follow-up period was 4 years (0.1-17.3 years). The most frequent complications were incipient secondary joint degeneration arising in most cases from femoral head necrosis, and postoperative identification of Kirschner wire malignment. At the time of follow-up 27 patients had an excellent result on the pathologic side according to Southwick's classification, 26 a good, three a moderate, and three a poor result. In particular, a poor result ensued subsequent to femoral head necrosis.