TABLE 3

Complications Related to SCFE

Condition	Comments
Avascular necrosis	Most severe complication Onsets typically within the first year Caused by vascular damage from tearing, compression, or tamponade of vessels to the femoral head
Femoral acetabular impingement	Most common complication Develops from abnormal proximal femur shape or poor healing after severe slips Decreased hip motion, labral damage, and arthritis Risk increases with slip severity
Chondrolysis	Joint space narrowing and cartilage loss Results in hip pain, decreased range of motion, and thigh or knee discomfort
Degenerative arthritis	Common across all slip severities Often necessitating hip replacement SCFE is the leading cause of hip arthritis in patients younger than 60 years
Limb-length discrepancy	Caused by slip of the epiphysis Worsens with age Severity correlated with slip angle
Labral tear	80%-90% of treated slips present with labral or acetabular pathology
Chronic hip pain	Up to 33% of all patients with SCFE develop chronic hip pain
Hip replacement	Patients with SCFE will undergo hip replacement approximately 11 years earlier than patients with primary osteoarthritis Avascular necrosis often necessitates hip replacement within 10 years

SCFE = slipped capital femoral epiphysis.

Information from references 36, 42, 45, and 50-52.