Table 1: Demographic and clinical data of the nine patients (11 hips) younger than ten years old diagnosed with slipped capital femoral epiphysis during the years 2007-2018.

	Pt 1	Pt 2	Pt 3	Pt 4	Pt 5	Pt 6	Pt 7	Pt 8	Pt 9
Age (y: years, m: months)	6у	6y1m 6y8m	7y7m	7y8m	8y8m	9y4m 10y1m	y10m	9y10m	9y10m
Sex	M	M	M	M	M	M	M	F	F
Hip involved	L	L R	R	L	L	L R	L	L	L
Symptom duration (days)	21	64 14	64	112	168	14 7	21	42	224
Stability	S	S S	S	S	S	S S	S	S	U
Southwick angle	17	18 4	10	10	36	10 7	15	10	68
Metabolic disease	N	\mathbf{Y}^1	N	N	N	Y^2	N	Y^3	N
Treatment	KW	KW	KW	KW	CS	CS	CS	CS	CS
Hardware complications	N	Y*	N	Y*	N	N	N	N	No data
AVN	N	N	N	N	N	N	N	N	No data
ROM	F	F	F	F	L**	F	F	F	No data
Pain	N	N	N	N	N	N	N	N	No data
Slip progression	N	N	N	N	N	N	N	N	No data
Follow-up (months)	10	74 67	37	48	19	51 39	29	27	N/A

Pt: Patient, M/F: male/female, R/L: right/left, Y: yes, N: no, S: stable, U: unstable, AVN: avascular necrosis, ROM: range of motion, F: full, L: limited, KW: Kirschner wire, CS: cannulated screw, SCFE: slipped capital femoral epiphysis, N/A: no follow-up available, ¹: hyperinsulinism, ²: hypogonadism, ³: hypothyroidism-hyperinsulinism, *: patient 2 outgrew one KW and had one KW breakage, while patient 4 had KW loosening, All patients were above 95th percentile BMI for age with mean weight 56.11 kilograms, **: Limited internal rotation (10°) and abduction (60°).