

Neglected Dislocation of Hip : A Case Report

DR . NITIN WADHWA (RESIDENT)
Dr AMIT KALE (HOU & PROFESSOR)

CASE REPORT

- A 20 year old male patient with complaints of pain in left knee since 3 months
- History of trauma 3 months back for which he did not take any medical treatment but massage and prolonged immobilization was done.
- The patient was on complete bed rest for two months.
- After two months the patient was walking with the help of a stick but was unable to squat and sit cross-legged.
- The activities of daily living were hampered and the patient was unable to carry on with his job.

- On examination :
- Attitude of the limb was abduction and external rotation .
- Inspection : ASIS is at a lower level as compared to the normal side.
- Apparent lengthening of 2cm of the affected limb(left lower limb)
- Narath's sign : the pulsation of the femoral artery was not palpable .
- Rom : fixed flexsion deformity of 20 degree
left hip is fixed in abduction of 20 degree further abduction upto 40 degree was possible.
- Power :5/5
- Bilateral dorsalis pedis present , equal and normal .

MANAGEMENT

- Radiological evaluation was done in the form of X-ray and CT Scan.

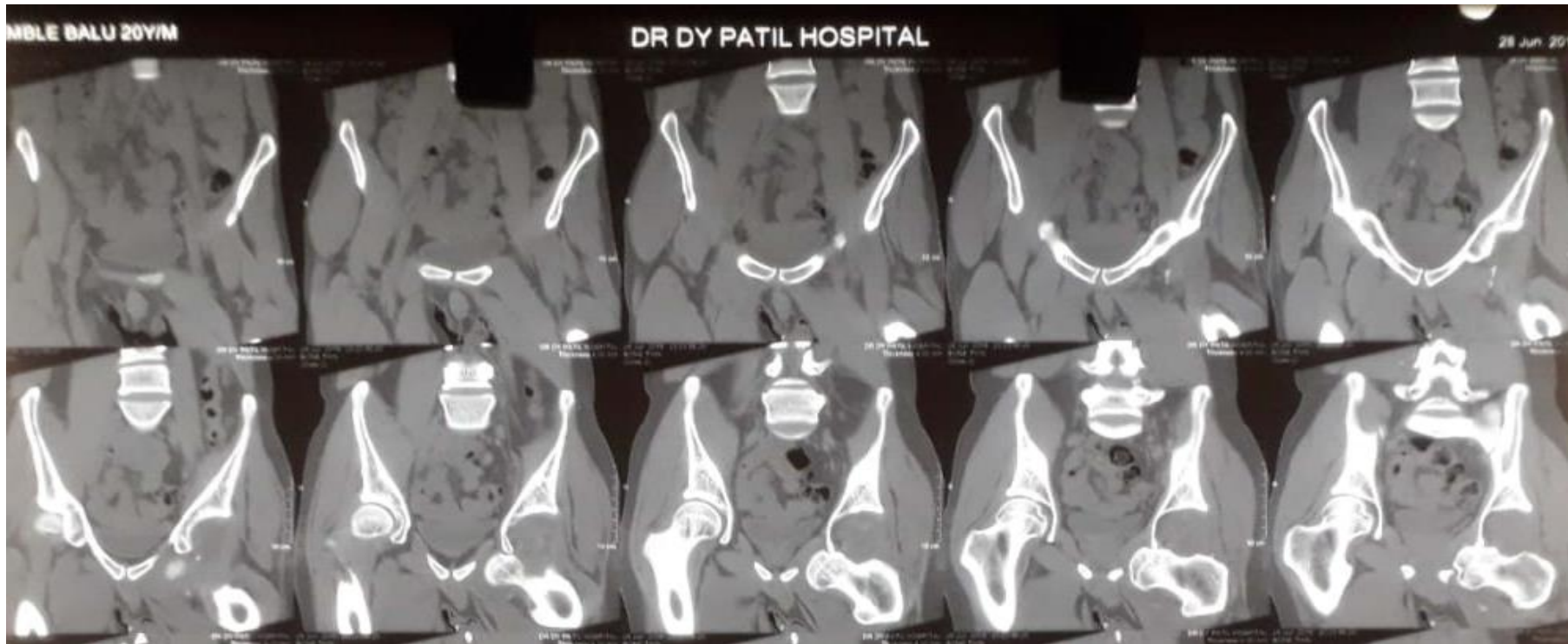
20 Years
Male



FIGURE 1: PRE OPERATIVE X-RAY OF THE PATIENT SHOWING INFERIOR DISLOCATION OF THE HIP

FIGURE 2

CT SCAN SHOWING POSTERIO-INFERIOR DISLOCATION OF THE HIP



MANAGEMENT

- Initially skeletal traction was given.
- Lateral traction was given using schanz screw which was inserted in greater trochanter and 10 kg of weight was applied.





FIGURE 3:CLINICAL PICTURE SHOWING PATIENT GIVEN TRACTION

FIGURE 4
POST TRACTION
X-RAY



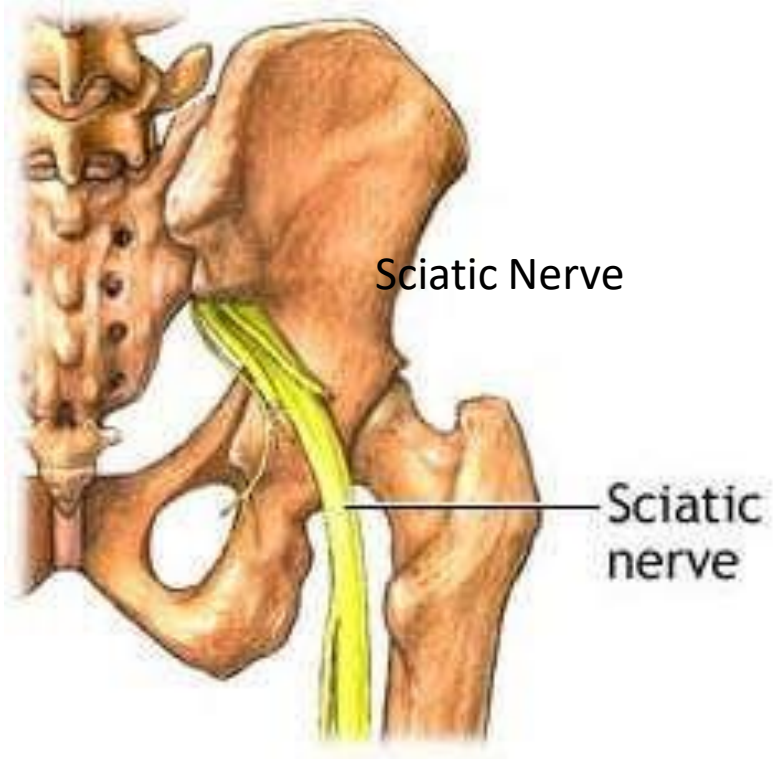
OPTIONS FOR TREATMENT

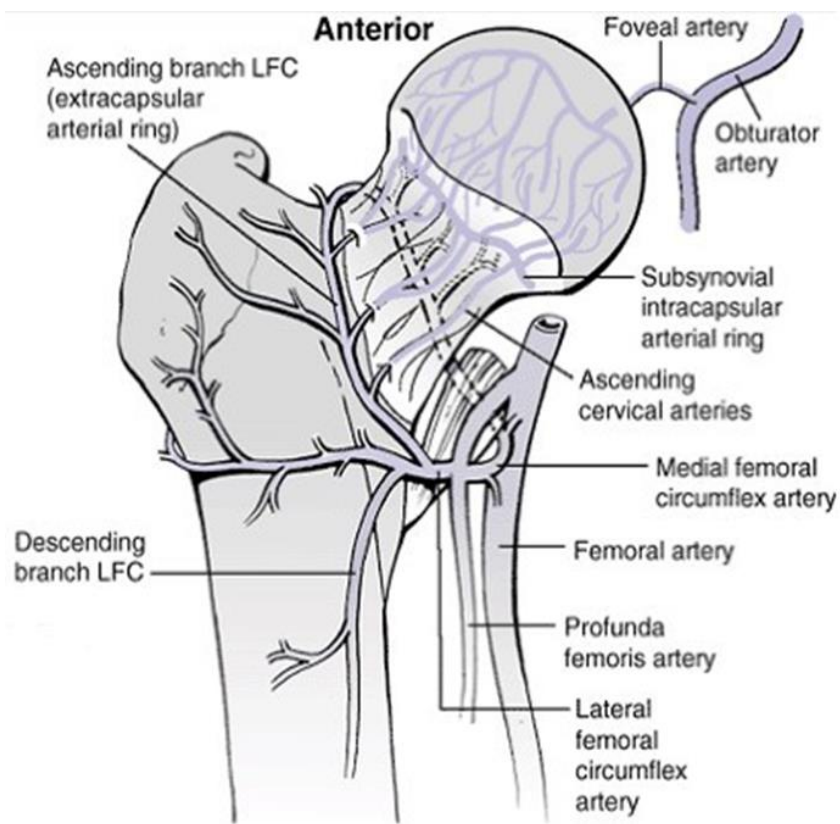
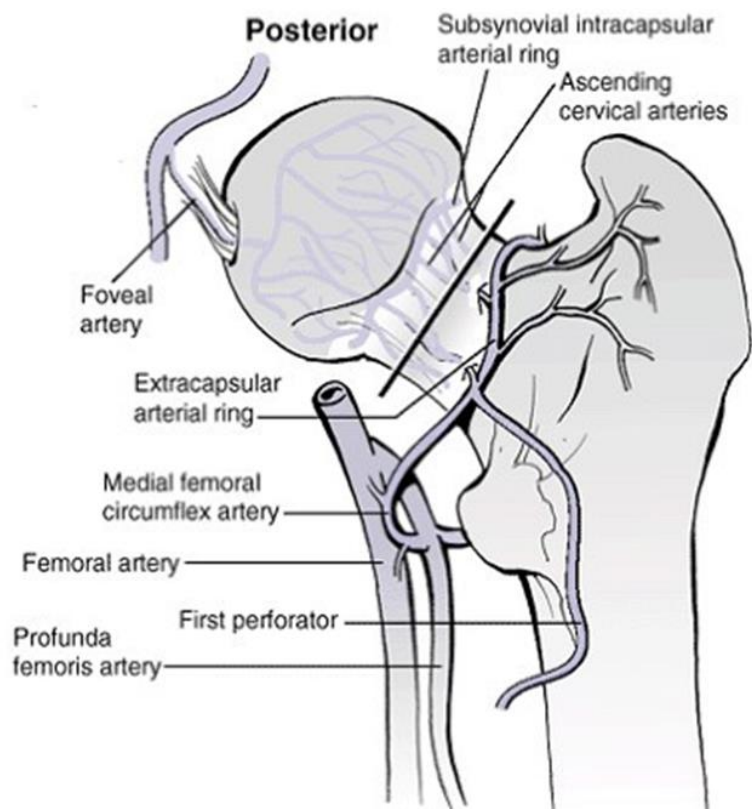
- IDEAL option of treatment in this case will be ARTHROPLASTY .
- Hemiarthroplasty (uncemented modular bipolar)
- Total hip arthroplasty (uncemented): depending upon the condition of the acetabular cartilage .
- We planned for open reduction and relocation of the femoral head as patient was not willing for arthroplasty .

CHALLENGES IN OPEN REDUCTION AND RELOCATION

- Relocation of the head due to surrounding soft tissue fibrosis.
- Associated femoral head fracture .

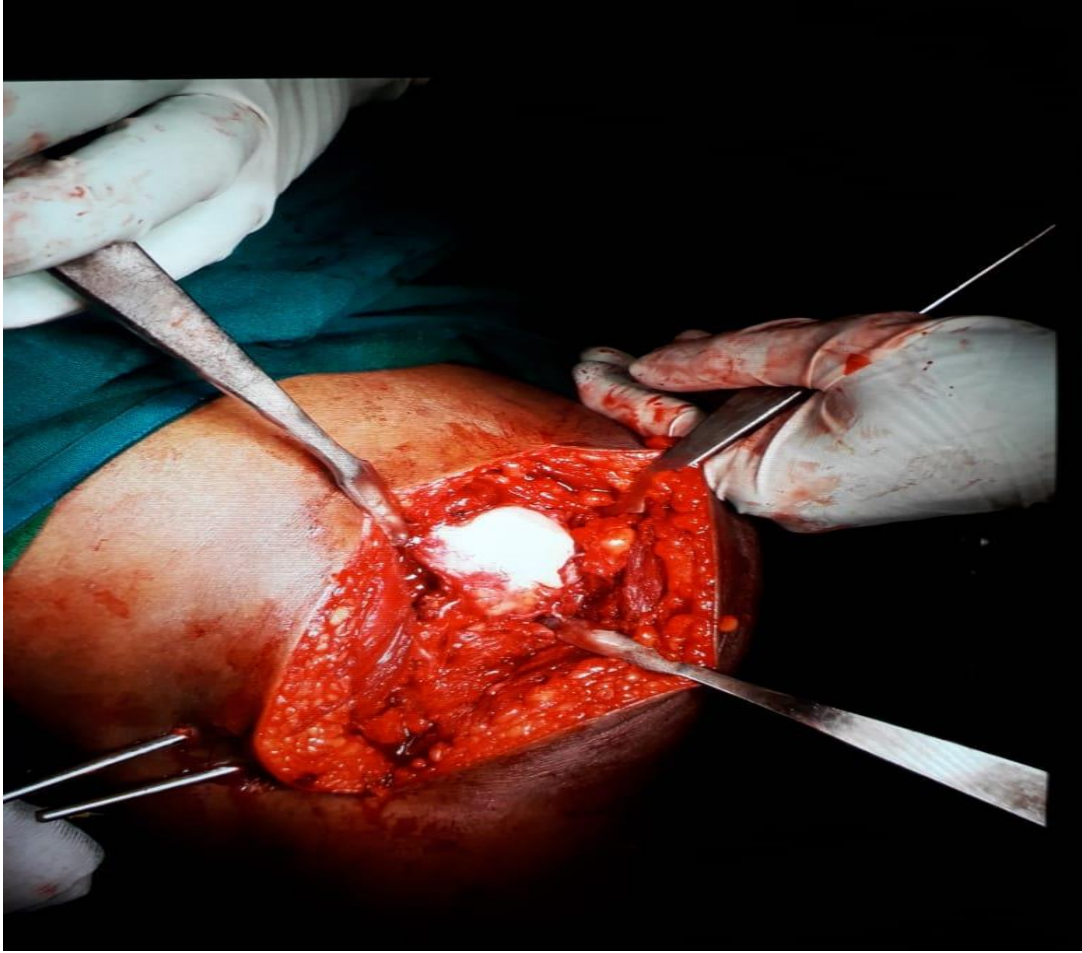
Impending neurovascular damage





SURGERY





The head of femur on dissection was lying postero inferior



Subchondral fracture of the femoral head



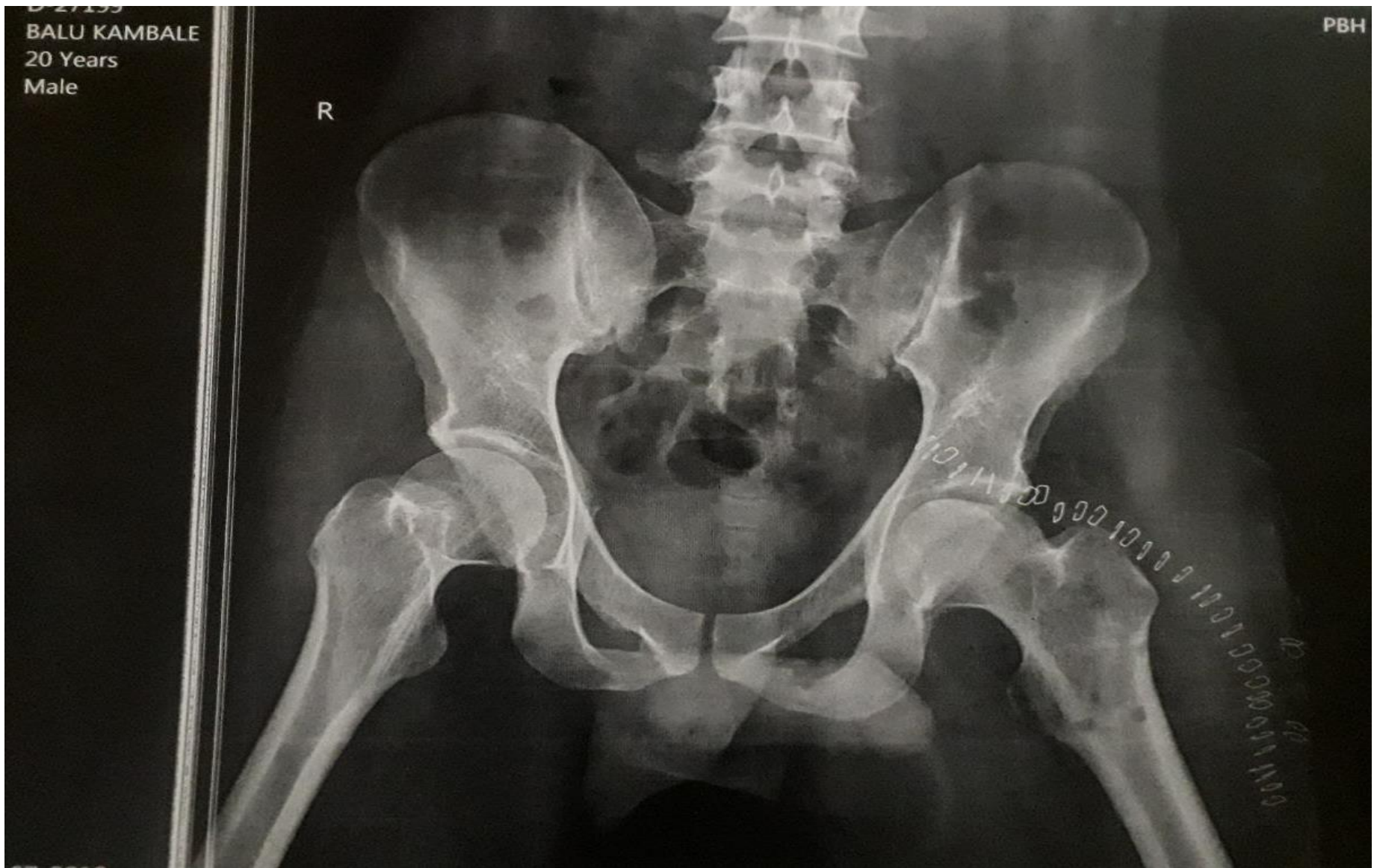


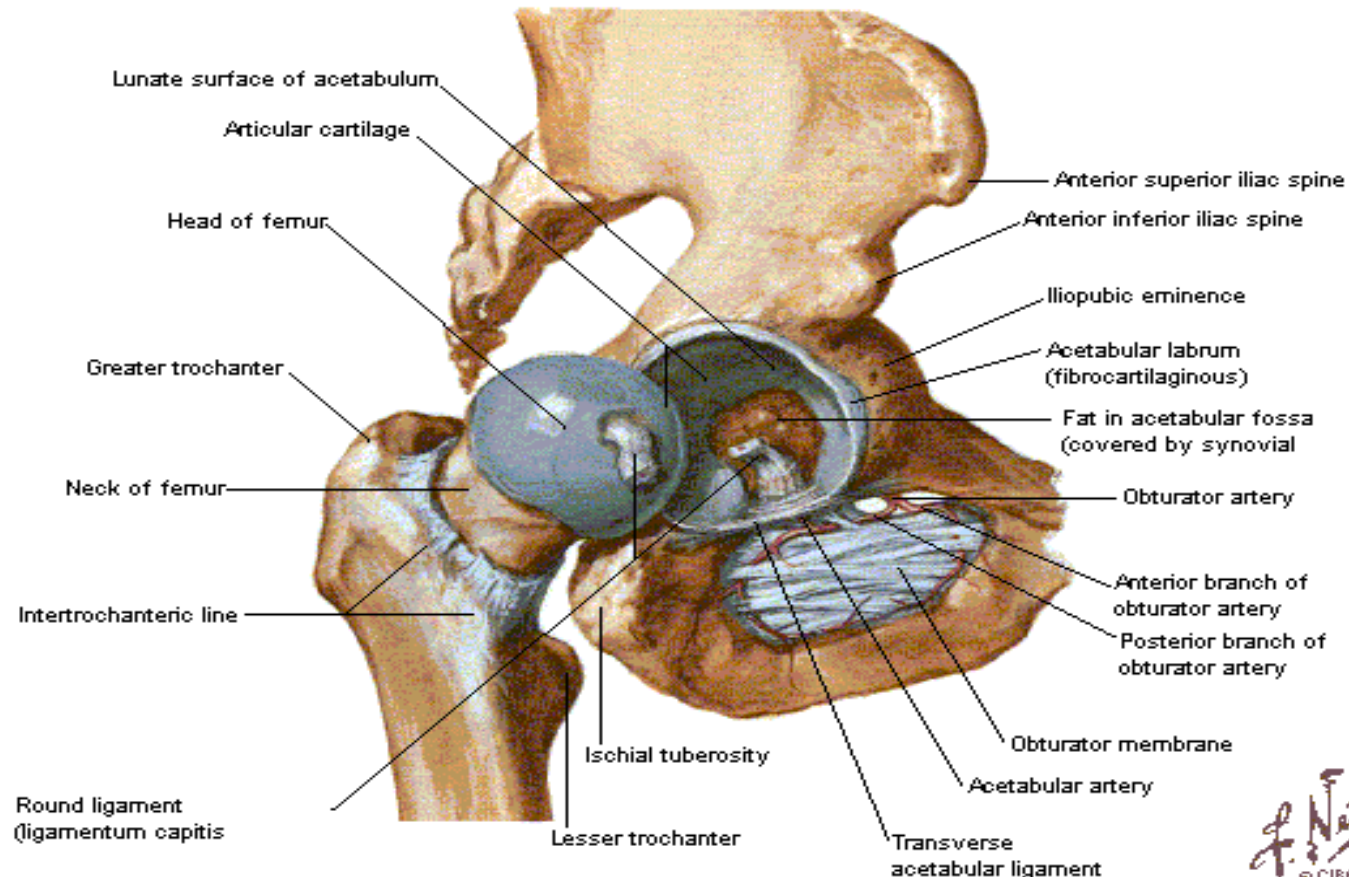
FIGURE 5: POST RELOCATION OF HIP X-RAY

Post operative plan

- Patient was advised for continued traction for 2 weeks .
- He has been allowed for non weight bear walking for 4 weeks.
- And a close follow up will be kept for osteoarthritic changes in the femoral head and acetabulum .
- And reconsiderstion for arthroplasty as further line of management.

DISCUSSION:Anatomy

Hip Joint [Opened] Lateral View



Joint Contact Area



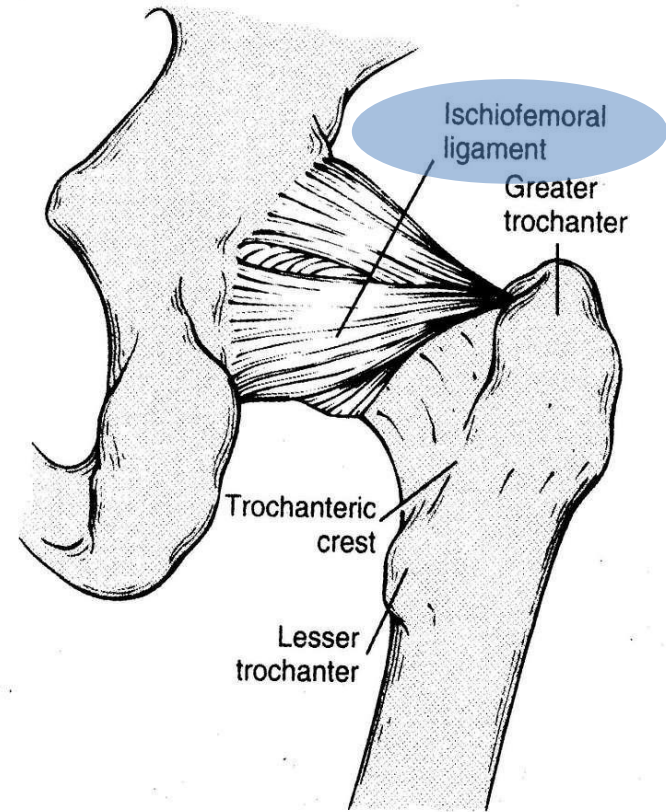
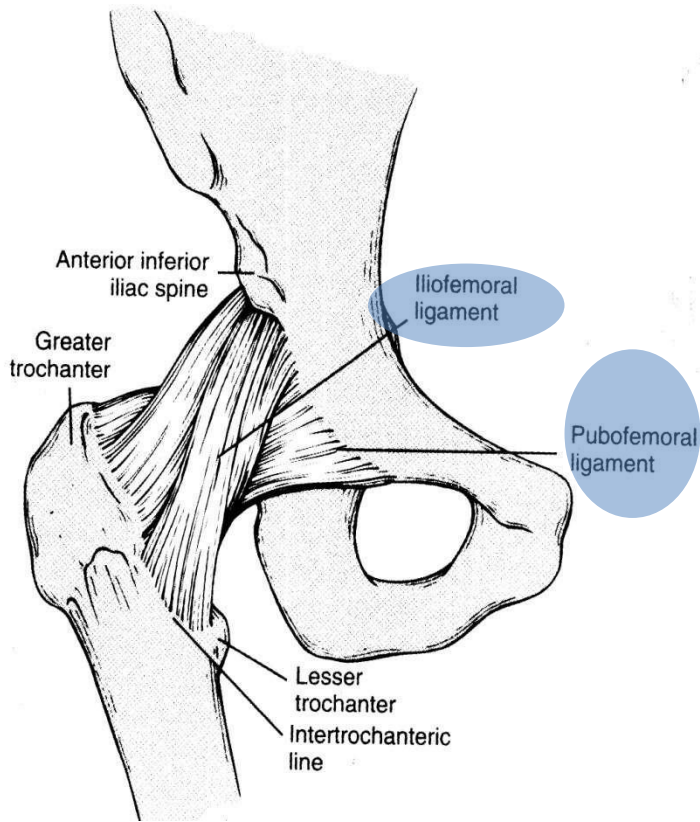
-

-

Acetabular Labrum



The Capsule & ligaments of hip joint



Hip Dislocation: Mechanism of Injury



The hip joint is inherently stable, requiring significant force to dislocate. Thus pure hip dislocation or dislocation with femoral head fracture is generally a result of high-energy trauma and is often accompanied by associated injuries.

- POSTERIOR DISLOCATION is the commonest type of dislocation.
- It has been well documented that delayed reduction of traumatic dislocation of the hip increases the risk of avascular necrosis and secondary arthritis.

REFERENCES

- [1] Bucholz Robert W., Heckman James D., Court-Brown Charles M. Rockwood & Green's Fractures in Adults, 6th Edition. Philadelphia, Lippincott Williams & Wilkins; 2006; Vol (2): p1714-1752.
- [2] Phillips AM, Konchwalla A. The pathologic features and mechanism of traumatic dislocation of the hip. Clin Orthop Relat Res 2000;377:7-10.
- [3] Epstein HC. Traumatic dislocations of the hip. Clin Orthop Relat Res 1973;92:116-42.
- [4] DeLee JC, Evans JA, Thomas J. Anterior dislocation of the hip and associated femoral-head fractures. J Bone Joint Surg Am 1980;62:960-4.
- [5] Canale Terry S., Beaty James H. Campbell's Operative Orthopaedics, 11th ed. Philadelphia, Mosby Elsevier 2007; vol(3):p3227-3296.
- [6] Aggarwal S., Kumar V., Bhagwat K., Shashikanth V.S., Ravikumar H. Inferior dislocation of the hip: a case series and literature review. Chinese J of Traumatology 2012;15(5):317-320.
- [7] DeLee JC, Evans JA, Thomas J. Anterior dislocation of the hip and associated femoral-head fractures. J Bone Joint Surg Am 1980;62:960-4.
- [8] Phillips AM, Konchwalla A. The pathologic features and mechanism of traumatic dislocation of the hip. Clin Orthop Relat Res 2000;377:7-10.
- [9] Garret JC, Epstein HC, Harris WH, Harvey JP, Nickel VL. Treatment of unreduced traumatic posterior dislocations of the hip. J Bone Joint Surg 1979;61-A: 2-6.
- [10] Salisbury RD, Eastwood DM. Traumatic dislocation of the hip in children. Clin Orthop Relat Res 2000;(377):106-11.
- [11] Yamamoto K, Ko M, Masaoka T, Shishido T, Imakiire A. Traumatic anterior dislocation of the hip associated with ipsilateral femoral shaft fracture in a child: a case report. J Orthop Surg 2004;12:126-32.
- [12] Agarwal N.D., Singh H. Unreduced anterior dislocation of hip. A report of seven cases. JBJS 1967;49(B):288-92.
- [13] Singaravelu V, Mugundhan M, Sankaralingam K. Neglected intrapelvic dislocation of femoral head. Indian J of Orthopaedics 2010;44:224-26.
- [14] Alva A, Shetty M, Kumar V. Old unreduced traumatic anterior dislocation of the hip. BMJ case reports 2013; doi:10.1136/bcr-2012-008068.

THANK YOU