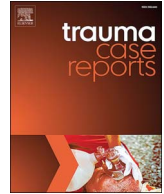


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Case Report

Posterior dislocation of a native hip joint associated with ipsilateral per-trochanteric fracture: A rare case report

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ABSTRACT

We describe a case of traumatic posterior dislocation of a native hip joint associated with ipsilateral comminuted inter-trochanteric fracture. In our case, closed reduction was attempted but proved unsuccessful. Taking into account the planned subsequent intra-medullary femoral nail, open reduction through a lateral incision was undertaken. Post-operatively, the planned mobility was for a non-weight bearing period of 6 weeks followed by a partial-weight bearing period of 6 weeks before progressing to full-weight bearing. Post-operatively, the patient completed a comprehensive course of physiotherapy. At five months, he was able to walk for five miles over the course of a weekend. At six months, the patient was looking at phased return to work as a fire fighter. Radiographs taken at the time demonstrated evidence of healing to his inter-trochanteric fracture. At ten months, the patient was back to normal duties at work as a fire fighter.

Introduction

The hip joint is stabilised by a strong soft tissue envelop. The architecture of the ball and socket provides inherent stability. The aforementioned architecture is supported by strong ligaments and groups of muscles. Thus, the hip joint is very stable and dislocation of a native hip joint requires high energy trauma. Said high energy trauma can lead to femoral head and/or acetabular fractures. We describe a case of traumatic posterior dislocation of a hip joint associated with ipsilateral comminuted inter-trochanteric femoral fracture. The description includes initial and medium term management of this incredibly rare occurrence.

Case report

In September of 2015, a 31 years old fire fighter was a restrained passenger in the front seat of a fire truck that was driven into a tree resulting in significant intrusion injuries. At the scene of the accident, the cervical spine was immobilised. His airway, breathing and circulation remained stable throughout. He was a level 1 trauma call and had a computed tomography (CT) trauma series and full examination following initial resuscitation. He was previously fit and well. He does not take any regular medications. The CT scan demonstrated an isolated closed posterior dislocation of the right hip with a comminuted inter-trochanteric fracture (Figs. 1–5). There was no associated neurovascular deficit. No further skeletal, spinal or visceral injuries were identified on secondary and tertiary surveys, focused assessment with sonography for trauma (FAST) and CT scans.

Few hours following resuscitation, he was taken to the operating theatre. Intra-operatively, the femoral head was found to have

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Fig. 1. An axial computed topography (CT) image at presentation.

buttonholed posteriorly through the joint capsule, significant comminution to the per-trochanteric fracture with multiple bony fragments penetrating the muscle envelope including the calcar. Initially, closed reduction was attempted, this proved unsuccessful. The decision was taken to proceed to open reduction of the hip joint through a lateral incision. A cork screw was inserted into the femoral head and neck (Figs. 6 & 7).

The femoral head was successfully reduced into the acetabulum of the hip joint. The inter-trochanteric fracture was reduced and held with sharp reduction forceps (Fig. 8).

After reduction of the fracture, the femur was prepared to receive a long T2 gamma intra-medullary (IM) nail. The IM nail was locked distally. On day one post-operatively, radiographs demonstrated a congruent hip joint, satisfactory fracture and metalwork position (Figs. 9–11).

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