TRAUMATIC ASSYMETRICAL BILATERAL HIP DISLOCATION. A CASE REPORT

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INTRODUCTION:
Hip joint is a ball and socket type of synovial joint formed by head of femur and acetabulum. Hip dislocation is an orthopedic emergency and can be divided into simple and complex. A simple dislocation is differentiated from complex by the fracture of the acetabulum or proximal femur in the latter. Hip joint is prone for anterior and posterior dislocation. In rare instances, bilateral hip dislocation can occur.

CASE REPORT:
A 18 year old boy was involved in motor vehicle accident when he lost control of his motorbike and hit a tree. He had severe hip pain and numbness of bilateral lower limbs. Examination showed left lower limb was in flexion, adduction and internal rotation and right lower limb was in flexion, abduction and external rotation. Pelvic X ray showed posterior dislocation of left hip with acetabulum fracture and anterior dislocation of right hip. Close reduction of the left hip posterior dislocation was done using Allis maneuver. The same maneuver was used for right anterior dislocation with additional lateral traction over the proximal thigh using a towel. CT pelvis after close reduction showed normal right hip joint and fracture of posterior wall of left acetabulum with displaced head of femur posterosuperiorly. Open reduction and plating of posterior wall of left acetabulum was done under general anesthesia. Postoperative X ray showed loss of spherical shape of right head of femur. Therefore, right lower limb was immobilized using skin tractions for 2 weeks to prevent impact between head of femur and acetabulum. Repeated X rays during follow up at 6 months showed no avascular necrosis (AVN) or post traumatic osteoarthritis changes.

DISCUSSION:
This case report shows both simple and complex hip dislocation which required urgent reduction within 6 hours to prevent femoral head AVN (1). Commonly used maneuvers for hip reduction are Stimson and Allis. Surgical interventions are required for irreducible dislocations, non-concentric reduction with intra-articular fragments and unstable fracture dislocations (2). Complications include AVN of head of femur, arthritis of hip joint, myositis of surrounding soft tissue, sciatic nerve palsy and redislocation.

REFERENCE: