

Hip Dislocation with Ipsilateral Femoral Shaft Fracture (closed treatment of both injuries in a single setting): case report and literature review

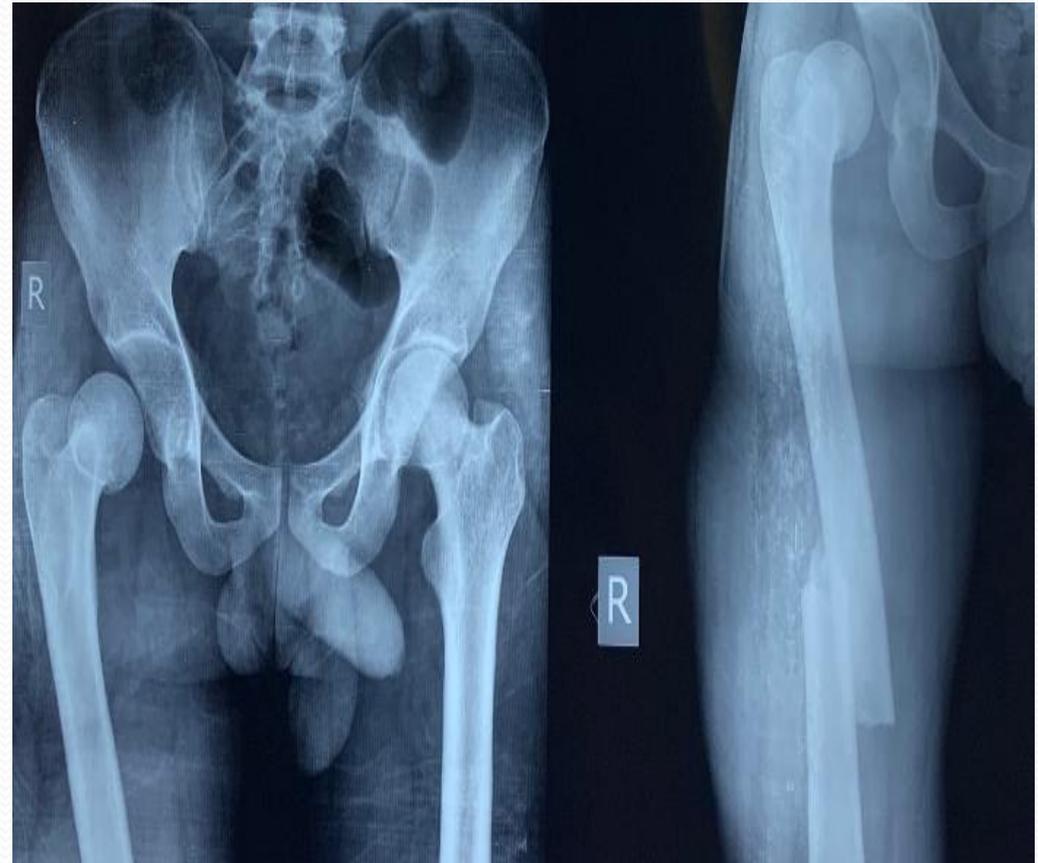
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Introduction

- With the increasing use of automobile, complex mechanisms of injuries have come into play leading to some rare fracture patterns. Hip dislocation with concomitant femur shaft fracture is such complex injury.
- There are few reports of such patterns but there are no clear-cut guidelines regarding their management.
- Here we report such rare case of posterior dislocation of hip associated with an ipsilateral fracture shaft of femur in a male patient due to road traffic accident.
- Both the injuries were treated with closed reduction in a single anesthesia with a good functional outcome at one year follow up.

Case Details

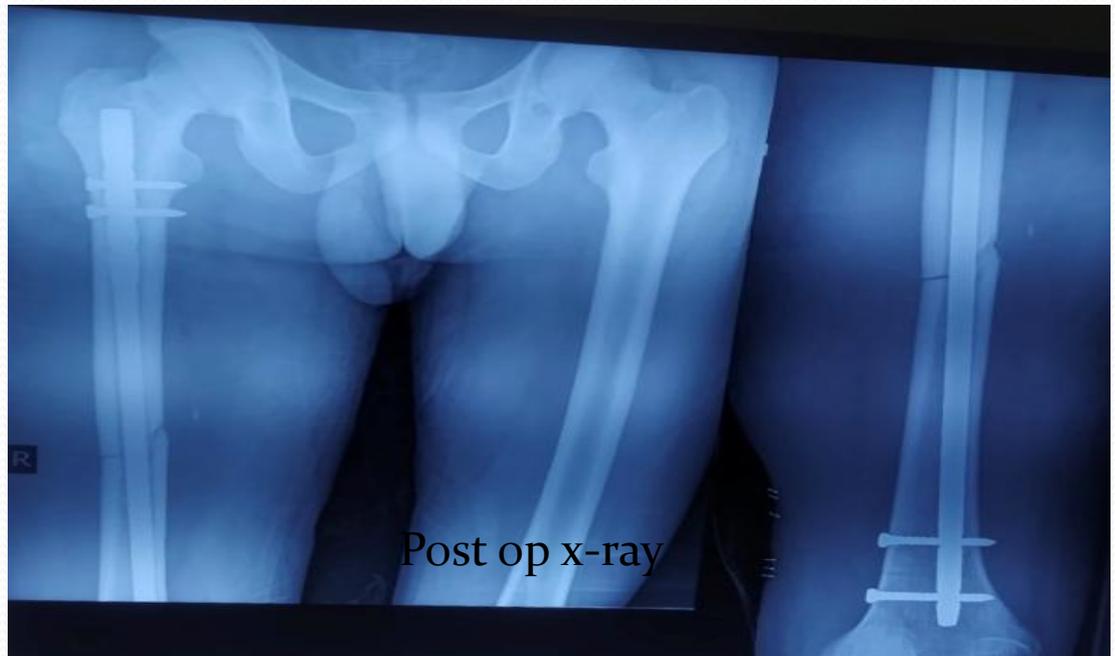
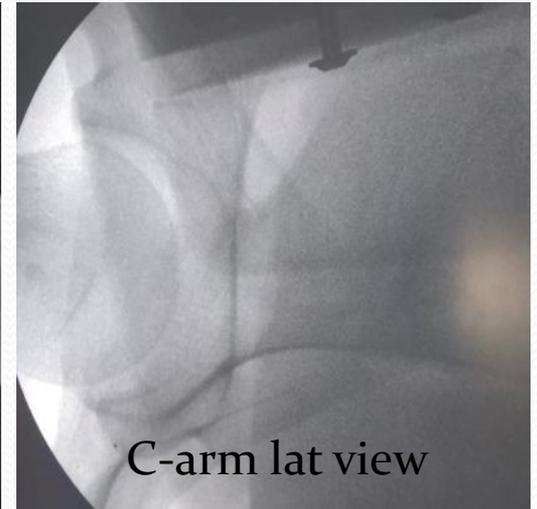
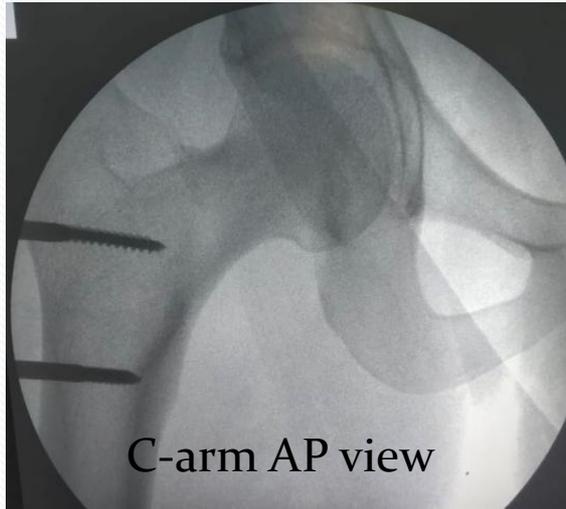
- 21 years old male.
- History of RTA.
- X-ray:- posterior dislocation of hip along with a fracture of the ipsilateral femoral shaft.
- Patient was hemodynamically stable with all the vital functions normal.



Pre op x-ray

Management

- Patient was taken to OT immediately (within 6 hours) after completing pre anaesthetic requirements and spinal anaesthesia was given.
- Temporary external (2 pin uniplanar) fixator was used to reduce the posterior dislocation of hip under fluoroscopic guidance.
- Femoral shaft fracture was then managed by close reduction and interlocking IM nail under the same anaesthesia.
- Discharged with partial assisted weight bearing for initial 6 weeks and then normal walking.



Follow up

At 1 year follow up:-

- Good functional outcome.
- Normal movements at hip.
- Harris Hip Score-95.
- Union at # site.
- No signs of AVN on x-ray.



Follow up x-ray at 1 year

Discussion & Conclusion

- Posterior hip dislocation is an emergency situation and a prompt reduction should be achieved once the patient is hemodynamically stable. In these scenarios where there is associated femoral shaft fracture, it is difficult to achieve closed reduction as the traction force is not transmitted to the proximal femur due to the intervening fracture.
- So, it is safer to use an external device in the form of a fixator applied to the proximal fragment to reduce the hip.
- When attending such patients with complex injuries, the surgeon should prefer a closed reduction attempt with the help of external tools rather than straight away opting for open reduction.
- To conclude, in cases of hip dislocation, if time is saved then the femoral head is saved.