

## LUXATIO ERECTA FEMORIS- A RARE INJURY REQUIRING OPEN REDUCTION

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**Introduction:** Inferior hip dislocation, also known as luxatio erecta femoris, is the rarest type of hip dislocation, accounting for 2-5 % of all hip dislocations. It occurs in high-energy trauma and is commonly associated with a femoral head or neck injury.

**Discussion:** A 21-year-old man was brought to ED after crashing his bike into a car. There was no life-threatening injury but the left hip was found to be abducted, flexed and externally rotated. A pelvic radiograph revealed a left luxatio erecta femoris (Fig 1). Multiple attempts under general anaesthesia were made to reduce the hip joint, however unsuccessfully. An open reduction was performed with anterior approach. Intraoperatively, the femoral head was stuck within obturator foramen, with small fracture over the femoral head (Fig 2). The stability of the hip joint was adequate after the reduction. Non weight-bearing was advised for 6 weeks and a 5-month follow-up radiograph did not reveal any avascular necrosis (AVN) of the head. Luxatio erecta femoris can be subdivided into two types, depending on the position of the femur; inferior-anterior dislocation (obturator foramen dislocation) is more common and the rarer form is true inferior dislocation, in which the head lies below the acetabulum and lateral to the ischial tuberosity. Close reduction under general anaesthesia with muscle relaxant is recommended and it should be applied before treating concomitant injuries of the femur. In our case, the fracture fragment played a role of mechanical block that prevented a successful reduction.

**Conclusion:** Close reduction under general anesthesia should be performed as soon as possible in such injury. A fracture of the femur head or neck might fail close reduction. Serial radiograph is needed to monitor for AVN.