

TRAUMATIC DISLOCATION OF THE HIP IN A CHILD CAUSED BY TRIVIAL FORCE

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Introduction: The incidence of traumatic hip dislocation in children has low frequency which represents around 9% of all traumatic childhood dislocations. Fifty per cent of the cases occur in ages 12-15 years, while those under 5 years of age are reported in the literature as isolated cases.

Discussion: We report a case of 4 years old boy, presented with inability to bear weight after fall from 2-feet height. Clinical examination showed the left hip to be flexed, adducted and internally rotated with apparent shortening of the left lower limb. Neurological examination revealed no sensory or motor deficits. Radiographs showed posterior dislocation of the left hip without any associated fracture. He underwent close reduction under sedation without difficulty. After reduction the hip was stable with full range of motion. Post-reduction radiographs showed a concentrically reduced hip. He was put on hip spica for 3 weeks.

Conclusion: Traumatic hip dislocation in childhood is a rare injury with the mechanism of injury is dependent on the patient's age and skeletal maturity status. The energy required to dislocate a paediatric hip increases with age and skeletal maturity. A low energy mechanism is required to cause a hip dislocation in children less than 10 years of age, while older children require a much higher energy mechanism. It is likely due to the shallow, cartilaginous and soft acetabulum combined with proximal femoral valgus and increased femoral neck anteversion in younger children. In addition, the paediatric hip joint is surrounded by more elastic ligamentous support as compared to adults. The most common complications following traumatic hip dislocation include avascular necrosis, growth disturbance with premature fusion, neurological injury, recurrent dislocation, and posttraumatic arthritis. Regardless of age, the injury represents a true orthopaedic emergency for which attempt closed reduction should be performed immediately.