

## Reviving Mobility: Total Hip Replacement in an Overlooked Posterior Hip Fracture Dislocation, the HTAR Experience

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### INTRODUCTION:

Posterior hip dislocation (90%) is a common traumatic injury with associated posterior wall of the acetabulum fractures as well. With a detailed examination these fractures are detected early and not missed. However, in some cases they are which can lead to AVN and neglect as is with our rare presentation of such a patient.

### REPORT:

Our patient a 55-year-old gentleman, had an alleged MVA in 2022 in which he sustained a right posterior hip dislocation and was believed to have been reduced at a district hospital and a follow up was planned however, patient had missed his TCA there and only after 4 months he was seen again and noted to have a neglected non-union right posterior acetabular wall fracture with chronic hip dislocation. Patient was not ambulating at the time however he had no associated neurovascular pathology over the right lower limb. Radiographic evaluation revealed a neglected posterior hip dislocation with associated pseudo-acetabulum formation. There was marked degenerative changes in the femoral head and acetabulum, indicative of advanced OA secondary to chronic dislocation. CT scan further delineated the extent of bony deformity and the presence of pseudo-acetabulum.

### Intraoperative & Postop Management:

A right cementless total hip replacement (THR) was planned for him. Intraoperatively he was noted to have a posterior hip dislocation with a pseudo-acetabulum with the native acetabulum filled with fibrous tissue. He had good cup coverage with 2 acetabular screws inserted. The femoral stem articulation with the acetabular component was noted to stable anteriorly and upon external rotation with restoration of limb length. The patient demonstrated gradual improvement in pain and functional status during follow-up visits. At the three-month mark, he reported significant relief of symptoms and

restoration of mobility, allowing him to return to his activities of daily living.

### CASE DISCUSSION:

Neglected posterior hip dislocation with pseudo-acetabulum formation poses a complex challenge for orthopedic surgeons. These cases often present with advanced degenerative changes and significant soft tissue contractures, necessitating meticulous surgical planning and execution. Total hip replacement remains the treatment of choice for addressing the extensive bony defects and restoring hip joint function. Careful preoperative evaluation, intraoperative decision-making, and postoperative rehabilitation are crucial for achieving favorable outcomes in such cases. Long-term follow-up is essential to monitor for implant stability, wear, and potential complications.

### CONCLUSION:

In conclusion, the successful management of neglected posterior hip dislocation with pseudoacetabulum formation requires a multidisciplinary approach involving orthopedic surgeons, anesthesiologists, nurses, and physical therapists. Through comprehensive evaluation, meticulous surgical technique, and diligent postoperative care, satisfactory outcomes can be achieved, ultimately improving the quality of life for affected individuals.

### REFERENCES:

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