

Neglected Traumatic Posterior Hip Dislocation presenting after 3 weeks Managed Successfully with Hip Preservation Surgery: A Case Series

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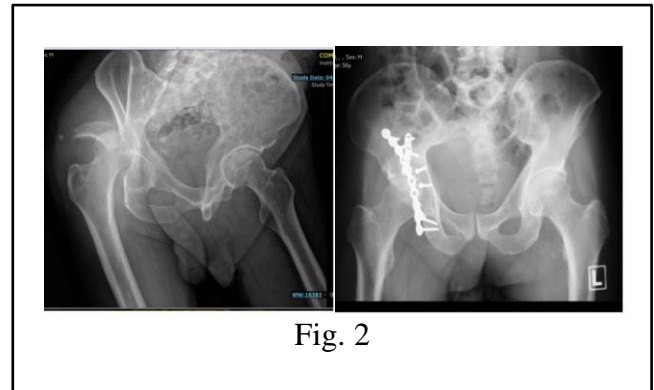
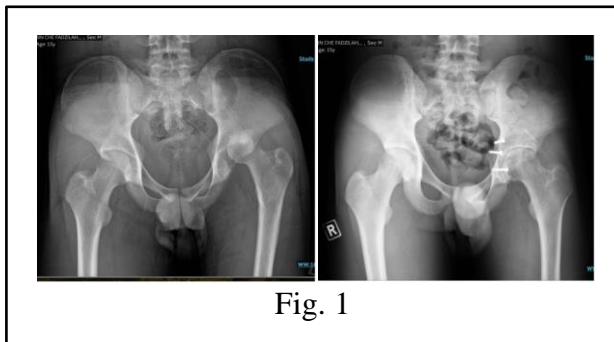
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INTRODUCTION:

Neglected hip dislocation is an uncommon condition, thus considered very rare occurrence in developed countries with easily accessible healthcare. Because hip dislocations are considered trauma emergencies, they are usually treated with early reduction, improving the patient prognosis. We report a series of two cases in 15 years and 56 years old individuals with neglected dislocation of over 3 weeks which were managed with single stage hip preservation surgery.

REPORT:

Two cases of neglected posterior dislocation of the hip of more than 3 weeks (15 years and 56 years of age all males) presented with leg in adduction, flexion, and internal rotation deformity and painful limp. They were all managed inadequately by traditional bonesetters. There was associated acetabular fracture in one of the cases, but no avascular necrosis was present in radiography and computer tomography. A hip preservation surgery was done which was open reduction and capsular repair (Fig. 1) for 15 years-old patient and ORIF through posterior (Kocher-Langenbeck) approach (Fig. 2) for the 56-years old patient. Both patients did well with good to excellent functional outcomes with a minimum of 6 months follow-up. No post-operative complications were encountered.



CONCLUSION:

A neglected case of posterior dislocation of the hip with chances of avascular necrosis and arthritis can be given a trial of hip preservation surgery. Many good method and therapeutic strategy described in the literatures for all age groups with neglected dislocations. In both cases, with appropriate surgical technique, adequate exposure, anatomic reduction, and stable internal fixation of the fractures are critical to achieve satisfactory clinical results. Comparing it with the other methods described in the literature, it seems to be a good therapeutic strategy, especially in elderly patient.

REFERENCES:

1. García de la Blanca JC et al., *Geriatrics*. 2023; 8(6):117.
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