Ouch! A Rare Presentation of Inferior Hip Fracture Dislocation ¹B Yogaraj, Lee HS, Ashraf HAH

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INTRODUCTION:

Hip dislocation is rare due to the stability of the joint. Posterior dislocation is more common. We present a case of an unusual inferior obturator dislocation accompanied by fractures: ipsilateral femoral neck, a two-piece avulsion fracture of the greater trochanter, and a non-displaced fracture of the acetabulum's anterior column

REPORT:

A 74-year-old man presented at the ER with left hip pain and difficulty walking after a car accident. Examination revealed a shortened left leg with outward rotation and normal neurovascular function. Imaging showed inferior obturator dislocation, femoral neck fracture, two-part avulsion fracture of the greater trochanter, and non-displaced acetabular fracture. He underwent successful surgery including open reduction, proximal femoral nailing, and percutaneous screw fixation of the acetabulum. Recovery, assessed by Harris Hip Score, showed significant improvement reaching 78 after six months.



Figure 1: Pre-op Imaging



Figure 2: Post op X-ray

CONCLUSION:

There is a lack of literature on obturator dislocation alongside ipsilateral neck and greater trochanter fractures, creating uncertainty regarding treatment options⁽²⁾. These options depend on factors like patient mobility and fracture configuration. One approach involves a single procedure to stabilize the fracture and replace the hip, though this is technically challenging and risky if initial fixation is unstable. Alternatively, open reduction and internal fixation can restore natural anatomy, with the option of total hip replacement later if needed^(1,2). The chosen approach for this patient prioritized preserving bone stock, soft tissue tension, and hip biomechanics to allow for potential future reconstructive surgery. As road traffic accidents increase, similar cases may emerge, potentially aiding in developing consensus on managing complex hip fracture dislocations in the future.

REFERENCES:

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- 2. Shah, N et al. Management of acetabular fractures in elderly patients. *Journal of Clinical Orthopaedics and Trauma*