

Unusual Ipsilateral Fracture Dislocation of Femoral Head and Neck Combined with Acetabular Fracture: A Rare Case Report

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INTRODUCTION:

Posterior hip dislocation is rarely associated with ipsilateral femoral neck and head fracture. Pipkin classified such fractures as Type III, which is uncommon and bearing the worst prognosis (1,2). We present our experience of managing such case combined with acetabular wall fracture, in which to the best of our knowledge only few in the literatures (3).

REPORT:

Mr. S, a 39-year-old motorbike rider who was presented with severe left hip pain following a high-speed motor vehicle collision. Pelvic radiograph and CT examination revealed comminuted displaced fracture of left femoral head, femoral neck fracture, with posterior acetabular wall fracture and left hip joint dislocation. We performed open reduction screw fixation of femoral head and neck together with reconstruction plating of acetabulum. Hip joint reduction stability was maintained with cross hip external fixation which was removed 2 months later.

Figure 1: (A) Anteroposterior x-ray image of the pelvis. (B) Anteroposterior three-dimensional computed tomography of hip showing femoral head, femoral neck, and posterior acetabular wall fracture.

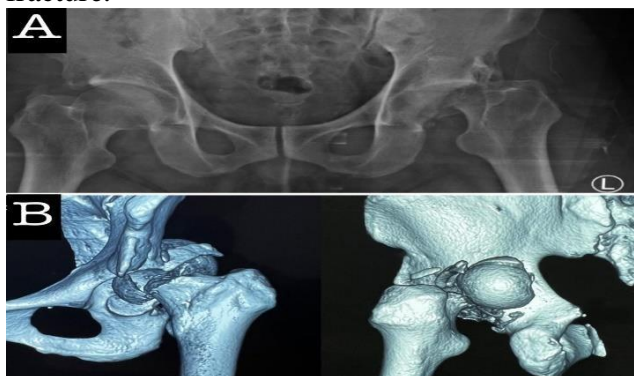


Figure 2: (A) Modified Gibson approach combined with trochanteric flip osteotomy, providing good visualization of operative field.

(B) Intraoperative images of femoral head with 30% loss due to comminution. (C) Remaining femoral head fixed to the femoral neck with half threaded cannulated screws.

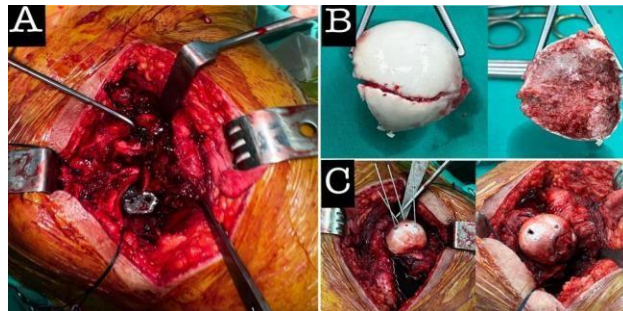
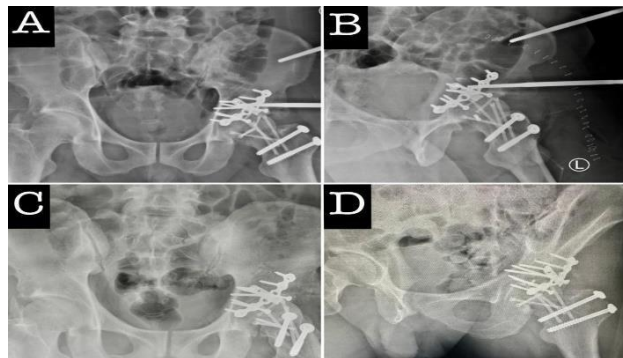


Figure 3: (A and B) Postoperative x-ray images. (C and D) X-ray images 2 months post external fixation removal.



CONCLUSION:

In managing fractures with such complexity, proper and early surgical treatment with appropriate approach and fixation are crucial to get satisfactory outcome.

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