

## Head Stuck but Are We Stuck? - Pipkin 2 Fracture Dislocation

<sup>1</sup>Amirulizzat MZY; <sup>2</sup>Nurhidayah KZ; <sup>1</sup>Chang CW; <sup>1</sup>Khaw YC;

<sup>1</sup>Department Orthopedic And Traumatology Hospital Pulau Pinang, Pulau Pinang, Malaysia

<sup>2</sup>Department Orthopedic, Hospital Kajang, Selangor, Malaysia

### INTRODUCTION:

Femoral head fractures are rare fractures that result from high-energy trauma that is often associated with hip dislocations. Despite the best treatment offered, this type of fracture often results in a devastating prognosis. We report a case of a 16-year-old boy involved in a horrendous motor vehicle accident who sustained a Pipkin II fracture dislocation with a concomitant Winquist III femur fracture complicated with sciatic nerve neuropraxia.

### REPORT:

Meticulous pre-op planning was done, and femoral shaft fracture was first addressed by open nailing via the Kocher-Langenbeck approach. Failed attempts to reduce hip dislocation resulted from femoral head incarceration and buttonholes in between gluteus muscles, which is the main reason for the failed reduction post-nailing. The femoral head was released, and the infrafovea fragment was retrieved. Femoral head reduction was achieved through three headless screws, and subsequently, hip dislocation was successfully reduced. Further exploration reveals the sciatic nerve appears in continuation.

Avascular necrosis, is a serious sequelae of femoral head fracture, which is anticipated in this patient and may require conversion to hip arthroplasty later.



Figure 1: Intraoperative pipkin 2 femoral head fracture and sciatic nerve in continuation



Figure 2: post op plain radiograph

**CONCLUSION:** Thorough pre-op planning is crucial in this case, including approach and priority in fracture fixation, which aim to restore hip dislocation. Incorrect events and inadequate operative field will cause the surgeon to struggle intraoperatively and lead to longer surgery time.

### REFERENCES

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