Ball Stuck in the Hole - Obturator Hip Dislocation

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INTRODUCTION

Traumatic hip dislocations are commonly seen in the emergency department. However, anterior hip dislocations as compared to posterior, are rare[1]. Proper physical examination and imaging are decisive in distinguishing this dislocation and any other associated fractures should be ruled out[2].

CASE

Mr N, a 24 year old gentleman was riding his motorcycle when he was hit by a car and fell onto his right side. He sustained pain over the right hip and was unable to bear weight.

His right hip was flexed, abducted and externally rotated with no neurological involvement on examination at the hospital. Plain radiograph showed a right anterior hip dislocation with acetabular fracture. Closed manipulative reduction under procedural sedation and analgesia was attempted unsuccessfully.

CT right hip revealed a right anterior inferior hip dislocation with right acetabular wall with femoral head fracture.

He was admitted to the ward and closed manipulative reduction of the right hip was done under general anaesthesia the next morning. Post reduction, hip was stable and Thomas splint was applied.

Patient was discharged the following day on Thomas splint with non-weight bearing ambulation.

He was seen in the clinic 12 days post reduction, now being able to flex and abduct hip with limitation.

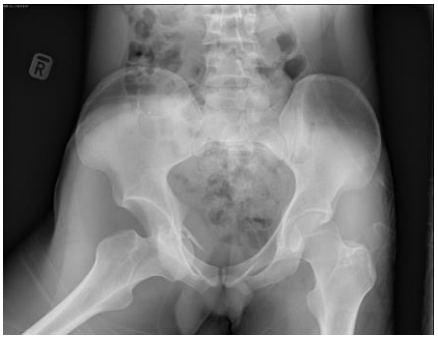

Figure 1: Pelvic AP radiograph on arrival

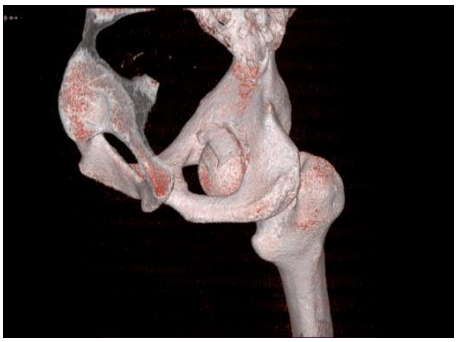

Figure 2: 3D Reconstruction of right hip CT scan

CONCLUSION

Anterior hip dislocations are rare, nonetheless it is an orthopaedic emergency that needs to be reduced expediently. Adequate sedation and correct reduction techniques are crucial in achieving acceptable reduction. CT scans will aid in ruling out any associated fractures.

REFERENCES

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2. Pfeifer, K., Leslie, M., Menn, K., & Haims, A. (2017). Imaging findings of anterior hip dislocations. *Skeletal radiology*, *46*(6), 723–730.