

OUTCOMES OF ACUTE FIX AND REPLACE IN COMPLEX HIP POSTERIOR FRACTURE DISLOCATIONS WITH ACETABULAR FRACTURES : A MINIMUM OF 3 YEARS FOLLOW UP

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Introduction: Simultaneous open reduction and internal fixation of acetabular fractures combined with total hip replacement (THR) have some potential advantages over the more traditional approach in specific patient subgroups. The aim of this study was to evaluate the outcomes of patients who had the “fix and replace” construct for complex posterior hip fracture dislocation treated at our tertiary referral pelvic unit.

Methodology: This was a retrospective review of prospectively collected data for patients who underwent this procedure between 2011 – 2018 with a minimum of 3 year follow up at Wrightington Hospital, UK which is a region tertiary referral centre. Data collected were: patient demographics, date of injury, injury pattern, fixation methods, type of implants used and post-operative complications.

Discussion: There were 14 patients with a mean age of 63.2 years (range 43-94 years) who underwent this procedure between 2011-2018. The mean follow up was 58 months. All cases involved a posterior wall fracture and six cases had an associated posterior column involvement. Femoral head autograft was used in 13 patients (93%). Six patients (43%) had their posterior acetabular wall reconstructed with a femoral head autograft. Seven patients had a fully cemented (THR) and the seven others had a hybrid implant. There were no surgical related complications.

Conclusion: From our study we can conclude that the acute “fix and replace” construct for complex posterior hip fracture dislocation yields good clinical outcomes in the short and medium term with low complication rate. It is best performed by a surgeon who specialises in both acetabular and hip arthroplasty surgery.