THE IRREDUCIBLE TRAUMATIC FLOATING HIPS- A TEST OF SURGEONS JUDGEMENT AND SKILL

Lydia Chiew Ker Minh[1], Nurul Aishah Muhamed Zain[1], Hishamudin Salam[1]

[1]Hospital Sultanah Aminah

Introduction: Floating Hip Defined as a combination of pelvic acetabular fracture with ipsilateral femoral fracture. Most reports indicate early fracture fixation are critical to improve outcomes and minimize complication. Although there is report of cases as early as 1984 (Tile), the management of such injuries continues to test the judgement and surgical skills of even an experienced e trauma surgeon. We report 2 cases of traumatic floating hip fracture and their operative managements.

Discussion: Case 1: 61 years old male brought to our hospital with traumatic complex floating hip fracture dislocation. Radiological imaging showed left segmental femoral shaft fracture, femoral neck fracture dislocation and posterior acetabular wall fracture. Patient underwent urgent open reduction surgery and fixation of left femoral head, femoral shaft and left acetabulum. There was bone loss over the posterior acetabular wall rendering the hip joint unstable. Patient was later referred to pelvic center for second stage reconstruction acetabulum surgery within two weeks. However, patient develop post operative complication osteomyelitis of the femoral head; with probability of avascular necrosis. Case 2: A 53 year old man admitted to our hospital with diagnosis of traumatic complex left hip fracture with sciatic nerve injury. Radiological imaging showed fracture of femoral neck, intertronchanteric and posterior column of left acetabulum. Patient booked for emergency close reduction with intramedullary nail of proximal femur. However, surgery was later convert to single stage open reduction surgery with acetabulum reconstruction as failure of reduction by closed method. Postoperative x-ray showed stable reduction. Follow up showed fracture union and no avascular necrosis of femoral head.

Conclusion: Surgical management of traumatic floating hip always has been challenging. Simultaneous procedure provides more rapid recovery, but should be carried out only in stable patients. For staged surgery, stabilization of the femur should be done prior to definitive pelvic fixation.