

CASE SERIES OF DISTRICT EXPERIENCE IN MANAGEMENT OF PIPKIN TYPE IV HIP FRACTURE

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Introduction: Fracture-dislocations of the hip joints are uncommon injuries and are usually the result of high-energy trauma, with femoral head fractures account for 7–16% of all hip fracture-dislocations. The practical skills of a surgeon play an important role in achieving favorable treatment outcomes. Surgeon experience is the decisive factor for the choice of the most appropriate approach in achieving anatomical reduction and good functional outcome.

Discussion: We presented 2 cases of posterior acetabulum wall fracture with femoral head fracture and dislocation from motor-vehicle accident. Both patients were put in lateral position and operation was done via Kocher-Langenbeck approach with Ganz osteotomy. Both patients underwent internal fixation for the head of femur, but for 2nd case the hip is stable after fixation of the head and the posterior acetabulum wall fragment are relatively small size. Hence it was treated conservatively.

Conclusion: Pipkin IV injuries seem to lead to the poorest results as they involve posterior dislocation of the hip, femoral head fractures, and acetabular fractures. Owing to the complexity of the anatomic structure, surgical treatment is particularly difficult. Kocher-Langenbeck approach provides direct access to the outer surface of the posterior column and posterior wall. In Pipkin type IV fracture, extensive visualization of posterior wall fragment and joint are needed. Ganz trochanter osteotomy allows surgical dislocation of the hip to achieve anatomical reduction under perfect visualization with protection of the soft tissue and preserves the medial circumflex artery supply to the femoral head. Despite its advantage, it has risk of increase blood loss, and increased heterotopic ossification formation in which correlated with worse functional outcomes and may be associated with increased postoperative pain