

# PEEKABOO!! I'M IN THE OBTURATOR FORAMEN!!

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Sree. RL; Mohd Asihin MA; Low CA; Darshan K; Shangeetha T; Velman SJ; Nur Rahimah AR  
1. Orthopedic Department, Hospital Shah Alam, Shah Alam Selangor

## INTRODUCTION:

Anterior hip dislocation is an orthopedic emergency. It's classified into; pubic or superior (type 1) and obturator or inferior (type 2) based on the position for the femoral head. We present a rare case of traumatic obturator hip dislocation.

## REPORT:

A 20 years old gentleman involved in a high impact trauma, sustained an anterior dislocation of the left femoral head passed through the obturator foramen. CMR was attempted traction of the left lower limb with lateral traction of the lower limb under sedation in emergency, Concentric and congruent reduction was obtained post-CMR. Post reduction ROM of the left hip was full and hip joint was stable. Neurovascular was intact.

## DISCUSSION:

Hip dislocation is an orthopedic emergency. Obturator dislocation of the hip are rare (<5%) due to stronger anterior capsule and the Y shaped ligament of the Bigelow[1]. The obturator type hip dislocation usually results from abduction, external rotation and hip in flexion. [2]. Closed manual reduction is treatment of choice in traumatic obturator hip dislocations, usually reduced by in- line traction, and external rotation with an assistant pushing or pulling of the femur laterally to assist the reduction The risk of avascular necrosis is reduced by 50% if reduction is achieved within 6 hours .[1] Post reduction traction has been recommended for 3-6 weeks followed by progressive physiotherapy.

## CONCLUSION:

Anterior hip dislocation is rare due to the strong hip stabilizers which consists of strong ligament and bulky muscle surrounding the hip joint. This quick recognition of dislocation and prompt

reduction is crucial to reduce the risk of avascular necrosis of the femoral head.[1]

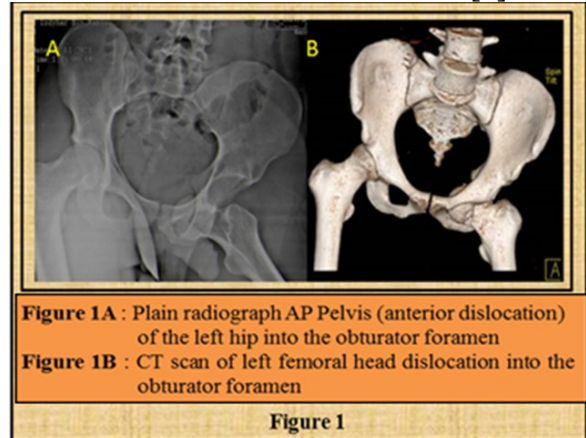


Figure 1: Radiograph images of the pelvis prior to reduction

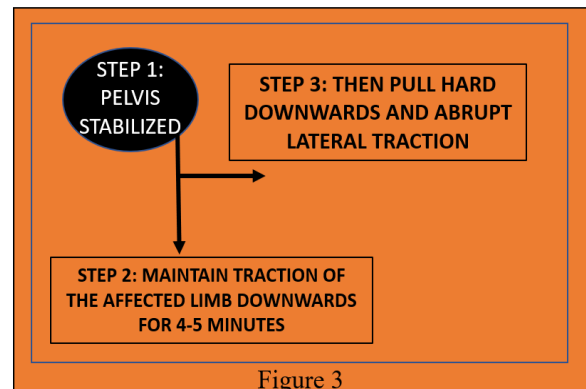


Figure 2: Steps and arrangement of personnel during closed manual reduction

## REFERENCES:

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