

Management of problematic HO (Heterotopic Ossification) – A case report

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INTRODUCTION:

Heterotopic Ossification is described as ectopic bone formation in the soft tissue surrounding the joint. This is associated with a decline in range of motion which may greatly limit activity of daily living such as positioning, transferring and mobilization.

REPORT:

A 35 years old gentleman had an alleged motor vehicle accident and sustained severe traumatic brain injury. Patient developed heterotopic ossification over right hip as a sequelae from previous injury which limits his activities of daily living and significantly reduced his quality of life. Conservative management fails to provide him with any improvement and thus, surgical management was explored. Pre-operatively, patient's right hip was fixed in abducted 45 degrees position which rendered him confined to bed and unable to sit-up or for wheelchair ambulation. Pre-operative imaging shows relatively stable heterotopic ossification of the right hip. Excision of heterotopic ossification over right hip was done.

Intraoperatively, post excision of heterotopic ossification, right hip range of motion; flexion 90 degrees, full extension, abduction 60 degrees and adduction 15 degrees. Patient was discharged with NSAIDs as prophylaxis for HO. At 2 weeks post operation, wound is healing well with no signs of infections, patient is on wheelchair ambulation. Physiotherapy for range of motion exercise over right hip was started. At 2 months post-operation, wound was well healed, patient is sitting comfortably in a wheelchair and x-rays show no recurrence of heterotopic ossification.



Figure 1: Pre-operative imaging



Figure 2: Post-operative x-rays

CONCLUSION:

The aims of heterotopic resection are different from an oncological resection. It is not meant to be exhaustive; the limits are 'functional'. Only ossifications that cause limitation of mobility, vascular or nerve compression require removal. Moreover, exhaustive resection can increase morbidity, with no functional advantage, and no impact on risk of recurrence.

REFERENCES:

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