Out In the Front and Back

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INTRODUCTION:

Bilateral traumatic hip dislocation itself is a rare pattern of injury and one whereby it is asymmetrical is even rarer, accounting for only 0.01-0.02% of all joint dislocations. [1]

REPORT:

A 32-year-old man had an alleged motor vehicle accident, was found trapped between road divider and lorry. Upon arrival in emergency department, patient was conscious but haemodynamically unstable with injury severity score of 14. His right lower limb was adducted, internally rotated while left lower limb was abducted and externally rotated with intact neurovascular status bilaterally. X-ray of the pelvis showed right posterior and left anterior hip dislocation.

Closed manual reduction (CMR) under sedation was attempted within 2 hours of injury. Both hips were successfully reduced however right hip was found to be unstable in flexion and adduction. Post reduction, patient did not suffer any neurovascular deficit. CT pelvis showed right posterior hip dislocation with associated posterior acetabular wall fracture and impacted fracture of the anterosuperior aspect of right femoral head with the left hip in situ. Subsequently we performed open reduction and plating of posterior right acetabular wall. He was discharged well and started on partial weight bearing ambulation limb 6 weeks post operatively with full weight bearing at 3 months.

Figure 1: pre- CMR x-ray and postoperative x-ray

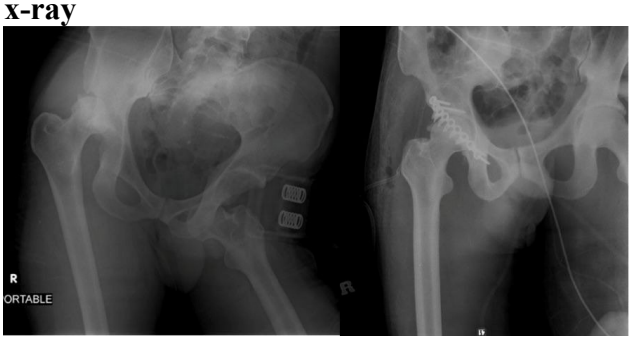
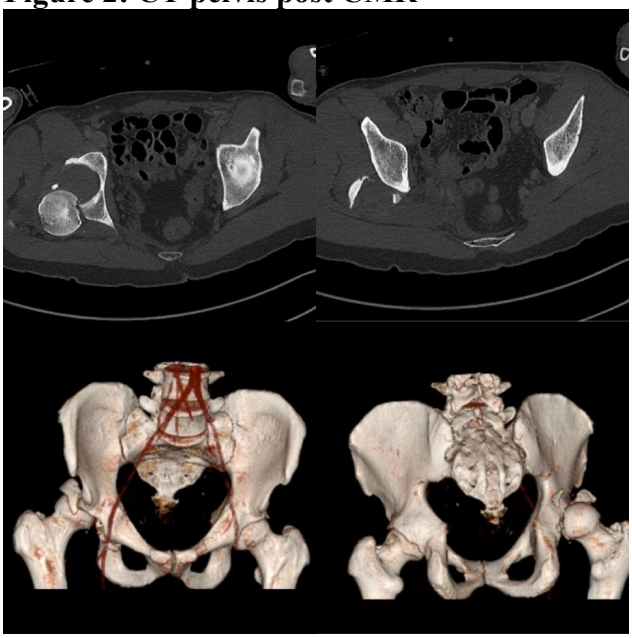


Figure 2: CT pelvis post CMR



CONCLUSION:

Asymmetrical bilateral hip dislocations are rare occurrence whereby one hip dislocates posteriorly and the contralateral hip dislocates anteriorly. It is often a high energy trauma commonly associated with fractures of the acetabulum, femur fractures and internal organ injuries.

Posterior wall fragment size is one of the risk factors for the residual instability of hip joint after closed reduction.[2] Hence plating of the posterior acetabulum wall is recommended.

REFERENCES:

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