

A Rare Case of Bilateral Girdlestone Procedure in a Young Gentleman with Systemic Lupus Erythematosus

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INTRODUCTION:

The Girdlestone Procedure is a resection arthroplasty of the hip usually done as a last resort for infection around the hip. The patient may end up with a nearly useless pseudoarthrosis or ankylosis, with marked shortening of both legs.¹ However, sepsis control and pain reduction may necessitate this procedure.²

Here we describe an unusual case of a bilateral Girdlestone procedure in a young male with avascular necrosis of bilateral hips, complicated with septic arthritis and osteomyelitis of the proximal femur.²

REPORT:

A 38-year-old dance teacher with underlying systemic lupus erythematosus diagnosed 3 years ago, was referred from Rheumatology clinic for an MRI finding of bilateral hip destructive arthropathies with multiloculated intramuscular collections and a left femoral intertrochanteric osteomyelitis. 5 months back, he was admitted into Medical ward for MSSA bacteremia and bilateral hip pain. Pelvis X-ray showed avascular necrosis of bilateral hip. Despite adequate analgesics, he complained of persistent bilateral hip pain which limits his activities of daily living, for which he is wheelchair bound. An ultrasound guided aspiration of the right hip was done and 15ml of hemopurulent fluid was aspirated. The culture grew *Staphylococcus aureus* sensitive to oxacillin. He was started on intravenous Cloxacillin and planned for bilateral Girdlestone procedures. Intra-operatively, there are pus in both hips with extensive osteomyelitis of both proximal femur. His inflammatory markers reduced post-operatively.



Figure 1: Pelvis X-ray showing bilateral hip AVN

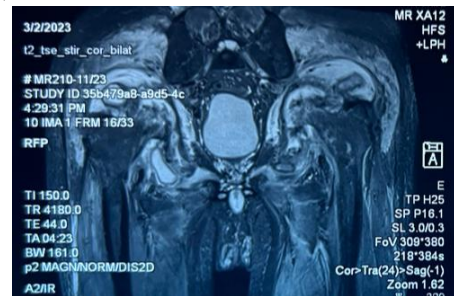


Figure 2: MRI showing multiloculated intramuscular collections with left femur osteomyelitis

CONCLUSION:

In such a complex case with bilateral hip avascular necrosis complicated with infection, in which arthrotomy washout alone or sequestrectomy is not adequate, a bilateral Girdlestone procedure is possibly the best option in this case for sepsis control.

REFERENCES:

1. S. Terry Canale et al., Campbell's Operative Orthopaedics Eleventh Edition; Pg 738-739.
2. Nicola Maguire et al., Girdlestone procedure for avascular necrosis of the hip in an intravenous drug user, Journal of Surgical Case Reports, Volume 2014, Issue 8, August 2014, rju039.