

Case of A Missed Hip Injury in A Young Trauma Patient and Strategies to Avoid An Orthopaedic Pitfall

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INTRODUCTION:

The reported incidence of missed injuries and delayed report is between 1.3% - 39%, with mean percentage of 9% from a literature review.¹ In Malaysia, the overall incidence of hip fracture is 90 per 100 000 individuals.²

REPORT:

Mr S, 34-years-old has 4 days history of left hip pain following a motor vehicle accident. Physical examination and radiographs done did at initial centre was clear, and despite still complaining of left hip pain, the patient was discharged.

There is no shortening of left lower limb. Hip flexion is 20° and abduction 15° but unable to do straight leg rise. Passive rotation of the left lower limb is painful. Judet views in the obturator and iliac view radiograph show discontinuity of the ilioischial and iliopectineal line, and CT scan confirmed bicolumnar acetabular fracture (Figure 1) The patient opted for non-operative management and was put on skin traction.



Figure 1 (a)(b)Judet internal and external oblique view shows cortical break (c) Involvement of both anterior and posterior columns.

Trauma tertiary survey (TTS) can identify up to 62% of missed lower limb injuries. In a patient with persistent hip pain with no gross clinical deformity, axial loading tests have highest sensitivity (76%) followed by pain on internal and external rotation (70%) and straight leg rising test (50%).

Pelvis anteroposterior (AP) and hip AP and lateral hip views can detect up to 98% of hip fractures. Integration Ct scans in the emergency department has improved the speed and accuracy of diagnostic procedures has led to early detection of injuries.

CONCLUSION

Standardization of performing tertiary trauma survey, supplemental radiological imaging can reduce incidence of missed injuries and improves patient outcome.

REFERENCES:

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