

## Case Report: A Failed Osteosynthesis Of The Acetabulum

<sup>1</sup>Sree RI; Mohd Asihin MA; Low CA, Nur Rahimah AR,Asyikin , Velman SJ

<sup>1</sup> Orthopedic Department, Hospital Shah Alam, Persiaran Kayangan, Shah Alam, Selangor.

### INTRODUCTION:

Osteosynthesis of the acetabulum requires meticulous planning to achieve anatomical reduction in the articular surface. We present a case of failed osteosynthesis, complicated with avascular necrosis of the femoral head

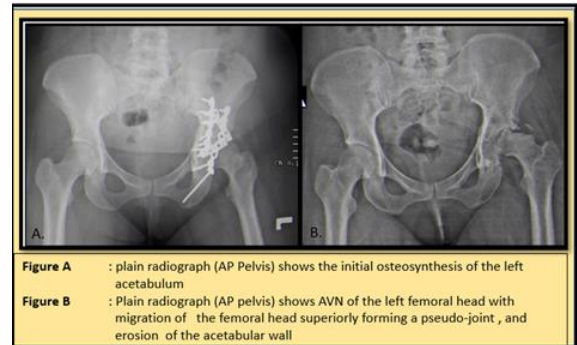
### CASE REPORT:

Ms N, 39 years old female, sustained motor vehicle accident sustained left acetabular fracture and underwent an open reduction and plating via a Kocher- Langenbeck approach in a peripheral hospital. Patient was referred to our centre after 1 year post surgery upon developing avascular necrosis of the left hip. Patient was planned for 2 stages of surgery. During 1<sup>st</sup> stage, removal of the acetabular plating and intraoperative cultures were taken. Patient was placed on a skin traction for 2 weeks, and revision with implantation of hip prosthesis(THR) was done upon culture clearance.

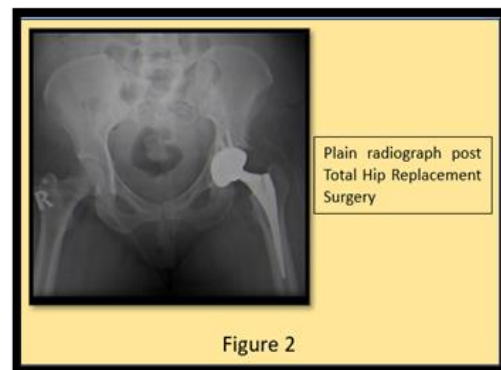
Post operatively, soft tissue healed well and we were able to achieve a pain free ambulation. Patient was able to flex hip till 90 degree, able to sit and ambulate

### DISCUSSION:

Managing acetabular fractures in a young patient requires detailed planning, taking into account patient's age, degree of cartilage damage to the femoral head and non anatomical reduction. A revision with implantation of hip prosthesis was inevitable for this young patient due to intra-articular screw penetration, and progressive loss of fixation leading to instability which lead to avascular necrosis of the left femoral head



**Figure 1: Plain radiography of the pelvis prior to the implantation of hip prosthesis.**



**Figure 2: Plain radiography of the pelvis, post implantation of hip prosthesis (THR)**

### CONCLUSION:

Acetabular fracture are technically demanding, and should be carried out in centers with sufficient experience to ensure anatomical reduction is achieved to reduced the risk of revision surgery which may be extremely challenging due to scar tissue and existing deformities

### REFERENCES:

- 1.Pennal G.F., Davidson J., Garside H., Plewes J. Results of treatment of acetabular fractures. Clin Orthop Relat Res. 1980:115–123. [PubMed]