A CASE OF ANTERIOR DISLOCATION OF THE HIP, UNSTABLE AFTER OPERATION

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This is the report of a case of anterior dislocation of the hip which was easily reduced one week after the injury but was so unstable that the position could not be maintained.

HISTORY

A Malay woman aged forty-five years was brought to hospital one week after a fall: she was complaining of pain in the right hip and inability to walk.

The accident had occurred as she was crossing a patch of mud, her left foot had slipped forwards and she had fallen over backwards.

ON ADMISSION

The general condition of the patient was good, and there was little pain as long as she was lying still. The clinical signs of an anterior dislocation of the right hip were present: the circulation of the limb was satisfactory and no nerve lesion was present.

X'ray (Figs. 1 & 2) demonstrated the presence of an anterior dislocation of the head of the femur with fracture of the margin of the acetabulum.

TREATMENT

Manipulation under general anaesthesia was tried: it was found easy to reduce the dislocation but it was very unstable: redislocation occurred unless the limb was held in full internal rotation and ninety degrees of flexion; an attempt was made to apply a plaster spica in this position but it was not satisfactory.

Operation was undertaken three days later.

OPERATION

An anterior incision was used. The head of the femur was found to be lying deep to sartorius, having come forwards medial to rectus femoris. The head of the femur was easily replaced in the acetabulum: the capsule was so widely torn that it did not interfere with the reduction, but owing to the extensive comminution of the margin of the acetabulum the hip was extremely unstable. An attempt was made to fix the largest fragment of the acetabulum back in place but the fragment disintegrated when a screw was put into it.

Half a patella from the bone bank was then attached to the rim of the acetabulum, with the articular surface facing downwards and as nearly as possible in continuity with the articular surface of the acetabulum: this was fixed into position with two screws. The hip was then found to be stable in a position of extension and slight internal rotation, and a hip spica was applied in this position.

POST-OPERATION

The post operative period was uneventful and the patient was, at her own request discharged home after four weeks, still wearing her plaster and using crutches.

FOLLOW UP

Shortly after arriving home the patient persuaded her relatives to remove the plaster, and she started to walk. For a long time she refused to return to the outpatient department but nine months after the injury the almoner persuaded her to return once more. On this occasion the patient was walking well and no limp could be detected. She said she had no pain but added that she found squatting difficult.

RANGE OF MOVEMENT

Flexion	—	90 degrees.
Adduction & abduction	—	absent.
Rotation	—	absent.
Knee joint	—	full range.

The condition of the hip is shown on X'ray (Figs. 3 & 4).

DISCUSSION

In a letter Buxton (1952) stressed the simple type of accident that can give rise to anterior dislocation of the hip, and quoted a case described by Ashley Cooper in which the mechanism of the injury was similar to the one described here.

It is interesting that such a simple accident can cause such extensive comminution of the margin of the acetabulum.

REFERENCES

Buxton, St. J.D. (1952) Correspondence. Journal of Bone and Joint Surgery. 34.B. 551.
Henderson, R.S. (1951) Traumatic Anterior Dislocation of the Hip. Journal of Bone and Joint Surgery. 33.B. 602.
McFarlane, J.A. (1936) Anterior Dislocation of the Hip. British Journal of Surgery. 23. 607.

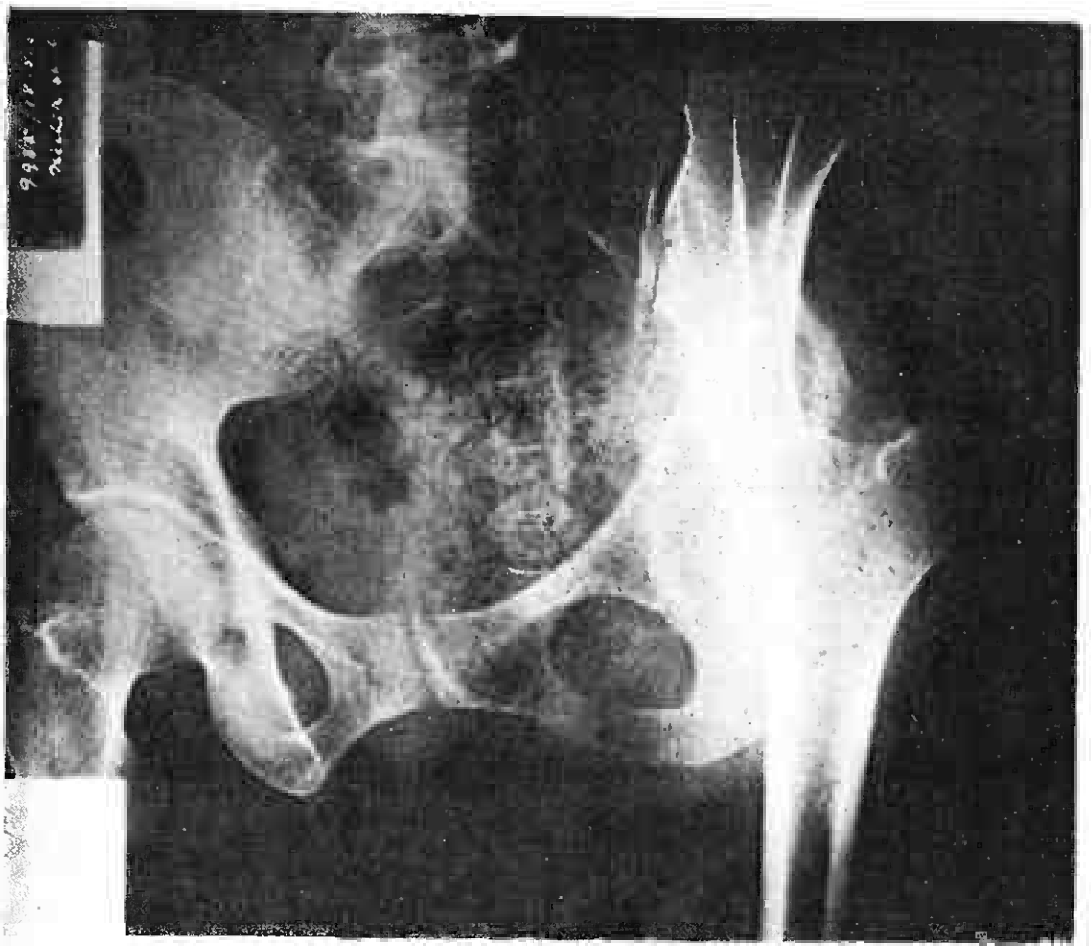

Fig. 1. Antero-posterior before operation.

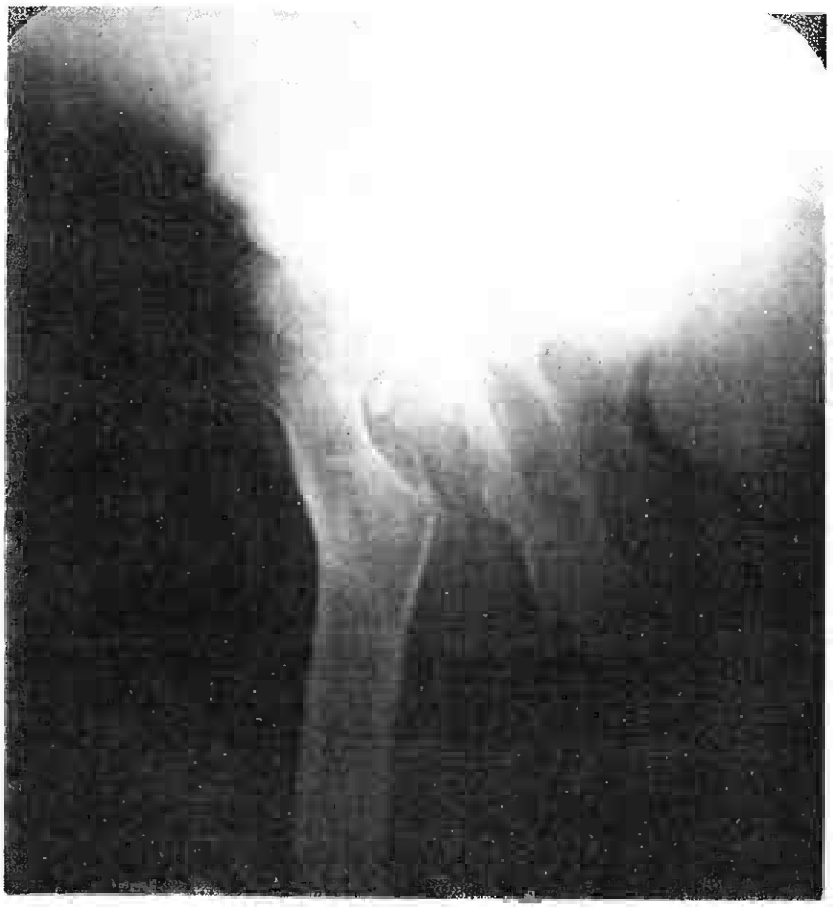

Fig. 2. Lateral before operation.

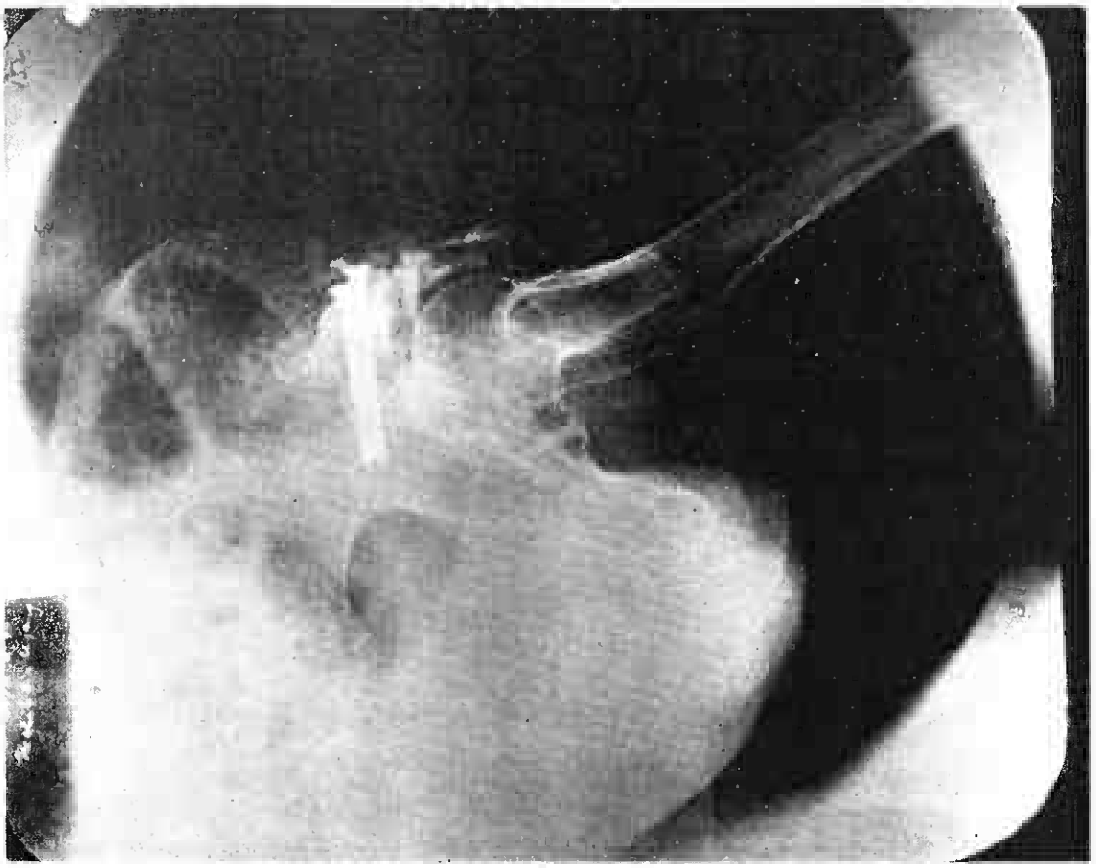

Fig. 1. Lateral nine months after operation.

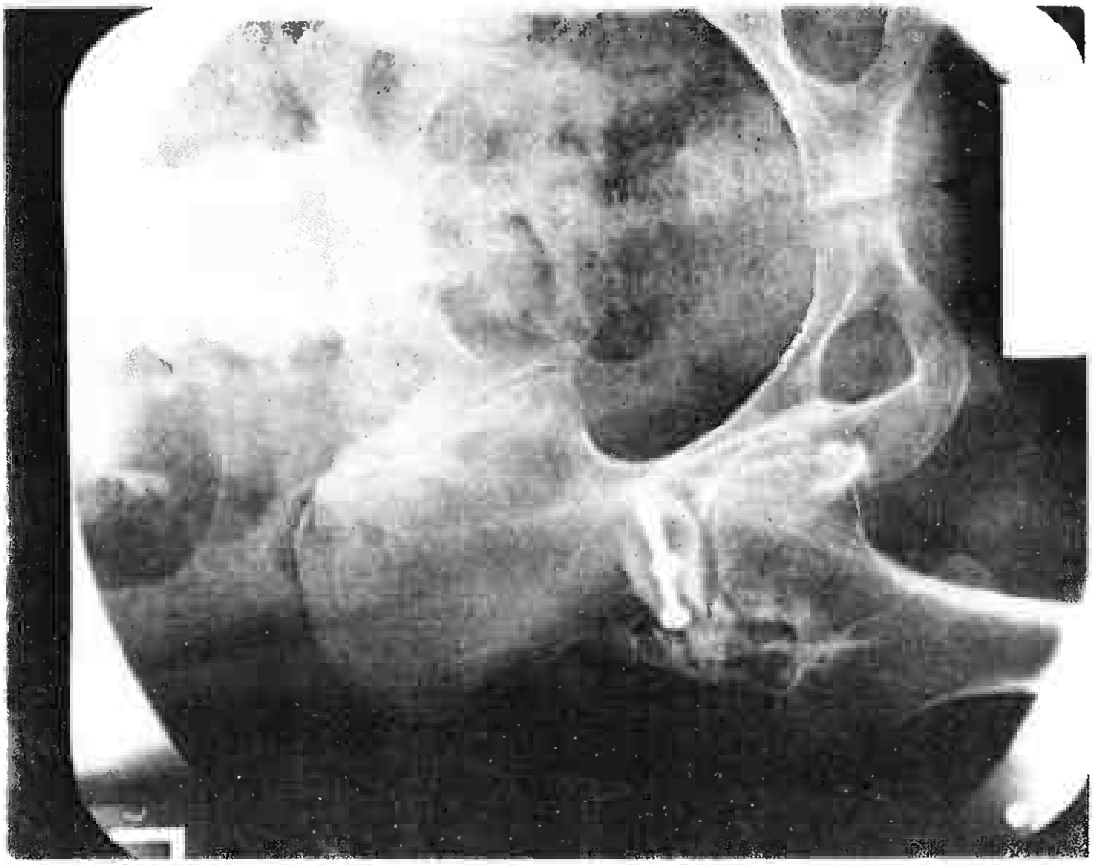

Fig. 3. Antero-posterior nine months after operation.