

Traumatic Bilateral Asymmetrical Hip Dislocation with Acetabular Fracture: A Case Report and Review of Current Evidence - PubMed

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ABSTRACT

Abstract Bilateral asymmetrical hip dislocations are rare, occurring in only 0.01-0.02% of all joint dislocations, typically following high-energy trauma. We present a 22-year-old male involved in a high-speed motor vehicle collision, sustaining a right posterior hip dislocation with an associated posterior wall acetabular fracture and a left obturator-type anterior dislocation. He underwent successful closed reduction within two hours post-injury, but due to persistent instability of the posterior acetabular wall fracture, open reduction and internal fixation (ORIF) via a Kocher-Langenbeck approach was performed. A structured rehabilitation protocol facilitated full functional recovery at six months, with no evidence of avascular necrosis (AVN) or post-traumatic osteoarthritis. A literature review of relevant studies highlights the importance of early reduction (<6 h) to reduce AVN risk, timely surgical stabilization for acetabular fractures, and individualized rehabilitation strategies. While our case supports established treatment guidelines, long-term outcomes and optimal rehabilitation protocols remain areas for further research. Expedited diagnosis, early intervention, and evidence-based management are essential in achieving favorable outcomes for these complex injuries. Keywords: acetabular fracture; asymmetrical hip dislocation; avascular necrosis; bilateral hip dislocation; hip rehabilitation; orthopedic trauma; post-traumatic osteoarthritis.

CONFLICT OF INTEREST

Conflict of interest statement The authors declare no conflicts of interest. The funders had no role in the design of this study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

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