

Hip Dislocation



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HIP DISLOCATION(Acquired)

- Dislocation occurring after the first year of life is usually due to one of three causes: **pyogenic arthritis, muscle imbalance or trauma.**
- Three types
 1. Anterior
 2. Posterior
 3. Central



DISLOCATION FOLLOWING SEPSIS

- Pyogenic infection of the joint, whether primary or secondary to osteomyelitis of the femoral neck, carries a serious risk of enzymatic 'digestion' of the articular cartilage.
- On x-ray the femoral head appears to be completely absent; however, part of it often survives, although it is too osteoporotic to be seen.



DISLOCATION FOLLOWING SEPSIS

- Treatment is by traction, followed, if necessary, by open reduction. In the absence of a femoral head, the greater trochanter can be placed in the acetabulum; varus osteotomy of the upper femur helps to achieve a measure of stability,
- Further reconstructive surgery will almost certainly be needed in later life.



DISLOCATION DUE TO MUSCLE IMBALANCE

- Unbalanced paralysis in childhood may result in the hip abductors being weaker than the adductors. This is seen in cerebral palsy, in myelomeningocele and after poliomyelitis.
- The greater trochanter fails to develop properly, the femoral neck becomes valgus and the hip may subluxate or dislocate.
- Treatment is similar to that of very late congenital dislocation, but in addition some muscle rebalancing operation is essential.



TRAUMATIC DISLOCATION

- Occasionally dislocation of the hip is missed while attention is focused on some more distal (and more obvious) injury.
- Reduction is essential, if necessary by open operation; even if avascular necrosis or hip stiffness supervenes, a hip in the anatomical position presents an easier prospect for reconstructive surgery than one that remains persistently dislocated.



Posterior HIP DISLOCATION

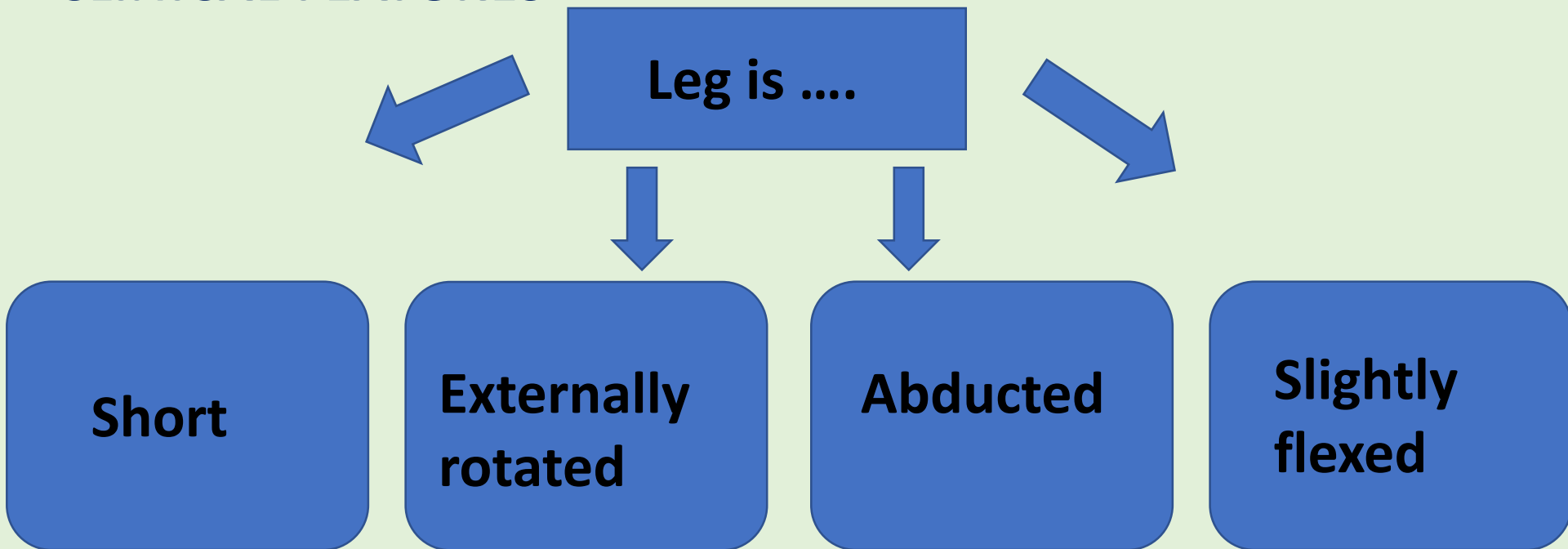
TYPE OF HIP DISLOCATION	Treatment	Complications
<p>Commonest hip dislocation</p> <ul style="list-style-type: none">- Common cause is RTA- <p><u>Clinical features</u></p> <ol style="list-style-type: none">1. Short, internally rotated limb2. Adduction3. Slightly flexed	<p>Reduction under anaesthesia</p> <p>Traction for 3 weeks</p>	<ol style="list-style-type: none">1. Fractured acetabulum2. Fractured femoral head3. Sciatic nerve injury4. Avascular necrosis5. Osteoarthritis



Anterior hip dislocation

- Rare type of dislocation.

- **CLINICAL FEATURES**



Central dislocation

- Floor of the acetabulum is shattered and comminuted
- May injure the pelvic structures

Management-

- Reduction+ strong traction for 4-6 weeks

