

Anterior Obturator Pure Dislocation Of The Hip

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Abstract: Prior pure hip dislocation in its obturator variety is exceptional. It still reflects a high-energy trauma and may compromise the functional prognosis of the hip secondary necrosis of the femoral head. It is reported the case of a patient who, following an accident on the highway, presented a pure anterior obturator hip dislocation. The dislocation was reduced under general anaesthesia in an emergency. Post-reduction, the hip was stable, joint discharge was recommended for 6 weeks and then rehabilitation. After falling two years we did not notice any signs of necrosis of the femoral head and there is no functional impairment.

Keywords: hip, dislocation, anterior, obturator.

INTRODUCTION

The anterior obturator hip dislocation is the same type of orthopaedic emergency and represents 15% of hip dislocation. Rarely pure, it occurs after a high energy trauma. The functional prognosis is related to the risk of necrosis of the femoral head and osteoarthritis. We report one case of pure anterior obturator dislocation of the hip

OBSERVATION

He is a 33 years old patient, admitted under a highway accident, front passenger in a frontal collision between two cars. The lesion tests showed liver contusion without surgical indication. On the locomotive plan clinical examination found a lower right shortcut in abduction and external rotation member. The radiograph of the pelvis showed an anterior obturator dislocation of the right hip without associated fracture (Fig1). The reduction was performed under general anaesthesia 5 hours after the trauma. A radiograph was performed, and a scanner that also confirmed the absence of a fracture of the head and intra-articular micro-fragments (Fig2, Fig3), the discharge was recommended for 6 weeks with rehabilitation.



Fig1: Rx of the pelvis: pure dislocation obturator right.



Fig2: Radiograph of the pelvis after reduction



Fig3: Scan control; absence of fractures of the femoral head and intra-articular fragments.

DISCUSSION

Anterior dislocation of the hip represents 10-15 % of hip dislocations. It occurs after severe trauma when the impact point is located at the inner side of the knee flexed and the hip is flexed, abduction and external rotation (maximum abduction, the greater trochanter to just come on the ilium leading to the removal of the femoral head in the acetabulum) (1). Depending on the degree of flexion of the hip is dislocated obturator will lower or upper pubic (2). PRINGLE (3) in his study of corpse showed that the obturator dislocation occurs when the hip is brought into flexion-abduction-external rotation forced. The femoral head then tears the anterior joint capsule passes under the ilio-femoral ligament and is housed in front of the obturator foramen (hence its name). While the upper dislocation occurs on hip extension (4). The diagnosis is easy in front of the characteristic deformation of the member. The radiograph of the pelvis which confirms the presence of the

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femoral head in the obturator foramen. (5) Therapeutically, the obturator dislocation is an orthopaedic emergency and reduction is done under general anaesthesia manoeuvre traction zenith, adduction, internal rotation of the femoral head. After the reduction, some authors advocate a pull glued analgesic slight profit for a few days. Discharge 6 weeks with gradual recovery support is the rule. Rehabilitation is focused on early and active mobilization (6). Anterior dislocation of the hip is rarely isolated and is often associated with a fracture of the femoral head or impaction fracture of the anterior wall of the acetabulum. The long-term risk is characterized by necrosis of the femoral head (4%); this risk is increased when the period of reduction exceeds 3 hours (5). The patient should be informed of the risk of necrosis of the head and the need to monitor for at least two years, or five for some authors (6).

CONCLUSION

The anterior obturator hip dislocation remains a rare entity. If the diagnosis is easy, the reduction must be emergency because it involves the functional prognosis of the hip by the risk of necrosis of the femoral head and subsequent osteoarthritis requiring long-term monitoring.

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