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TRAUMATIC HIP DISLOCATION IN A TWO YEAR MALE CHILD A RARITY

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ABSTRACT

Traumatic hip dislocation is an uncommon injury in children. In this case report we present a rare case report of a traumatic dislocation in 2 yr male child. Early diagnosis was confirmed with the help of xray and hip was reduced under short general anaesthesia and congruent reduction achieved. Child had good functional outcome at two year follow up with full and painfree motion and stable hip joint.

KEYWORDS: (THD) Traumatic Hip Dislocation, Child, Reduction, (AVN) Avascular Necross

INTRODUCTION

Traumatic hip dislocation is rare in children accounting for less than 5 % of all traumatic hip dislocations. This injury differs from injury in adults because it requires lesser trauma to produce dislocation. optimal management is prompt diagnosis and immediate reduction. Complications present are avascular necrosis, late post traumatic osteoarthritis, coxa magna and heterotopic ossification.

CASE REPORT

A two yr. old boy presented to our institute with history of having been hit by a motorcycle while playing with resultant excruciating pain , crying and inability to stand and move Rt hip.

On clinical examination the hip was typically held in flexion, adduction and internal rotation. Neurological examination showed no sensory or motor deficit. Distal pulses were palpable and equal in volume as compared with other limb.

Radiography confirmed posterior dislocation of rt. Hip without any associated fracture (figure 1)

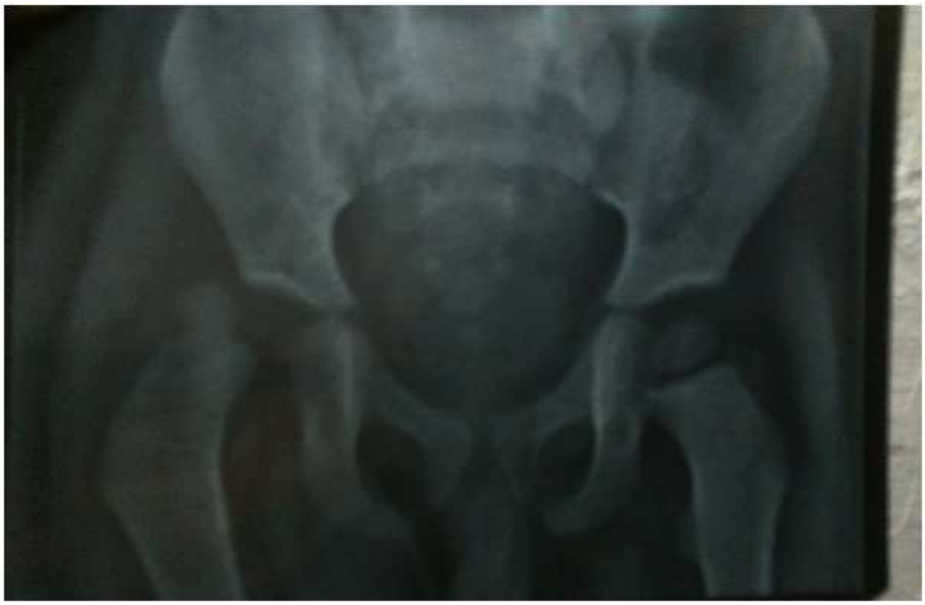


Figure 1: Radiograph Showing Post. Dislocation of Rt. Hip without Any Associated Fracture

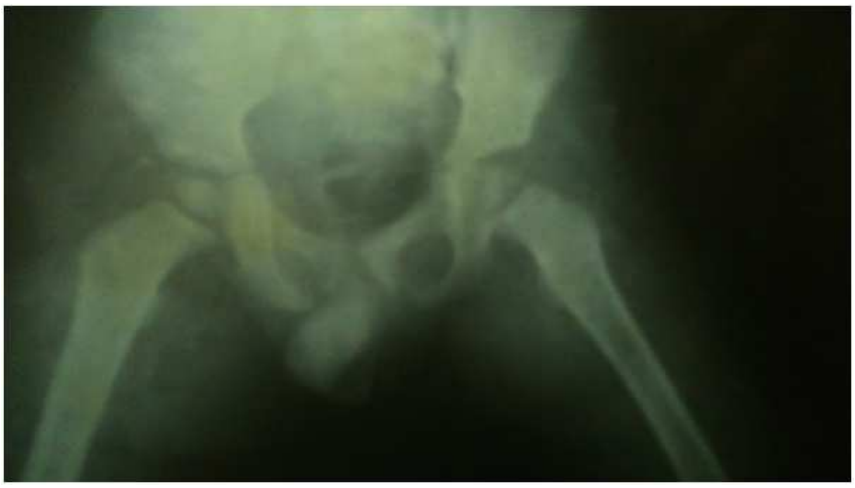
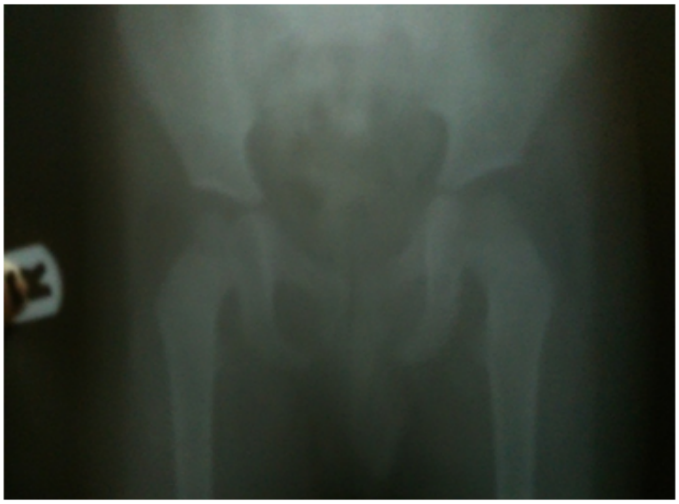
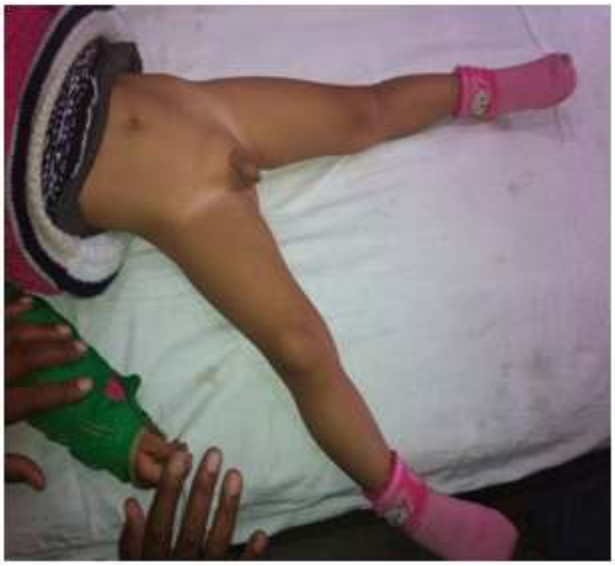


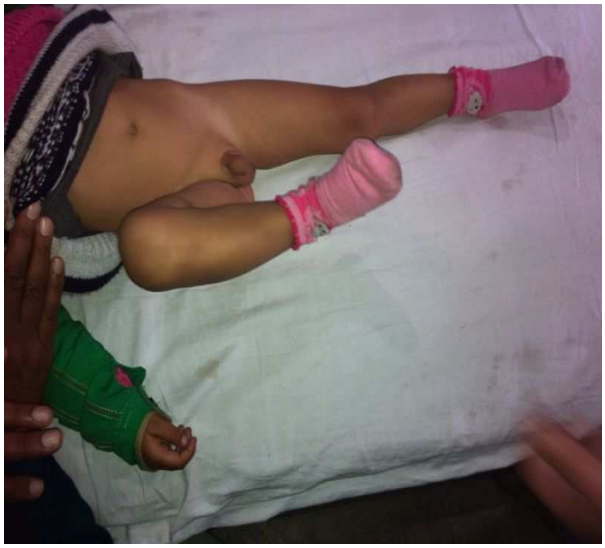
Figure 2: Radiograph Showing Congruent Reduction

Hip dislocation was reduced without difficulty under short general anaesthesia by Allis method. After reduction the hip joint was clinically stable. Post reduction plain xrays film confirmed congruent reduction. hip was stable with full range of movements. Hip was kept immobilized in 45 abduction for 2 wks. with skin traction followed by partial wt. bearing and skin traction during night for another 2 wks. Patient was allowed full wt. Bearing and unrestricted activity thereafter. Pt. is perfectly normal with full and painfree movement at rt. Hip joint at last follow up after 9 mnths. Of injury. plain xray rt. Hip is also normal without any evidence of AVN hip.

Follow up after two years







DISCUSSIONS

Traumatic dislocation of hip in children is rare, occurring in less than 5% of all traumatic dislocations and rarer still in children less than 5 yrs. Of age. only one case of traumatic hip dislocation in a child of mnths has been reported in the literature so far.[6,8,12]. The femoral head in children may dislocate in any direction but like in adults posterior dislocation is more common. [1,2,34,6,710,11.]

Authors have classified traumatic hip dislocation in children into two groups according to age. First group <10 yrs.in whom injury is associated with relatively minor trauma such as simple fall. The second group includes children >10 yrs.in whom hip dislocation was associated with severe injury .traumatic hip dislocation in children less than 10 yrs. Subsequent to minor trauma can be attributed to relative joint laxity and cartilaginous head and acetabulum in this age group. whereas children older than 10 yrs. virtually behave like adults in terms of THD .[4,6,10,12.]

Early closed reduction under G.A is easy and effective in reducing posterior dislocation of hip. Post reduction complications are avascular necrosis, late post traumatic osteoarthritis, coxa magna and heterotopic ossification.[2,4,5,6,7,9]

Although the diagnosis is usually obvious, it is not uncommon to see a delayed or missed diagnosis.[3,4,5,9,11.]The common causes for a delayed diagnosis are the prescence of another fracture or injury that diverts attention from the hip injury.[3,4,5,9,11,13,14,15]

Neurological injuries are rarely reported .Sciatic nerve damage is the most common type of neurologic injury and may occur in 5% to 20% of cases. It is usually neuropraxia which recovers with time.[2,6,7,10,13,16.]

A child should be followed for 2 years to know the complication of AVN.

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