

Traumatic Hip Dislocation In Pediatrics: A Rare Complication Of Common Injury

¹LimCY; ¹YapYS; ²Norzakiah AMM ; ¹Muhammad Azhar

¹ Orthopedic Department, Hospital Sultanah Bahiyah, Alor Setar, Kedah ²Orthopedic Department, Hospital Tunku Fauziah, Kangar , Perlis

INTRODUCTION:

Posterior hip dislocations in pediatric patients are infrequent due to the strong anatomical stability of the hip joint and the flexibility of developing cartilage.

Hip dislocation in pediatric patients is rare yet critical orthopedic emergency necessitating rapid diagnosis and intervention.

REPORT:

Presenting a case of a frequent traumatic posterior hip dislocation in a healthy 4-year-old boy. He presented to emergency department with severe pain of right hip joint and refuse to ambulate or move after a fall.

On examination, right lower limb was compared to the left side shortened and held in internal rotation. Limited range of motion of right lower limb with severe pain. The perfusion and sensitivity of the leg were not affected, especially no signs of foot drop. Closed reduction under sedation done with Allis techniques and hip joint reduce. Patient had another similar incident after 2 months with right hip dislocation and successfully reduced. Patient was admitted on continuous traction MRI scan was performed to assess the damage to the soft tissue and to assess the vascular situation of the femoral head after the incident .



Figure 1: pre-reduction



Figure 2: post-reduction

MRI shown only gluteus muscle injury with tear and no AVN seen.

DISCUSSION:

Traumatic posterior hip dislocation in children often presents with the classic lower limb deformity. The hip is in flexion, adduction, and internal rotation. The involved limb appears shorter than the contralateral limb and the femoral head can be palpated posteriorly. Radiographs should be obtained without delay after adequate pain medication.

CONCLUSION:

Early intervention, imaging, and structured rehabilitation are key to optimal recovery in pediatric posterior hip dislocation

Diagnosis is made with plain radiographs. CT or MRI studies are indicated post-reduction to assess for joint congruity and articular injuries

REFERENCES:

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