

**Pure Posterior Hip Dislocation in 91-Year-Old: Case Report****Mouad Beqqali-Hassani<sup>\*</sup>, Mohammed Kadiri, Moncef Boufettal, Mohamed Kharmaz, Moulay Omar Lamrani, Ahmed El Bardouni, Mustapha Mahfoud, Mohamed Saleh Berrada**

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10.36347/sjmcr.2018.v06i10.036



**Abstract:** Fractures of the trochantric and femoral necks are very common in the elderly and represent a real public health problem; they are the result of benign trauma on a fragile osteoporotic bone. Dislocations of the hip are the preserve of the young subject most often as a result of violent trauma and are often associated with fracture of the posterior wall of the acetabulum. In this work, we report a rare case of pure posterior dislocation of the hip following a banal trauma in a 91-year-old patient who benefited from a reduction according to Bohler's technique. The reduction was stable, support was allowed after a month of discharge without complication of decubitus, with recovery of the complete function of the hip and the decline at 6 months does not show signs of osteonecrosis of the femoral head.

**Keywords:** Elderly, Pure posterior dislocation of the hip, Arthroplasty.

**INTRODUCTION**

The traumatic dislocation of the hip is defined by the permanent displacement of the femoral head in relation to the acetabulum, occurring after a violent trauma [1]. Indeed, the hip is a very nested joint and only a significant shock on a hip positioned in a luxurious attitude is likely to cause such an injury [2].

Most often, hip dislocations occur as a result of road accidents. The most classic mechanism is represented by the accident of the dashboard where the passenger, sitting cross-legged is victim during a frontal shock of a polytraumatisme associating dislocation of hip, posterior fracture of the acetabulum, fracture of kneecap.

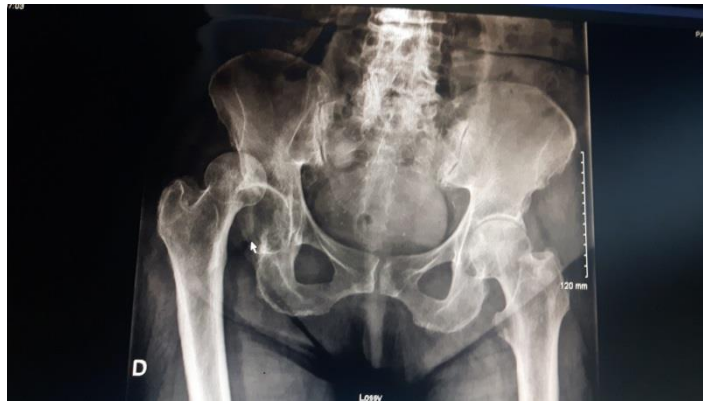
In sport traumatology, any shock in the axis of the femur on a hip previously placed in a luxating position, can cause dislocation. However, these same mechanisms generally induce in the elderly subject fractures of either the trochanteric or femoral neck, and it is very rare to experience dislocation of the hip at an advanced age [3].

We report in this work a rare case of pure dislocation of the hip following a banal trauma in a woman aged 91 years

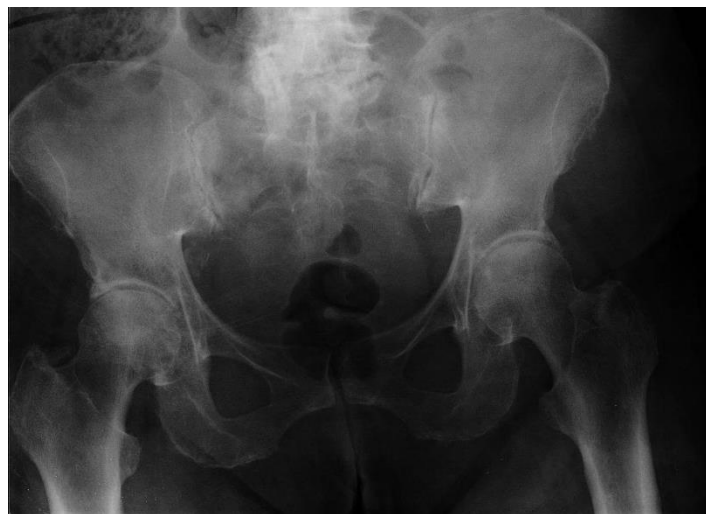
**CASE REPPORT**

It is a 91-year-old patient with no specific antecedent admitted for pain and total functional impotence of the right hip following a fall in her height on her right side. The examination at the admission finds a right lower limb relieved in adduction and external rotation with peripheral pulses well perceived and without nervouse defect. The X-rays shows a posterior dislocation of the right hip without fracture (Figure1). The X-rays after reduction was satisfactory (Figure2).

The patient benefited from a reduction according to Bohler's maneuver under general anesthesia in the operating block. The discharge was applied for one month, followed by gradual resumption of support and walking, and then complete recovery of hip function at two months of trauma. The 6-month follow-up suggests no radioclinical sign of aseptic osteonecrosis of the femoral head.



**Fig-1: X-Ray showing posterior hip-dislocation without fracture**



**Fig-2: X-rays after reduction**

## DISCUSSION

No case of pure hip luxation has been found in the literature, so no codified attitude is appropriate for this type of lesion.

In fact, from the point of view of the vascularization of the femoral head, from the vascular state to adulthood and the already existing bone insufficiency, the risk of aseptic necrosis of the femoral head is greater than in the young subject who already forty percent [4].

That said, in the young subject the intake after the reduction consists of a discharge for one to two months depending on the weight followed by a gradual recovery support and walking associated with monthly radiographic tale in search of any sign of femoral osteonecrosis.

The question is if it's possible to apply the same protocol to the elderly subject, since the main objective in the event of hip trauma at a certain age is to verticalize the patient as much as possible in order to avoid decubitus disorder.

For us, the optimal solution will be hip arthroplasty right away, if the state of the patient allows it, something that will allow a very rapid recovery of the autonomy of the elderly patient, indeed we could assimilate this situation to a fracture of the neck garden 1 or 2 in a subject older than 80 years in whom the conservative treatment would be a waste of time and a decoy for public health [5].

## CONCLUSION

If for our patient the basic attitude of management of a posterior hip dislocation has given a good result it doesn't mean that it should be considered as a rule in this type of trauma in all elderly subjects.

Our proposal is to perform arthorplasty in front of this type of lesion to avoid the decubitus disorder and give the patient every chance to regain his autonomy.

## CONSENT

The patient has given their informed consent for the case to be published.

## COMPETING INTERESTS

The authors declare no competing interest.

**AUTHORS' CONTRIBUTIONS**

All authors have read and agreed to the final version of this manuscript and have equally contributed to its content and to the management of the manuscript.

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