An unusual presentation of a traumatic posterior hip dislocation

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DESCRIPTION

A 28-year-old man attended the emergency department following an awkward tackle while playing rugby. While in the prone position, another player landed on his lower back.^{1 2} He experienced immediate pain in association with a 'popping' sensation in his left hip. In the emergency department there was no obvious pelvic or lower limb deformity. He was able to straighten his leg and raise both the legs. He demonstrated only mild tenderness in his left groin and a slight reduction in the left hip flexion and abduction. He was unable to bear weight. For these reasons, pelvis and lateral hip radiographs were requested. These demonstrated a posterior dislocation of the femoral head with an associated acetabular rim fracture (figure 1).

The orthopaedic team performed a reduction of his dislocation under general anaesthesia. The post-reduction pelvic radiograph was satisfactory. Further CT imaging of his hip was requested to further evaluate the joint. It demonstrated a comminuted fracture at the posterior-superior acetabular rim (figure 2). A small bone fragment was also demonstrated at the anterior-inferior rim of the acetabulum with the proximal femur appearing intact. Follow-up in an orthopaedic clinic to date has been satisfactory.

This was an unusual case as the mechanism of injury rarely results in such a significant injury. In addition, the patient had few clinical signs which initially led the team to believe he had a much less severe injury.

Figure 1 A radiograph of the pelvis demonstrates a posterior dislocation of the femoral head with an associated acetabular rim fracture.

Figure 2 CT of the hip shows a comminuted fracture at the posterior-superior acetabular rim. A small bone fragment is shown at the anterior-inferior rim.

Learning points

- ▶ Posterior hip dislocations are more commonly seen following road traffic collisions and are rarely a result of athletic injuries.
- ▶ Usually posterior hip dislocations are extremely painful due to the displaced femoral head resting on the sciatic nerve and present with flexion, internal rotation and adduction of the affected hip.
- ▶ Early orthopaedic involvement should be sought with the aim to achieve a timely reduction.

Competing interests None.

Patient consent Obtained.

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