TRAUMATIC INFERIOR DISLOCATION OF THE HIP (LUXATIO ERECTA) IN A CHILD

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A boy of seven years was brought to the hospital after a fall from his bicycle. His companion, whom he had taken as a pillion rider, fell over him from behind when the incident occurred.

Examination showed that the right hip was acutely flexed, the thigh touching the anterior abdominal wall. The thigh was not abducted, adducted or rotated. The knee was fully flexed and the whole limb was supported by the patient’s two hands. The greater trochanter was unduly prominent. Movements of the hip were almost absent because of extreme pain. A radiograph showed the head of the femur occupying a position below the acetabulum (Fig. 1).

The dislocation was reduced about an hour and a half after the injury by applying traction and medial rotation under general anaesthesia. Subsequent radiographs showed satisfactory reduction. Russell traction was applied for six weeks and then he was allowed up on crutches in a hip spica. The total duration of non-weight-bearing was three months. At the end of this period he had full hip movements, no discomfort and normal radiographs. Six months after injury the hip was normal clinically and radiologically.

Comment—Certain features of this dislocation which are not seen in the classical anterior, posterior or central dislocations are worth noting. Firstly, the clinical appearance of the hip was very striking: it was acutely flexed and showed undue prominence of the greater trochanter. Secondly, the head of the femur was displaced below the acetabulum. Thirdly, even under general anaesthesia the hip could not be extended more than 60 degrees from its position of acute flexion. The head of the femur could not be lifted into the acetabulum. Traction and lateral rotation also failed to reduce the dislocation, but traction and medial rotation achieved reduction with ease.

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