CASE REPORT

The externally rotated leg: anterior dislocation of the hip

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SUMMARY

A case report of anterior dislocation of the hip presenting as a fractured neck of femur following a minor fall in an elderly patient.

Key words: anterior, dislocation, hip

INTRODUCTION

Anterior dislocation of the hip is a rare injury and usually results from a significant force. We describe a case occurring in an elderly lady following a minor fall.

Case report

An 89-year-old lady presented to the accident and emergency (A&E) department following a fall in a nursing home, after which she was unable to weight bear on her left leg. She was deaf and demented with no other past history of note. She was usually mobile with a frame.

On examination her left leg was shortened and externally rotated. The hip was tender and any hip movement was painful. This suggested a fracture of the proximal femur. However radiographs showed an anterior dislocation, of the pubic type, with an associated small acetabular fracture. Manipulation under anaesthetic was required to achieve a satisfactory reduction; the position eventually being held in a plaster hip spica.

DISCUSSION

Anterior dislocation of the hip is rare, comprising only 10% of all hip dislocations.1,2 The patient demonstrated the pubic type of dislocation where the mechanism of injury is usually forcible abduction of the hip in extension.3 This generally requires significant force, such as a car striking a pedestrian from behind,4 although a case is reported as occurring while playing association football.5 As a result, the injury is usually seen in the younger, active age groups. There are no reports of anterior dislocation in the elderly following a minor fall.

The usual position of the leg is in external rotation often with abduction and flexion. On clinical examination it thus may mimic a proximal femoral fracture. The appearances on a plain A.P. radiograph may not be obvious at first glance (see Fig. 1). If no fracture is seen, careful scrutiny and a good lateral view are needed if this rare injury is not to be missed.

Fig. 1. Anteroposterior X-ray demonstrating loss of joint congruity with small superolateral acetabular lip fracture and rotation of the femoral head.
REFERENCES

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doi: 10.1136/emj.11.3.204