

Hip dislocations in chronic osteomyelitis

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INTRODUCTION

We present two cases of spontaneous dislocation of the hip joint due to chronic osteomyelitis of the upper femur. Spontaneous hip dislocations occur in certain pathological conditions such as poliomyelitis (Ingram, 1980), cerebral palsy (Howard *et al.*, 1985), osteomyelitis and neurofibromatosis.

CASE REPORTS

A 7-year-old refugee boy was referred from a peripheral hospital with 3 months history of pain and swelling of the right thigh. On admission, he had bilateral fixed flexion of the hips and the left lower limb was shortened, adducted and internally rotated. X-ray of the pelvis showed chronic osteomyelitis of the upper right femur (including the neck) and a posterior dislocation of the contralateral uninfected left hip. Skin traction and later open reduction of the dislocated left hip with bilateral adductor tenotomy were done. A further reduction of the hip was necessary due to redislocation and he was mobilized with a hip spica 8 weeks later. The right hip ankylosed.

A second patient was a 5-year-old girl who had chronic osteomyelitis of the shaft, head and neck of the left hip, and this dislocated posteriorly. Skin traction and antibiotics therapy were commenced, 6 weeks later an open reduction was performed and a hip spica applied. She walked at 10 weeks of admission.

DISCUSSION

Traumatic hip dislocation although uncommon in children occurs following road accidents and falls from a height. The prognosis is better than in adults. Spon-

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Fig. 1 Negative photograph showing chronic osteomyelitis of the upper right femur and dislocation of the left hip

taneous hip dislocation is known to occur frequently in certain pathological conditions such as anterior poliomyelitis (Ingram, 1980), cerebral palsy (Howard *et al.*, 1985), following osteomyelitis of the upper femur, (Anderson, 1980) and in neurofibromatosis. Spontaneous dislocation of the hips following osteomyelitis is rare (Sharrard, 1979) and occurs only in children. In very early cases drainage of infection and reduction by manipulation should be attempted. In late cases, or when the infection involves the head and neck of femur manipulation should be avoided so that fracture of neck would not occur, instead continuous traction and later open reduction are to be used. This method was used successfully in the 2 patients in this review. The dislocated normal hip resulted from prolonged adduction of the hip.

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