
Surgical management of posterior fracture dislocation of the hip joint

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Posterior fracture-dislocation of the hip is an intra-articular fracture. Displaced fracture and hip dislocation should be reduced anatomically for the sake of attaining the best possible results. It is always a part of a major accident involving more than one serious injury. The complicated anatomy of the hip bone and its vital relationships require a precise diagnosis of the fractured part and mandatory to use proper surgical procedure. The X-ray imaging in the form of antero-posterior and oblique views and CT scanning is important to get accurate diagnosis. Then extensive preoperative planning is important. The dislocated hip is considered a surgical emergency and should be reduced within a few hours to reduce the incidence of avascular necrosis and degenerative arthritis of the hip. But the operation itself can be delayed till the optimal conditions are justified, and the delay should not exceed two weeks. In this thesis, we performed open reduction and internal fixation for twenty-five patients with posterior fracture-dislocation of the hip with the result of ~ satisfactory results and 20% unsatisfactory results. The complications encountered are avascular necrosis and degenerative arthritis of the hip in 10% due to late operative interference, ~ spondylitis ossificans in 2%, sciatic nerve palsy in 20%. Each patient followed by a diligent follow-up to detect and deal with any associated injury... Traction to the affected limb is done as a first aid and then X-ray is done. The dislocated hips are reduced as an emergency procedure and then the patient prepared for a major surgery. The inevitable complication of the posterior Kocher-Langenheek approach, a common feature of the femoral neck and stable internal fixation is Post-operative phlebotomy therapy is helpful in regaining normal hip function. Early ad weight bearing should be postponed till solid union occurs. The possibility of having a normal hip is of high percentage after this regime.