

# Old Coxofemoral Dislocation Treated by Hip Arthroplasty

Arabo Saidou<sup>1,2\*</sup>, Batchom Alphonse<sup>3</sup>, Fokam Pius<sup>4</sup> and Farikou Ibrahima<sup>2</sup>

<sup>1</sup>Régional Hospital of Garoua, Cameroon

<sup>2</sup>Faculty of Medicine and Biomedical Sciences of Garoua, University of Ngaoundéré, Cameroon

<sup>3</sup>Laquintinie Hospital of Douala, Cameroon

<sup>4</sup>Generali Hospital of Douala, Cameroon

## Abstract

**Introduction:** Hip dislocation is frequent in our context. It becomes old if the reduction is not made after 28 days. The aim of the work is to assess their frequency and the difficulty of their management, then to assess functionally the fate of this hip after arthroplasty.

**Materials and Methods:** We carried out a prospective and descriptive study from January 2016 to December 2020 at the Laquintinie hospital in Douala and the Garoua Regional Hospital. We collected a total of 25 cases (22 patients with an old dislocation and 3 cases of neglected hip dislocation) including 15 men and 10 women; we performed uncemented total hip arthroplasty in 9 patients. With an average follow-up of 26 months, we evaluated these 9 patients by the numerical PMA evaluation score (Postel Merle d'Aubigné).

**Results:** Men were the most numerous (15/10). The left hip was the most injured (13/12). All patients presented with a high posterior dislocation. The average score is 15 out of 18. 2 operated patients had a very good result and 7 a good result.

**Discussion:** If hip dislocations are not reduced on time, their management becomes complex and can lead to total hip arthroplasty straight away. This is complicated by osteonecrosis of the femoral head or paralysis of the sciatic nerve. Some authors suggest the realization of a total hip replacement regardless of the patient's age. The low rate of operated patients may constitute a limitation for our study. The major part of our patients could not be operated due to lack of financial means, the health insurance not being effective. The results of the 9 operated patients were satisfactory after hip arthroplasty, we believe that we made the best choice by immediately proposing a hip arthroplasty.

**Conclusion:** Old hip dislocations exist in our environment and are frequent. First-line total hip arthroplasty is the best indication to restore autonomy to the patient.

**Keywords:** Hip • Dislocation • Old • Arthroplasty

## Introduction

Hip dislocation is common in our context; its urgent reduction becomes a necessity to delay the onset of osteonecrosis of the femoral head. It becomes old if the reduction is not made after 28 days; at this time the reduction may be unstable or impossible due to either an association of acetabular lesion or the filling of the acetabulum with fibrosis. The aim of the work is to assess their frequency and the difficulty of their management, then to assess functionally the fate of this hip after arthroplasty.

## Null hypothesis

The Zero-Cast™ wrist splint is efficacious in the management of simple distal radius +/-ulna fractures.

## Materials and Methods

This is a prospective and descriptive study from January 2016 to December 2020 at the Laquintinie Hospital in Douala and the Garoua Regional Hospital. We considered a dislocation to be old if it was older than four weeks. It can also be overlooked if the patient did not go to the hospital for its reduction or if it was reduced but became unstable and the patient has returned home. We collected a total of 25 cases (22 patients with an old dislocation and 3 cases of neglected

hip dislocation) including 15 men and 10 women; we performed uncemented total hip arthroplasty in 9 patients via the lateral trans gluteal approach. We used the numerical assessment score PMA (Postel Merle d'Aubigné) [1] to functionally assess the operated patients with a mean follow-up of 26 months (Figures 1 and 2).



Figure 1. Posterior upper right dislocation.



Figure 2. Postero-superior left dislocation on acetabulum of the acetabulum.

**\*Address for Correspondence:** Arabo Saidou, Régional Hospital of Garoua, Cameroon, Tel: +237698550299; E-mail: arabo.saidou@yahoo.com

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## Results

### Patient presentation

**Table 1.** Repair according to sex.

Male	Female
15	10

Men were the most numerous.

### Global functional assessment of hip function in operated patients

This evaluation is carried out on 9 patients. The mean follow-up was 26 months with a minimum follow-up of 10 months and a maximum of 28 months. We used the PMA (Postel Merle d'Aubigné) [1] quantified evaluate score.

## Discussion

Hip dislocations are relatively frequent lesions in our environment due to the high frequency of traffic accidents. When they are not reduced on time, their management becomes complex and can lead to total hip arthroplasty straight away [2-6]. As they are complicated by osteonecrosis of the femoral head or paralysis of the sciatic nerve [4].

The major part of our patients could not be operated due to lack of financial means, the health insurance not being effective. Most of our patients saw a specialist 8 weeks after the trauma. This makes non-operative management difficult due to the installation of peri-lesional and intra-acetabular fibrosis. All of our operated patients underwent uncemented total hip arthroplasty. Soufiane, B, et al. [2] published 2 cases of neglected hip dislocation treated with total hip arthroplasty. The transgluteal lateral approach was the only one performed in our patients; we think it was the best since the dislocation being posterior and the acetabulum invaded by fibrosis, this route gives easy access to the acetabulum for better fibrolysis. The reduction of the prosthesis required tenotomy of the gluteus medius.

Associated lesions are frequent in the literature [3,5]. In our series, we only noted diaphyseal lesions of the femur and acetabulum. Among the operated patients, Soufiane, B, et al. [2] presented a fracture of the acetabulum associated with a dislocation of the hip. The lesions of the acetabulum being consolidated in vicious callus, we made no action on this lesion (Tables 1-7).

The results of the 9 operated patients were satisfactory after hip arthroplasty; we believe we made the best choice by immediately proposing a hip arthroplasty (Figures 3 and 4).

**Table 2.** Repair according to the affected sides.

Left	Right
13	12

The left hip was the most injured.

**Table 3.** Showing the reasons for non-operation.

Financial Reason	Medical Problem
14	2

**Table 4.** Amount of associated lesions and types of dislocation.

Femur fracture	Acetabular fracture	Posterior dislocation	Anterior dislocation
3	2	25	0

All patients presented with a high posterior dislocation.

**Table 5.** Repair according to the duration of the dislocation.

Épuration in week patients	4- 8 weeks	8-12 weeks	12-16 s weeks	>16 weeks
	6	7	9	3

The majority of patients consulted after 8 weeks.

**Table 6.** PMA quantified evaluation scores.

Function	Number of Patients	Minimum	Maximum	Way	Standard Deviation
Pain	9	4	6	5.0	1.581
Mobility	9	5	6	5.5	0.267
Walk	9	4	5	4.5	1.287
Total de score		13	17	15.0	3.135

The average score is 15 out of 18.

**Table 7.** Repartition of total scores.

Appreciation	Excellent (score: 18)	Very good (Score:17)	Good (Score:15-16)	Fair (Score:13-14)	Poor (Score:9-12)	Bad (Score <9)	Total
Number de patient	0	2	7	0	0	0	9

2 operated patients had a very good result and 7 a good result.



**Figure 3.** Right total arthroplasty.



**Figure 4.** Total arthroplasty

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## Conclusion

Old hip dislocations exist in our environment and are frequent. Financial difficulties are responsible for the delay of the consultation with the specialist and the support. The first-line total hip arthroplasty is the best indication to restore autonomy to the patient.

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