

## The management of unreduced traumatic dislocation of the hip in developing countries

V. S. Pai

Arrowe Park Hospital, Arrowe Park Road, Upton, Wirral, Merseyside L49 5PE, UK

**Summary.** *Traumatic dislocation of the hip often remains untreated in developing countries. This paper reports the outcome of twenty nine patients with neglected dislocations (3 anterior and 26 posterior). We have outlined the indications for five different methods of treatment. An attempt has been made to explain the causes of poor results.*

**Résumé.** *Les luxations traumatiques de la hanche sont souvent négligées dans les pays en voie de développement. Nous présentons ici les résultats d'une série de 29 cas (3 luxations antérieures et 26 postérieures négligées). Nous avons essayé de définir les indications de cinq méthodes différentes de traitement et d'expliquer les causes des mauvais résultats.*

### Introduction

Little has been written about neglected traumatic dislocation because of its rarity. However, in developing countries it is not uncommon. Neglected cases pose a problem, for they are not seen often enough to give an individual orthopaedic surgeon enough experience to draw conclusions [1].

Watson Jones [19] experienced the difficulties of open reduction and suggested arthrodesis for unreduced dislocation of the hip. Delay in reduction results in a greatly increased incidence of avascular necrosis and joint degeneration. However, Buchanan [3], Nixon [14] and Varma [18] treated hips which had remained dislocated for periods of up to 1 year by operative reduction and had reasonably good results. Heavy traction and abduction was successful in reducing some neglected dislocations. Alternatives

to reduction are subtrochanteric osteotomy, excision arthroplasty, replacement arthroplasty or arthrodesis [1, 2, 4, 7, 9, 12, 13].

We report our experience in treating neglected dislocation of the hip. We define neglect as a delay in treatment of more than 72 h [7].

### Materials and methods

Twenty-nine cases of neglected dislocations were seen in the Orthopaedic Department of Kasturba Medical Hospital, India, between 1981 and 1984. There were 26 posterior and three anterior dislocations. Table 1 summarises the relevant information on these patients. There were eighteen males and eleven females ranging in age from 3 to 64, with a mean of 29 years.

All presented with more than one of pain, limp, shortening or deformity. In three patients there was an associated injury, an ipsilateral femoral fracture in one, an ipsilateral tibial fracture in the second and a pelvic fracture and head injury in the third patient. We have used two classifications:

1) The Thompson and Epstein [16] classification to describe the type of injury (Table 2).

2) A modified Garrett's [6] classification to describe the length of time the hip remained dislocated (Table 3).

Five methods of treatment were used, according to the delay in treatment and the severity of the injury (Table 4).

### Shoe raise

In seven patients with dislocations present for more than 1 year (Group IV), the dislocated hip was not reduced. Four had stable hips due to the formation of a pseudoacetabulum and were happy with a shoe raise. In three the hip was left unreduced for socio-economic reasons. This group is not considered in the analysis of the results.

### Closed reduction

In three cases where the delay was less than three weeks (Group I), closed reduction under general anaesthesia was employed successfully.