

# Surgical Hip Dislocation Using Trochanteric Flip Osteotomy. The Sungai Buloh Experience

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## INTRODUCTION:

The adult surgical hip dislocation may be approached through an anterior, lateral or posterior approach. Ganz et al in 2001 described a surgical technique based on detailed studies of the vascular anatomy of the hip and reported no cases of Avascular Necrosis (AVN) of the femoral head in 213 cases. We report a case series of four patients who underwent a trochanteric flip osteotomy to address traumatic femoral head fractures.

## REPORT :

A Kocher Langenback incision is made and fascia lata split. Then an incision is made from the posterosuperior edge of the greater trochanter extending distally to the posterior border of the ridge of vastus lateralis. A trochanteric osteotomy with a thickness of 1.5 cm is made along this line with an oscillating saw. At its proximal limit, the osteotomy should exit just anterior to the most posterior insertion of gluteus medius.

Case	Age(Years)/Sex	Injury
1.	30 / Female	Fracture dislocation of femoral head
2.	23 / Male	Fracture dislocation of femoral head
3.	47 / Male	Infrafoveal femur head fracture with incongruent hip
4.	33 / Male	Infrafoveal femur head fracture with intra-articular fragments

Table 1: Four patients with femoral head fractures

Upon closure, the trochanteric fragment was reattached using three 4.0mm cannulated screws. (Figure 1)

With a follow up of less than a year, there were no early signs of AVN of the femoral head or heterotrophic ossification in three of our patients. In one patient however we report a failure of fixation

## DISCUSSIONS:

The main blood supply to the femoral head is mainly from the deep branch of the medial femoral circumflex artery. This approach preserves the external rotator muscles and allows a 360° view of the femoral head and acetabulum

## CONCLUSION :

Surgical hip dislocation by trochanteric flip osteotomy is a safe alternative approach to the hip joint.

## REFERENCES:

Ganz R, Gill TJ, Gautier E, Ganz K, Krugel N, Berlemann U. J Bone Joint Surg Br. 2001;83:1119-1124.



Figure 1 : Post operative radiograph of a infrafoveal femur head fracture. Trochanteric fragment reattached with three 4.0mm cannulated screws