

Traumatic Transepiphyseal Separation Of Femoral Head: A Rare Case Report.

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INTRODUCTION

A traumatic transepiphyseal separations of femoral head with or without dislocation from acetabulum, is the worst hip fractures in older children. The injury has been related to osteonecrosis due to vulnerability of blood supply around the femoral epiphysis¹

CASE REPORT:

We present a 12 years old boy who had a motorbike accident on 27/12/2018. Presented with left hip pain and unable to weight bear. Beside tenderness over the left hip joint, there was no abnormal attitude and neuromuscular deficit of left lower limb in physical examination.

Plain radiograph of pelvis showed left femoral head epiphysis dislocated from the acetabulum (Figure 1). Computed topography scan was done to evaluate the fracture fragment location towards the hip joint for surgical approach decision.

Modified Posterior approach of hip joint by only cut short rotators in deep dissection was opted to locate the fragment displaced posteriorly. However due to difficulty for fracture reduction and fixation, the modified Dunn (Ganz osteotomy) was done, to dislocate hip anteriorly. 3 parts displaced fragments with disruption of metaphyseal was identified and was arrange according the anatomical configuration (Figure 2). All the fragments were fixed with fully threaded cancellous screws.

Post-operative plain radiograph was done and acceptable (Figure 3). Patient was put on skin traction for one week duration to reduce pressure between femoral head and acetabulum. Regular follow up for him is needed to address early stage of osteonecrosis.



Figure 1

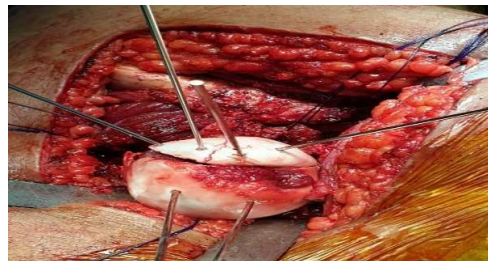


Figure 2



Figure 3

CONCLUSION:

The aim of fixation is not to minimize risk of osteonecrosis but to delay its onset. Beside modified posterior approach, the modified Dunn (Ganz osteotomy) was opted in view of his joint preserving technique was reported none to have developed osteonecrosis².

REFERENCES:

1. Boardman M, et al Hip Fractures in Children. JAAOS. 2009;17:162-173.
2. Ganz R, et al (2001) Surgical dislocation of the adult hip a technique with full access to the femoral head and acetabulum without the risk of avascular necrosis. J Bone Joint Surg Br 2001; 83: 1119–1124.