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EMERGENCY CASEBOOK

Bilateral traumatic anterior dislocation of the hip joint

Bilateral anterior dislocation of the hip is exceedingly rare, six cases having been reported.¹⁻⁵ Only one of these cases resulted from a road traffic accident³: the authors considered that the dislocation could have been prevented if a seat belt had been worn. We report a case of a patient who sustained bilateral hip dislocation in a road traffic accident despite wearing a seat belt. A 1.83 m, 85 kg boy of 15 years was the front seat car passenger involved in a head on collision with a tree at 40 mph. At the time of impact the patient was slouching in his seat; he slid underneath his seatbelt, and his knees hit the dashboard producing extreme abduction of his hips. On admission both hips were flexed to 80°, externally rotated, and abducted to 45°. Radiographs showed bilateral anterior dislocation of the hips (fig 1). Reduction was achieved under general anaesthesia, by hip flexion, traction, and adduction with an assistant stabilising the pelvis. Skin traction was applied for 12 days. Gentle mobilisation was allowed after 16 days. It is believed that the slouched sitting position meant that the patient slid underneath the seatbelt and that, because of his height and size, the lower limbs came into contact with the dashboard more easily. Sitting upright with the lower strap of the seat belt running around the anterior superior iliac spines could have prevented this dislocation.



Figure 1 AP x ray of the pelvis showing bilateral anterior dislocation of the hips.

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