MSK Newsletter: Beware of Subtle Hip Subluxation By William Renner, M.D.



Bo Jackson

When Bo Jackson was 29 years old he was one of the most famous US athletes of all time. He Is the only player to be named an All-Star in both professional baseball and professional football. In 1991 while playing football against the Cincinnati Bengals he sustained a hip dislocation. He said later he reduced the hip dislocation himself. Within one year, he developed avascular necrosis of the hip and underwent total hip replacement, ending his football career. This has led to the speculation that the dislocation was only partially reduced. He was able to play professional baseball for three more years.

Hip Dislocation and Subluxation

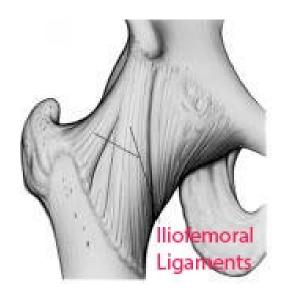
While hip dislocation is dramatic, hip subluxation may be very subtle. This devastating injury can be misdiagnosed as a hip strain leading to avascular necrosis. It is very important to be suspicious of a hip subluxation since it is often under

diagnosed. Early reduction is critical to prevent the long-term complication of AVN!

Dislocation and subluxations

Approximately 5 to 40% of patients with hip dislocation develop avascular necrosis. If the hip dislocation the usual treatment. After closed reduction, a CT is reduced within six hours, the incidence of AVN reduces to less than 10%. In patients with a mean time of reduction of approximately 15 hours, the incidence of avascular necrosis of the hip was reported at 26%. Avascular necrosis of the hip may develop 2 to 5 years after the dislocation.

Closed reduction under anesthesia within six hours is exam with 3 mm cuts should be obtained to document complete reduction of the hip as well as any acetabular fractures or small intra-articular fragments. If you suspect a hip subluxation which has been reduced, then an MR should be done in 6-12 weeks to look for signs of AVN.



Coronal Diagram of Normal Iliofemoral lig-

MR findings of dislocation are a triad of MR findings that include hemarthrosis, posterior acetabular lip fracture, and iliofemoral ligament disruption.

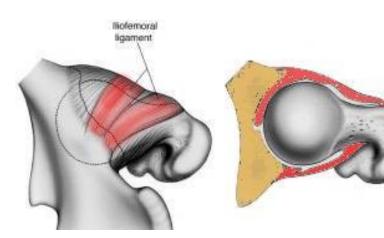
Most consistent MR findings acutely are

Joint effusion 100%,

Capsular rupture with surrounding muscle injury greatest in the gluteal and medial compartment

Posterior Acetabular Lip Fracture Iliofemoral ligament injury 85% Labral tear 7%,

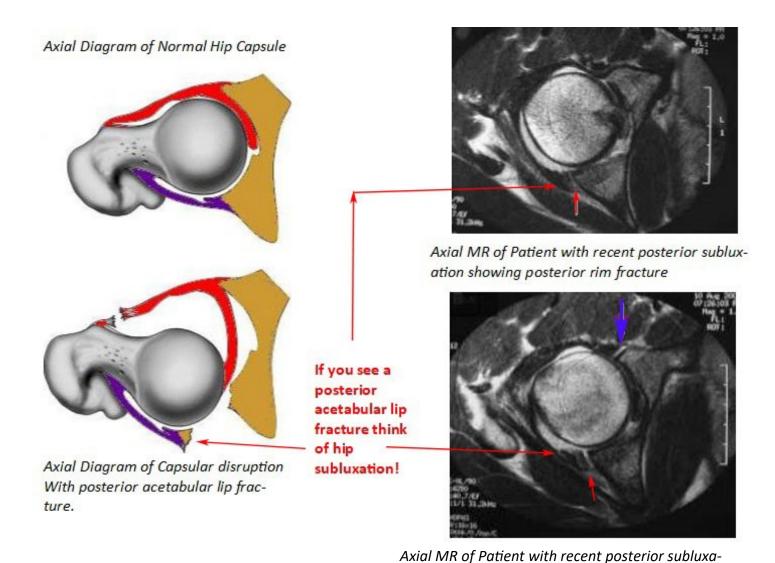
Ligament of teres entrapment 7%



Axial Diagram of Normal Iliofemoral ligament

Axial Diagram of Normal Hip Capsule

If worried about a hip subluxation, do CT exam with 3 mm cuts or MR!



Sagittal MR of Patient with recent posterior subluxation showing chondral injury of femoral head



Coronal MR of Patient with recent posterior subluxation showing chondral loose bodies

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tion showing anterior capsular injury (blue arrow).

40
CPD Points
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What's New in Orthopedic Surgery- With Emphasis on Arthroscopic Surgeries, Videos of Sports Injuries: The Mechanisms of Injury

MRI of the temporomandibular joints New Sequences and When to Use Them

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Learning the Finger: Anatomy and Common Injuries

MCL Tears that Requiring Knee Surgery Meniscal! Pitfalls - How I Call a Tear Biceps Tendon Tears Recently Described