Open reduction

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Indication of open reduction

Failure of conservative methods
Medial approach  Ludloff, 1908

Alternative to conservative treatment
Indication of open reduction

Irreducibility

- At birth
- Failure of conservative treatment

*Wicart et al. Open reduction after failure of conservative treatment for congenital dislocation of the hip initiated before the age of six months. RCO 2003, 94:119-124*

18 months old
Technique chirurgicale
Intra-articular surgery

- Inverted limbus
- Teres ligament
- Pulvinar
- Inferior capsular fold
- Transverse ligament of the acetabulum
- Iliopsoas tendon
Inverted limbus

Radial incisions and eversion of the limbus
**Femoral osteotomy** *(Chesnut, 1975)*

- **Derotation** = decreases anteversion
- **Varisation** = prevents redislocation
- **Shortening** = Reduction of the rate of AVN
Capsulorraphy
Capsulorraphy
Pelvic osteotomy?

Mandatory only in case of instability relative to acetabular dysplasia

Stability

« Suction » or « kiss » noise

Pelvic osteotomy required

Wicart et al. RCO 2003, 94 : 119-124
Post-op immobilization (6 weeks)
Difficult case
3.3 yo (2 previous open reductions)
OR +
Salter osteotomy +
Femoral osteotomy
Complications

Re-dislocation

- High rate of AVN
- Poor morphology

Avascular necrosis

10%

Wicart et al. Open reduction after failure of closed treatment for congenital hip dislocation : Indications and results. RCO 2003,89 : 115 - 24

Stiffness

Osteo-arthritis


Total hip replacement > 40% at 45 years follow-up
Conclusions

Step by step procedure

Each step is important

Good short and mid-term results

Long term result?
Precocious osteoarthritis

Advantage to closed reduction at mid-term