

## **SUMMARY**

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Posterior fracture-dislocation of the hip is an intra-articular fracture. Displaced fragment and hip dislocation should be reduced anatomically for the sake of getting the best possible results.

It is always a part of major accident involving more than one serious injury.

The complicated anatomy of the hip bone and its vital relations make a precise diagnosis of the fractured part mandatory to make proper surgical procedure.

The X-ray imaging in the form of antero-posterior and oblique views and CT scanning is important to get accurate diagnosis. Then extensive pre-operative planning is important.

The dislocated hip is considered a surgical emergency and should be reduced within twenty four hours to reduce the incidence of avascular necrosis and degenerative arthritis of the hip. But the operation itself can be delayed till the optimum conditions are justified, and the delay should not exceed two weeks.

In this thesis we perform open reduction and internal fixation for twenty five patients with posterior fracture-dislocation of the hip with the result of 80% satisfactory results and 20% unsatisfactory results.

The complications encountered are avascular necrosis and degenerative arthritis of the hip in 16% due to late operative interference, myositis ossificans in 4%, sciatic nerve palsy in 4%.

Each patient was assessed by general examination to detect and manage any associated injuries. Traction to the affected limb was done as a first aid and then X-ray was done. The dislocated hips were reduced as an emergency procedure and then the patient prepared for major surgery.

The suitable approach is the posterior Kocker-Langenbeck approach, achievement of anatomical reduction and stable internal fixation is mandatory.

Post-operative physiotherapy is helpful in regaining normal hip

functions early and weight bearing should be postponed till sound union occur.

The possibility of having a normal hip is of high percentage after this regime.