

## Review of Dislocation Rate for THR Anterior Vs Posterior Approach.

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**Abstract:** Total Hip Replacement is an established orthopedic procedure. It is done through both anterior and posterior approaches. Results are variable depending on the approach and location rates are much higher when done with posterior approach.

**Keywords:** THR, Dislocation Rates, Anterior, Posterior approach

### I. Introduction

Total Hip Replacement [THR] is an important well established procedure in orthopedics for numerous indications mainly fractures around hip and AVN. There are many factors which determine the approach for this operations but mainly surgeon's preference and expertise. The learning curve for safe use of these approaches is long.

### II. Method

We retrospectively evaluated results of 38 patients who underwent THR in Narayana Medical College, and our Oxygen Trauma & Multispecialty Hospital, Patna. The mean duration of follow up was 30 months (From Feb. 2012 to Aug 2014). Age of the patients included in this study varied from 32 yrs to 70 year, with the mean average of 56 yrs. The implant selection was based on thorough radiographic assessment for available bone stock; cortical thickness and metaphysis to diaphysis ratio. All 38 patients were operated in lateral position, out of which 20 operated using anterior dislocation of head and 18 patients were operated with posterior dislocation of head during surgery.

### III. Results

Patients were reviewed on periodic basis. Two patients out of 18 had dislocations. One of which at 4 months post operative period due to fall in bathroom, which was reduced closed, and another had dislocation after 9 months of operation when attempting to squat unsupported, again reduced closed. No any patient had such complications of dislocation in anterior approach group. All patients reviewed radiologically and found satisfactory implant positioning. The dislocation rate is approx 10.8 %, which is higher compared to other series in similar studies.

### IV. Conclusion

In this study, we found that the dislocation rate was unacceptably higher in patients of THR when operated through approaches requiring posterior dislocation of head and neck of femur during surgery.

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Xray of patient ;THR done through posterior approach,which dislocated after slippage over wet floor after six months ,which was reduced again by closed maneuvering in I.V. sedation and analgesia.



Xray of a patient ; un-cemented THR done through anterior approach Which eventually had no dislocation and better R.O.M. in long term follow up

### References

- [1]. References from bone and joint journal .A paper recently published had shown dislocation rates in range of 4%in western population.
- [2]. Weedem SH ;Paprosky WG, Bowling JW; in his paper in 2003 ;found decreased dislocation rate compared to this series.
- [3]. Kennon re, Keggijm , Wetmore RS ,et al. in 2003in JBJS
- [4]. Thompson r, kana RL, et al. had similar paper in 2002 with complications and short term outcomes in THR patients regarding dislocation rates.
- [5]. Relevance of this study is that in Indian patients the dislocation rates following THR is higher when done through Posterior approach. This could be attributed to their squatting habits and faulty postures. So, using anterior approach could be much better.