The medial approach of the hip.

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Ludloff

- Chirurgien allemand


- Indication: Luxations congénitales de hanches
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Minimally invasive medial hip approach

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Abstract
The medial approach to the hip by the adductor, as described by Ludloff or Ferguson, provides a minimally invasive surgical technique with a low morbidity and mortality rate. We describe a minimally invasive medial adductor approach providing better access to the sub-pelvic and intra-articular regions in a group of patients with femoral neck fractures and non-displaced subcapital fractures. The surgical approach was performed under a single anesthesia block. The approach was successful in all cases, providing good exposure of the acetabular region and the femoral neck. The surgery was performed using a direct approach to the hip joint. The results were satisfactory, with no surgical or neurological complications. The patients were discharged from the hospital within 7 days, with good pain control and early mobilization. The surgical procedure was effective in avoiding aseptic necrosis of the femoral head and mushrooming of the femoral head. This approach enables an articular surgery with better access to the hip joint, reducing the risk of complications and improving the patient's outcome.

Keywords:
Medial approach
Adductor
Femoral neck fracture
Non-displaced subcapital fracture
Minimally invasive surgery

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Complications

Hematoma: 6 /178  3,3%
Infection: 0
Other none

It is very important to make the hemostasis progressively.
Indications
Fracture-dislocations of the femoral head

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Résumé - Cet article décrit les causes et les mécanismes de fracture dislocation du trochanter à travers une étude clinique. La fracture dislocation est un cas clinique dédié à la description des fractures dislocations du trochanter. Le patient plainte de douleur et de raideur de la hanche. Le diagnostic est confirmé par les images radiographiques. Le traitement est basé sur la réduction chirurgicale et la fixation par vis. La récupération est bonne et le patient est rétabli.

Key words - Fracture dislocation; Femoral head; Hip joint

Fig. 1 - CT scan after the joint has been reduced. The frontal (A), sagittal (B) and axial (C) views show that one-third of the femoral head is fractured and the fracture line is above the fovea.

Fig. 2 - Patient position on the table with the right leg in abduction, flexion and external rotation (A). The incision start from the inguinal fold along the length of the adductor longus muscle (A). The black window shows the region accessible through the medial hip approach (B).

Fig. 3 - Screw position and reduction were verified intraoperatively with fluoroscopy with an A/P view of the hip (A) and lateral frog-leg view (B). Postoperative CT scan access the good reduction and the good positioning of screws (C-E).
Elongation of psoas tendon

+ And release of medial capsule

= No pain

= No replacement
Elongation of psoas tendon
+
Allograft of the edge of the cup
178 cases/10 years

- 18 Tumors
- 4 Chondromatosis
- 142 Psoas
- 2 Head Synthesis
- 6 Removal of fragment
- 6 Psoas coxa slaping

Youtube voie mediale chiron