

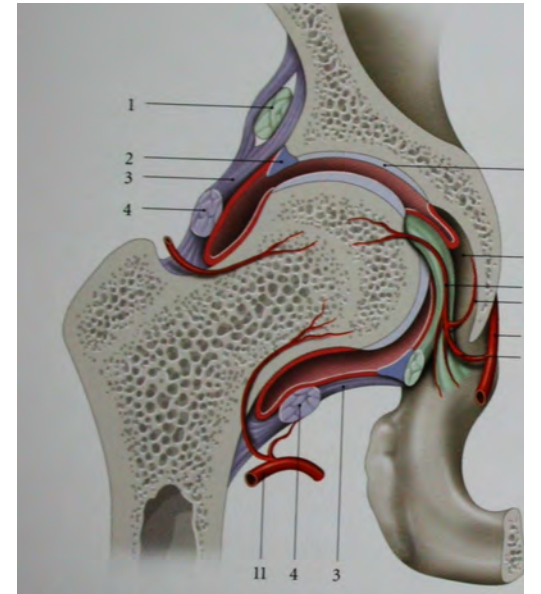
# L'anatomie essentielle dans les traumatismes de la hanche de l'adulte

M. Le Baron

Service de Chirurgie orthopédique et traumatologie

CHU Nord Marseille

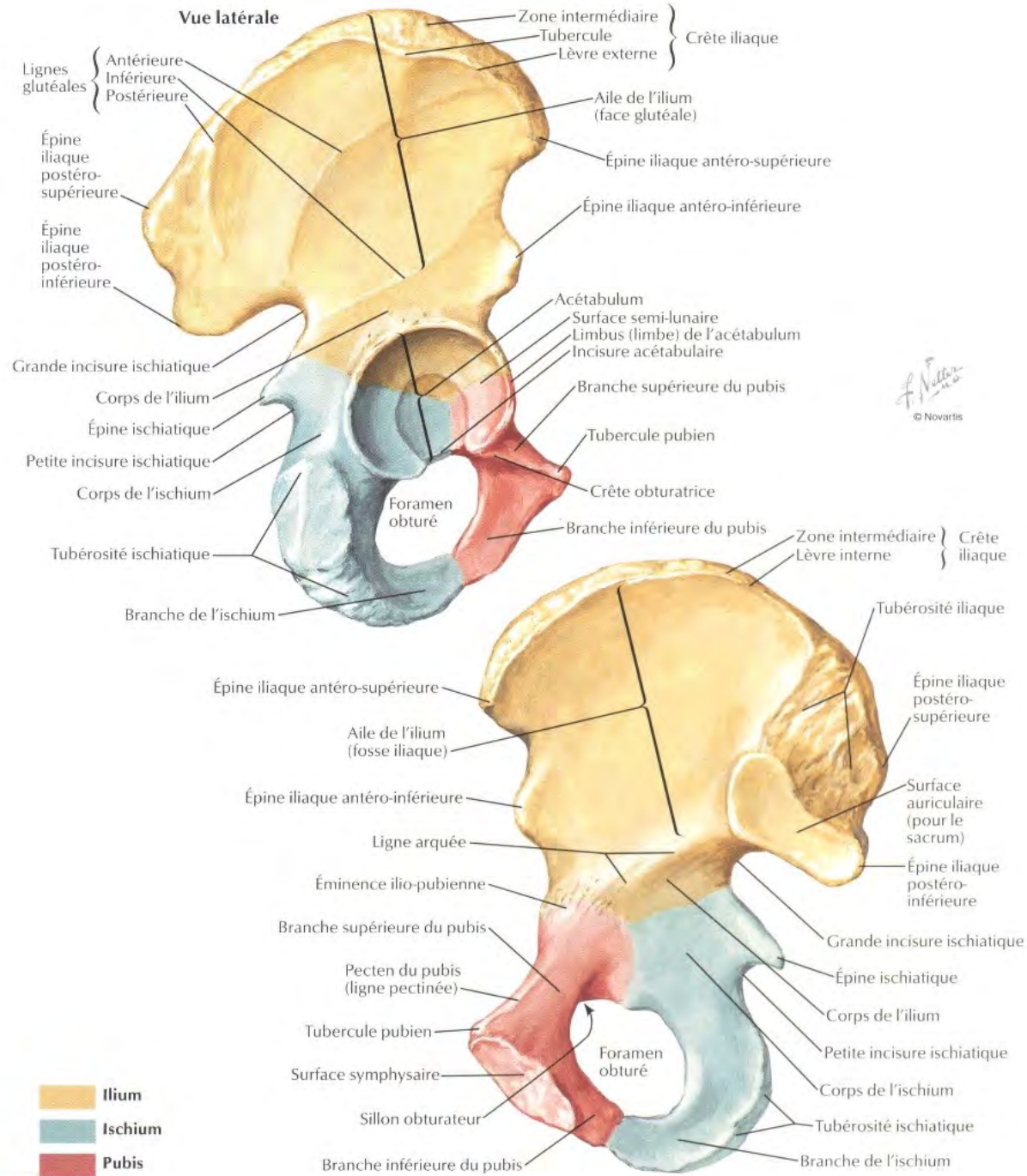
Octobre 2023



# Articulation coxo-fémorale

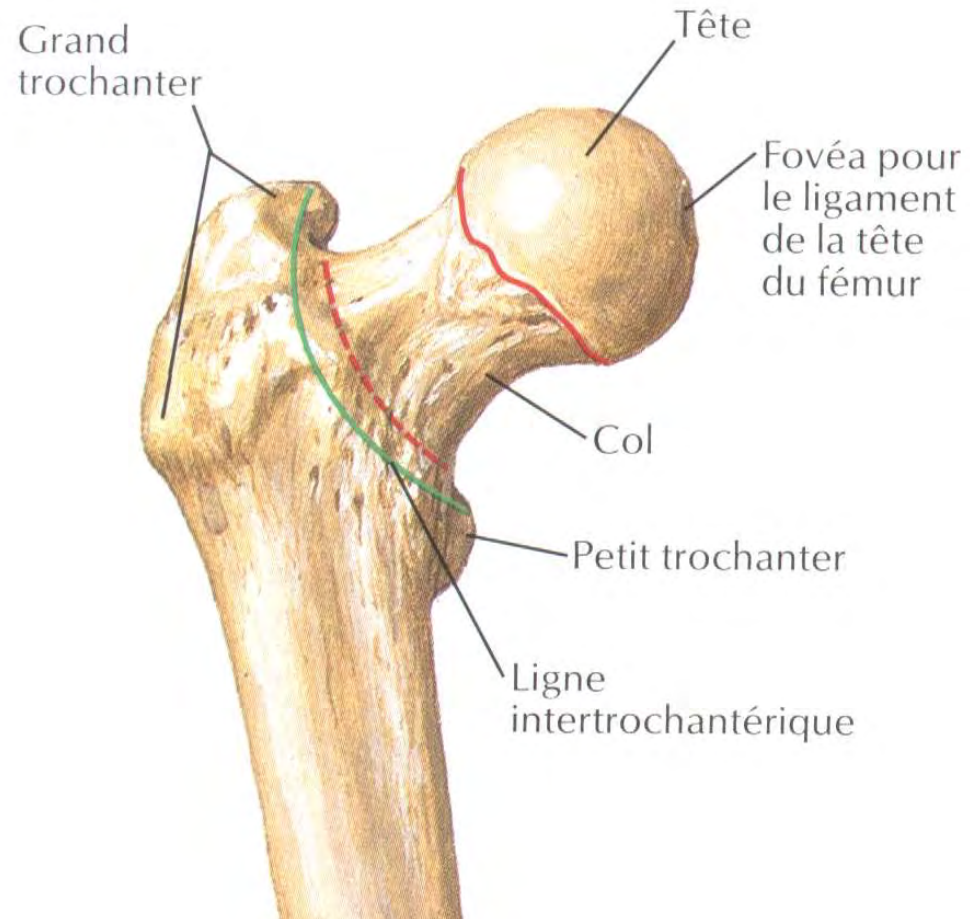
- Articulation stable
  - Facteurs passifs
  - Facteurs actifs
- Articulation profonde



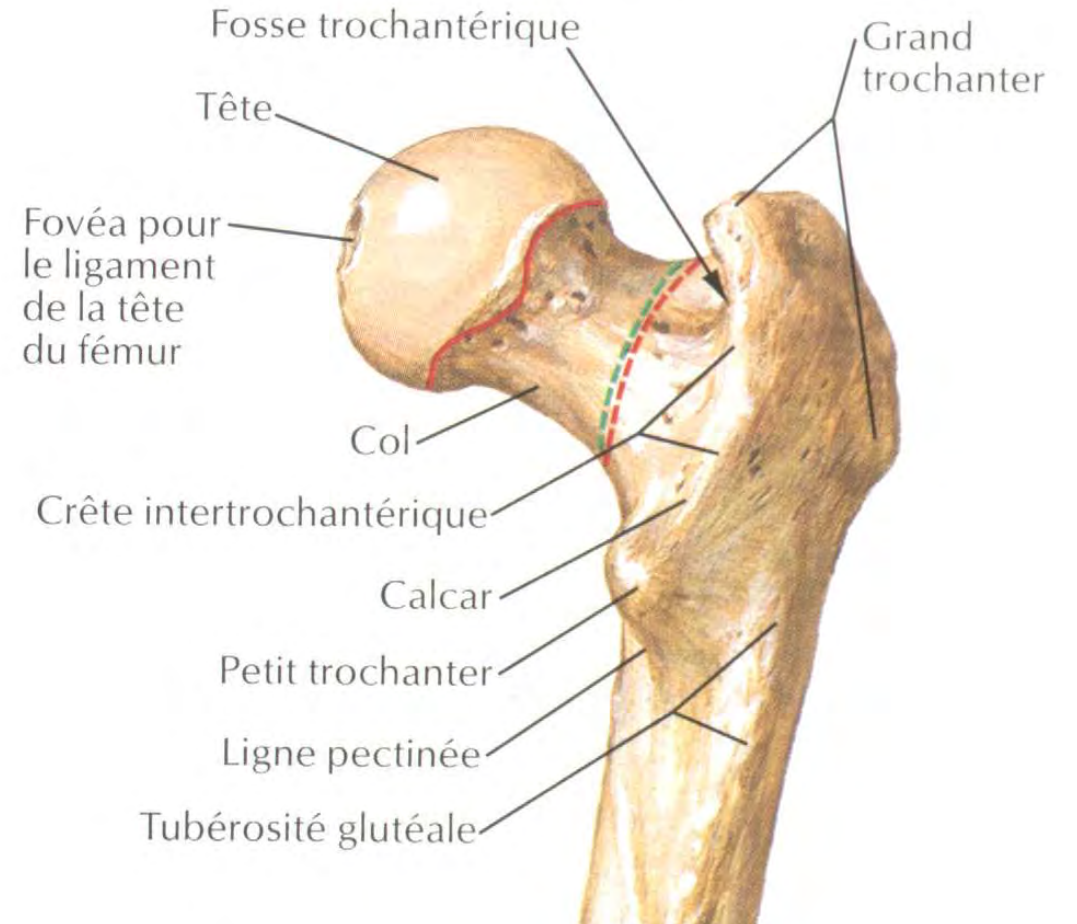




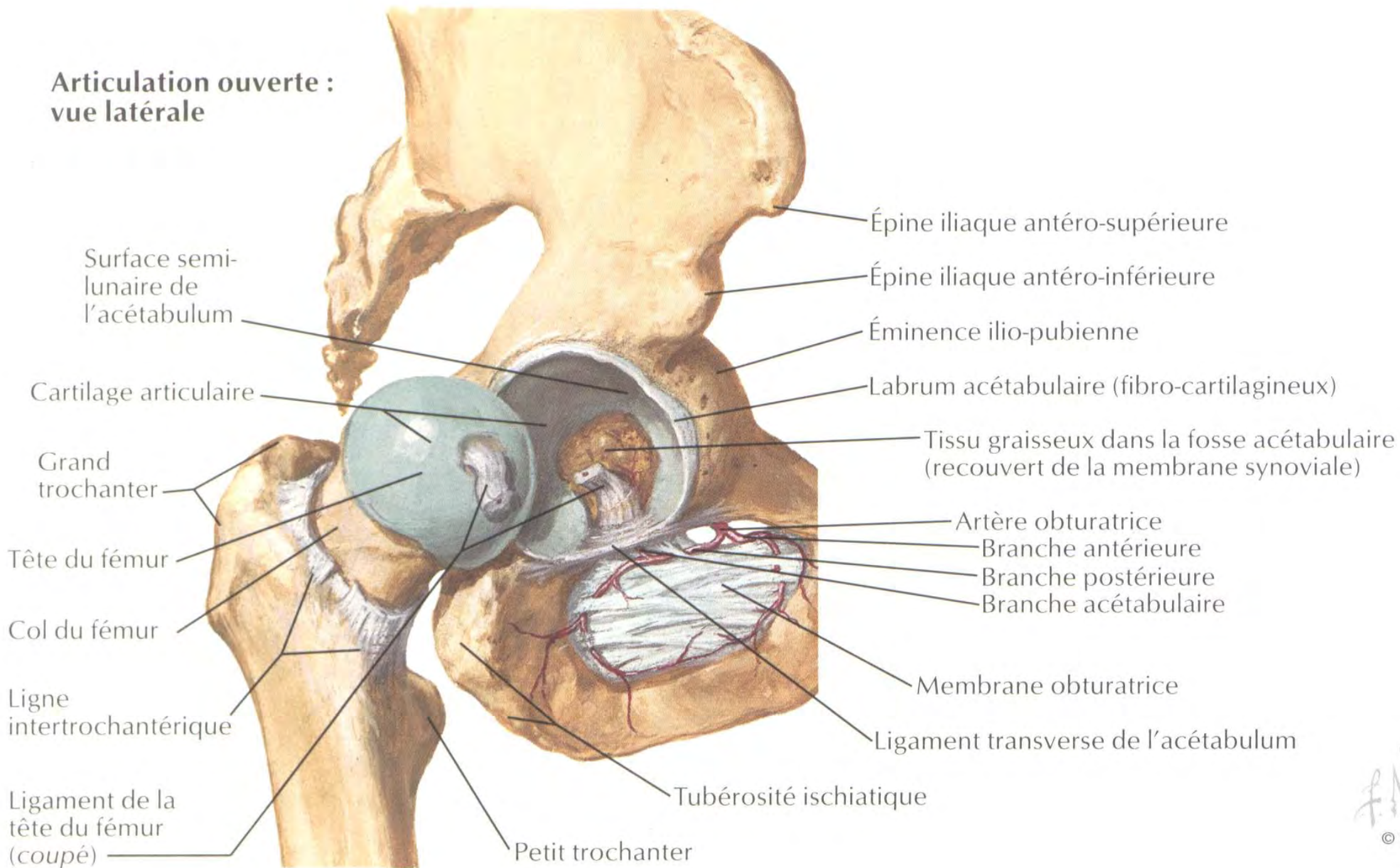
### Vue antérieure



### Vue postérieure



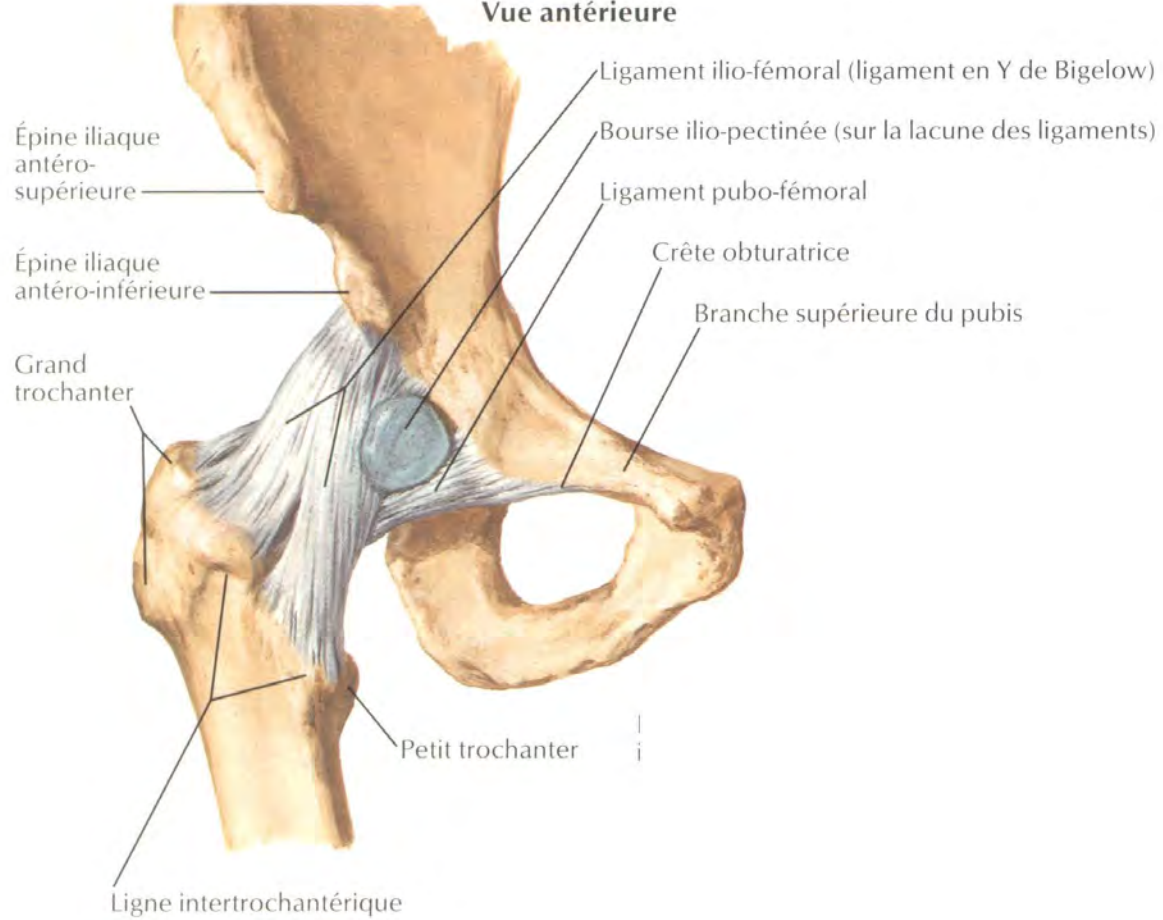
## Articulation ouverte : vue latérale



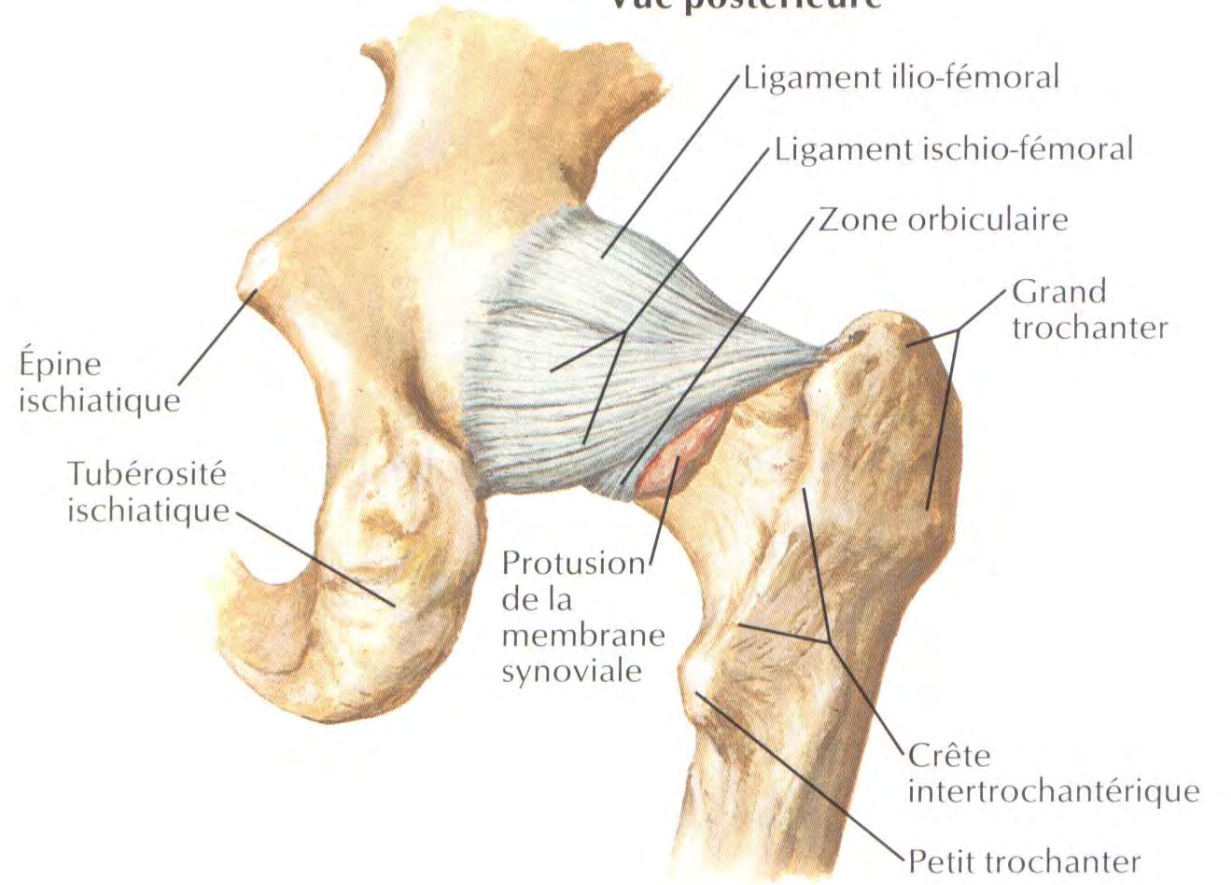
F. Netter  
M.D.

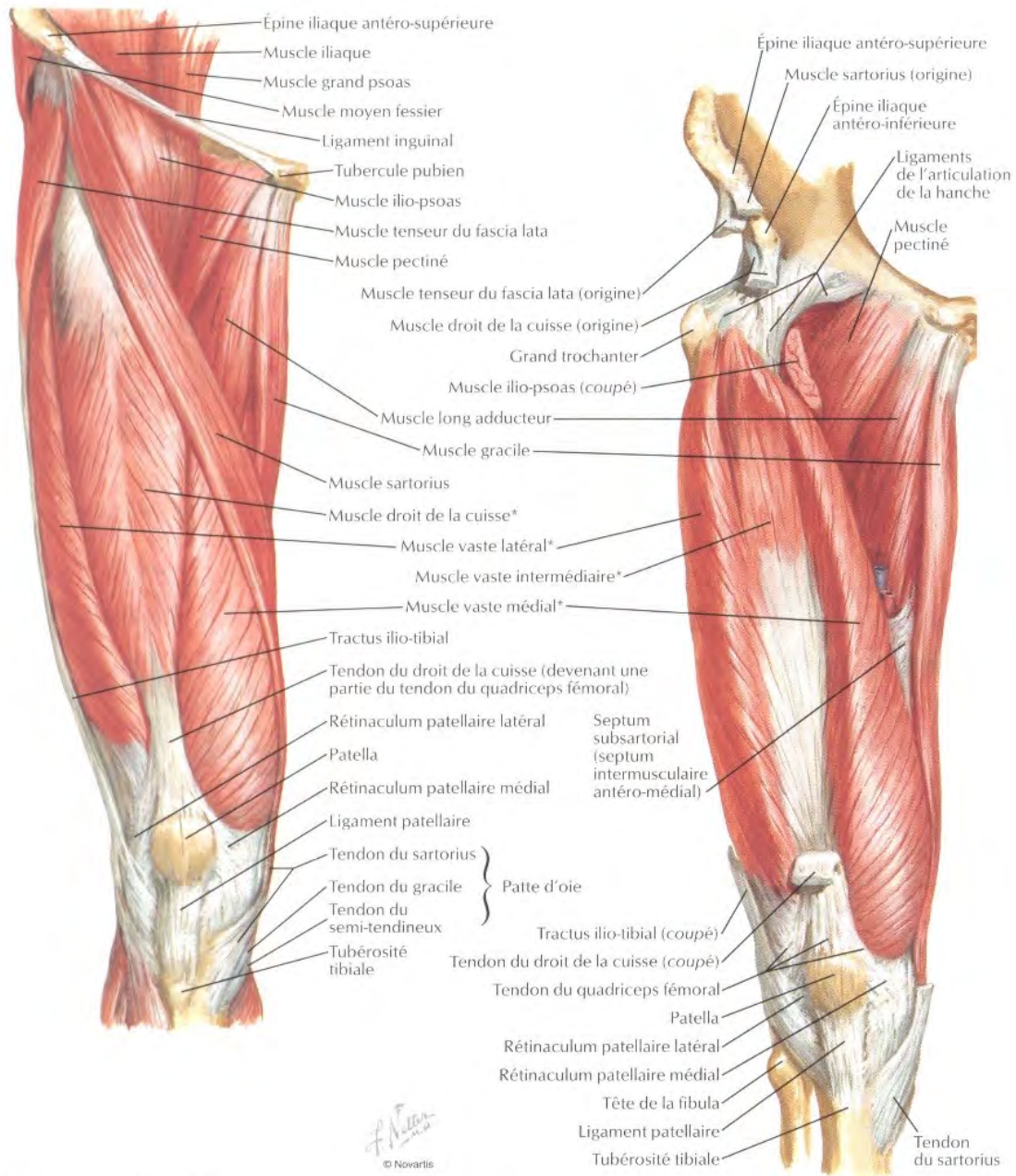


### Vue antérieure

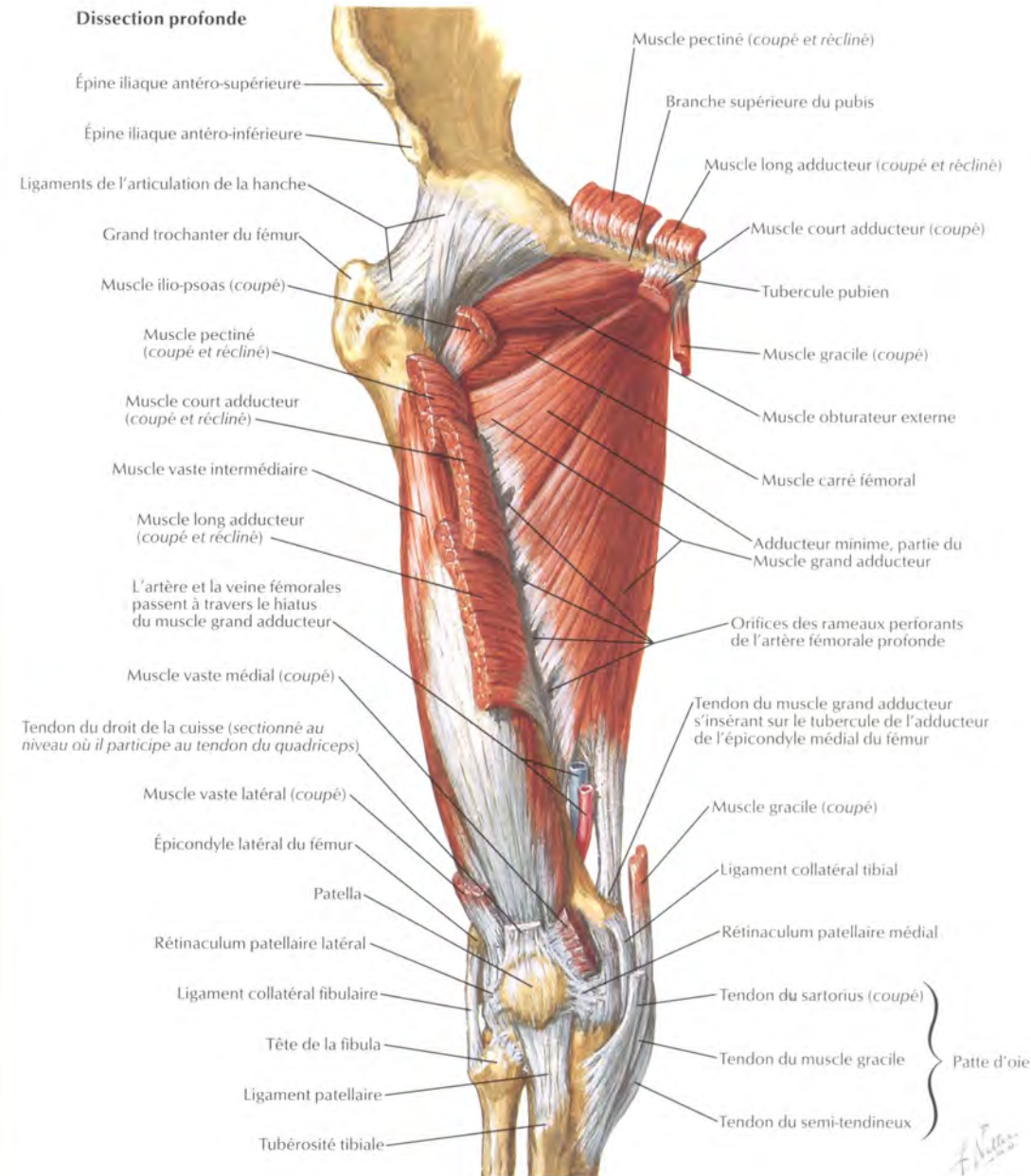


### Vue postérieure

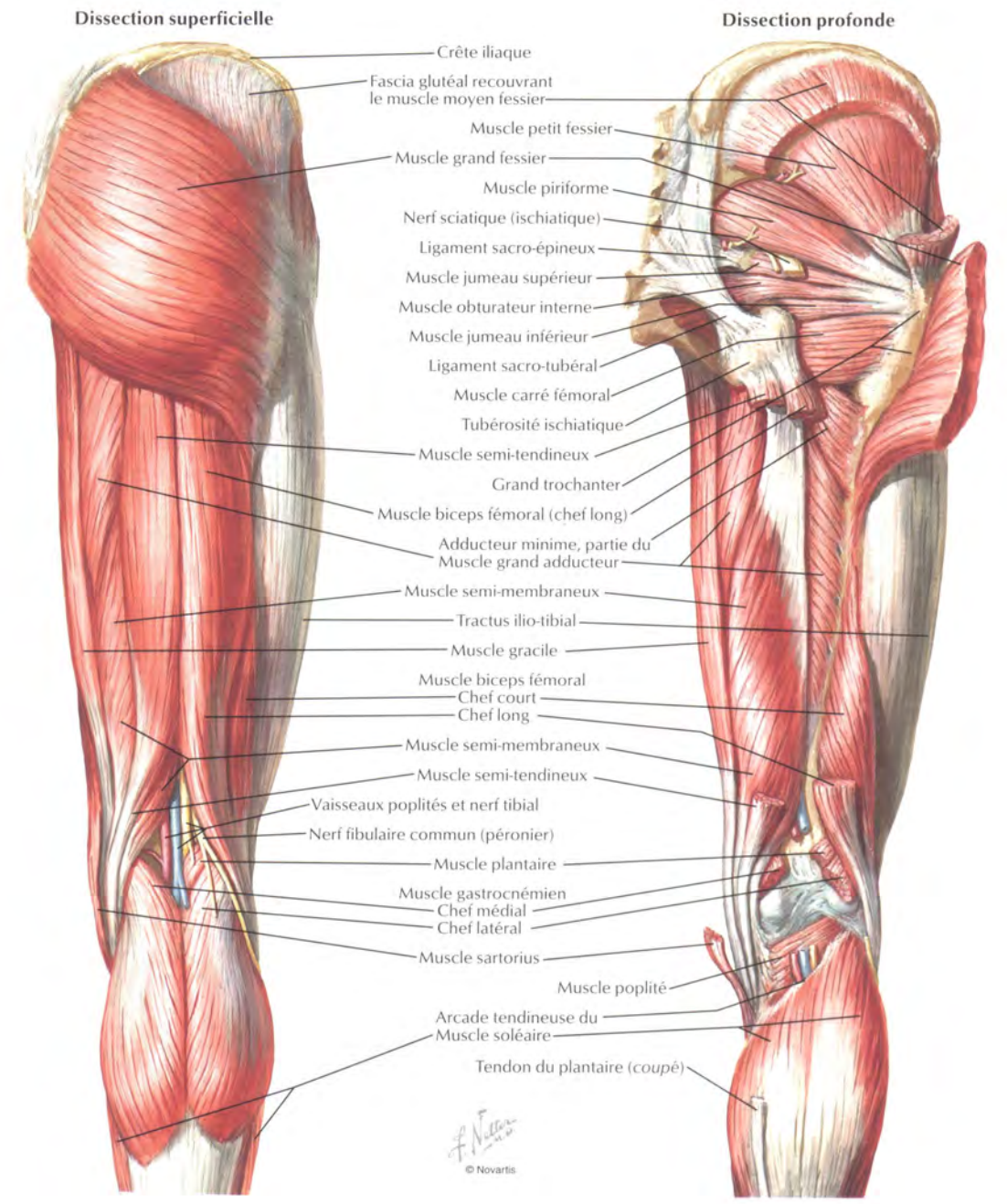
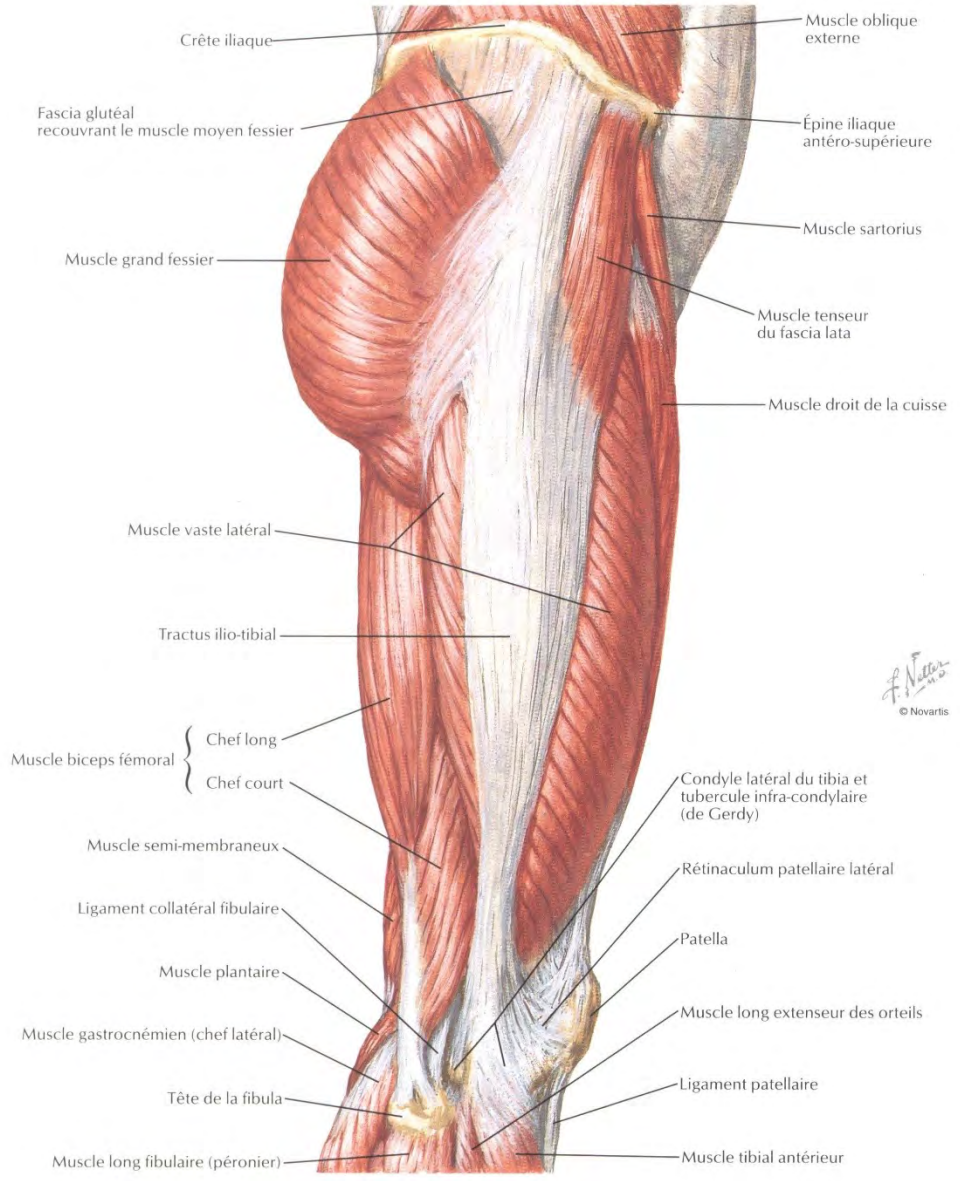




\* Muscles du quadriceps fémoral

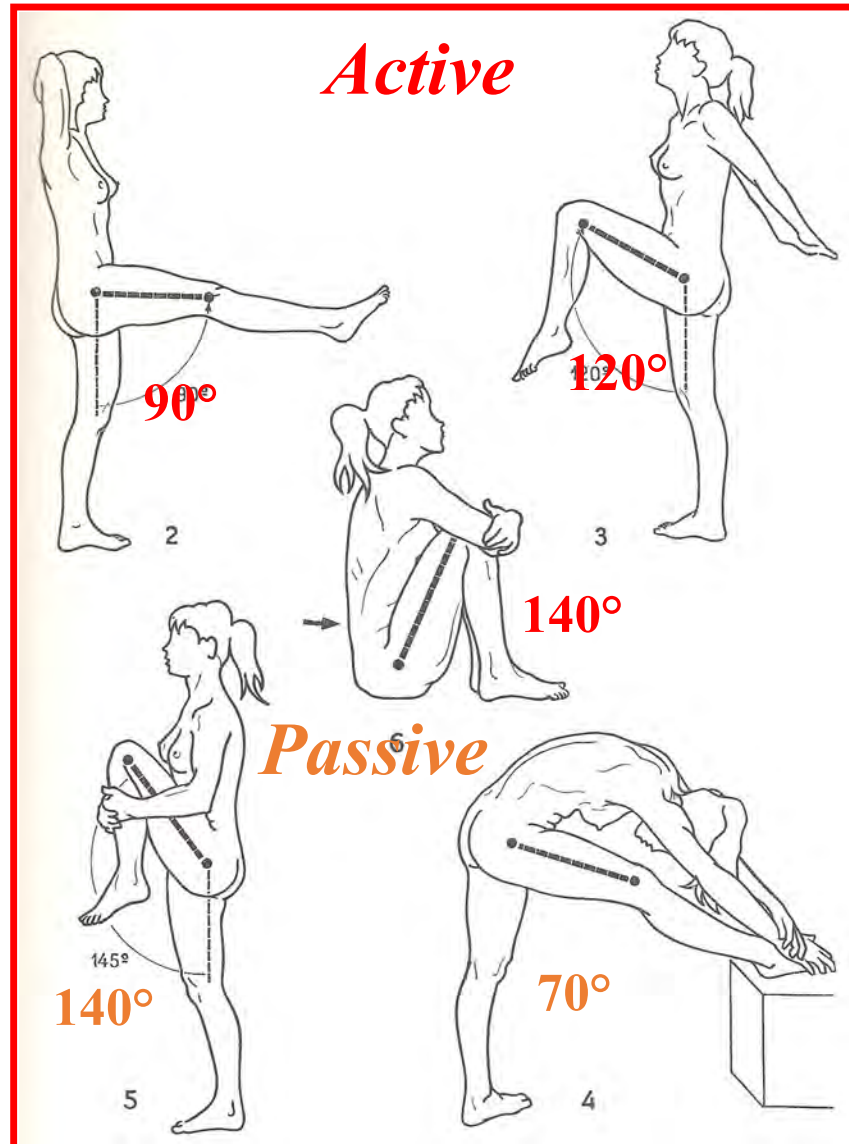




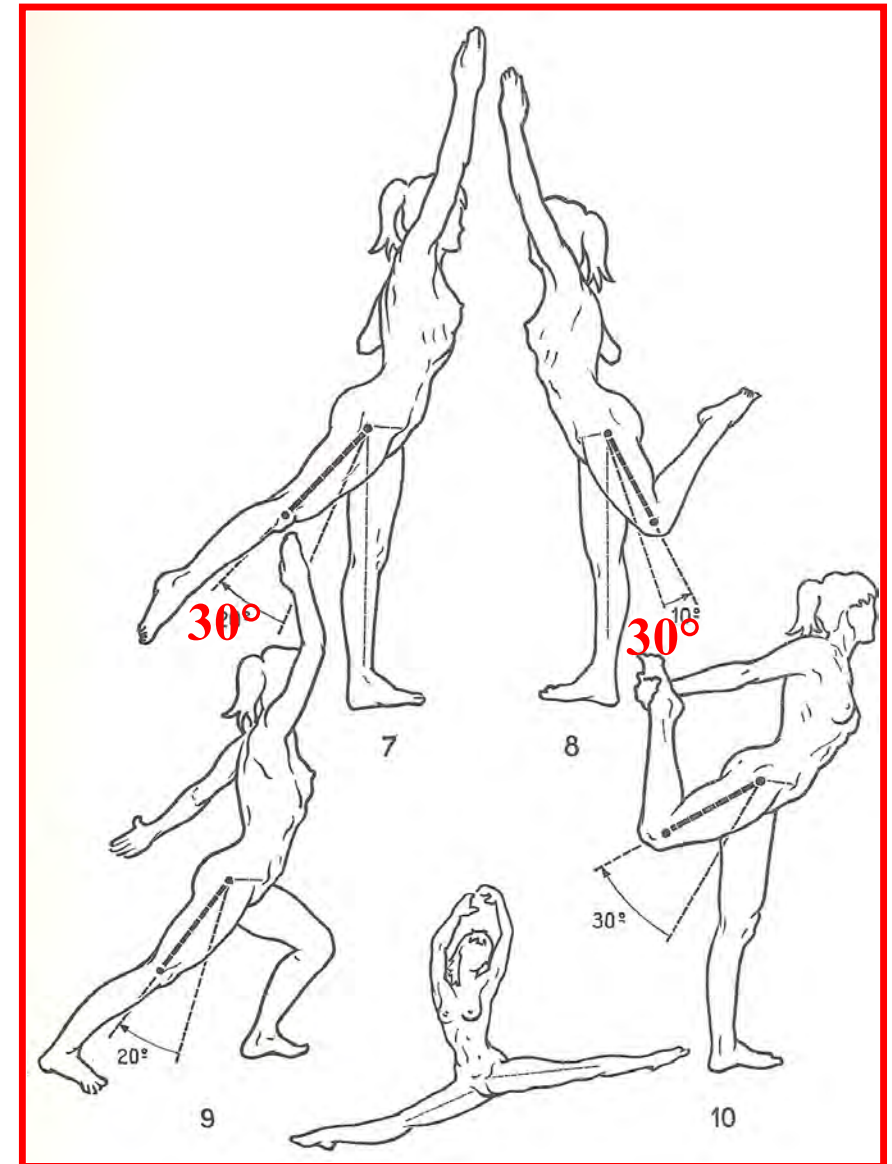




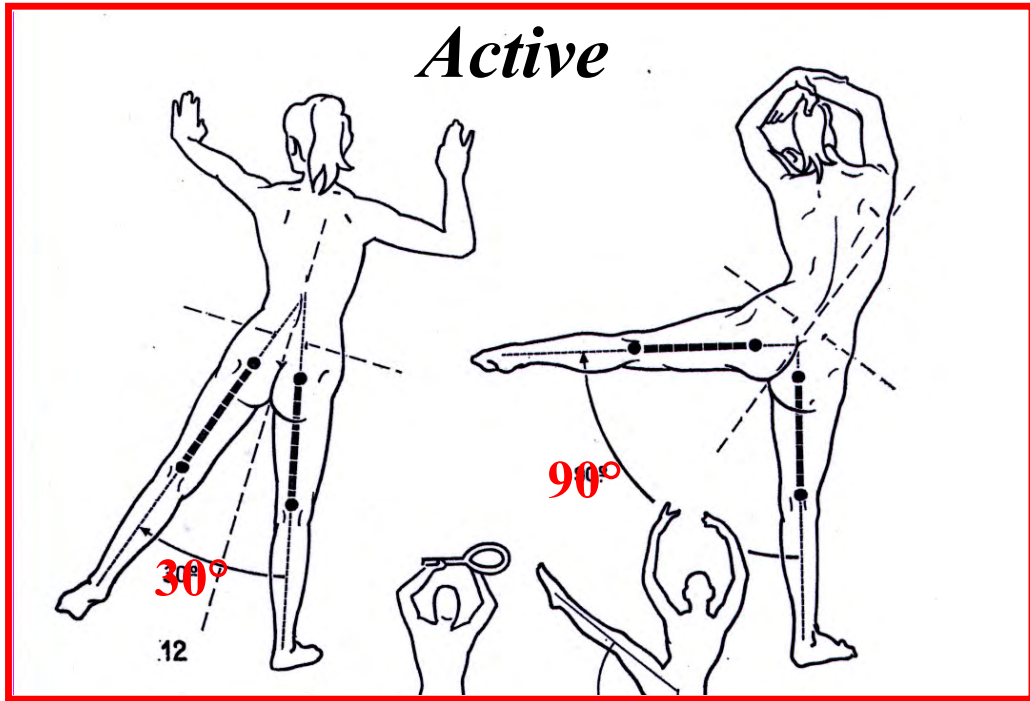
# FLEXION



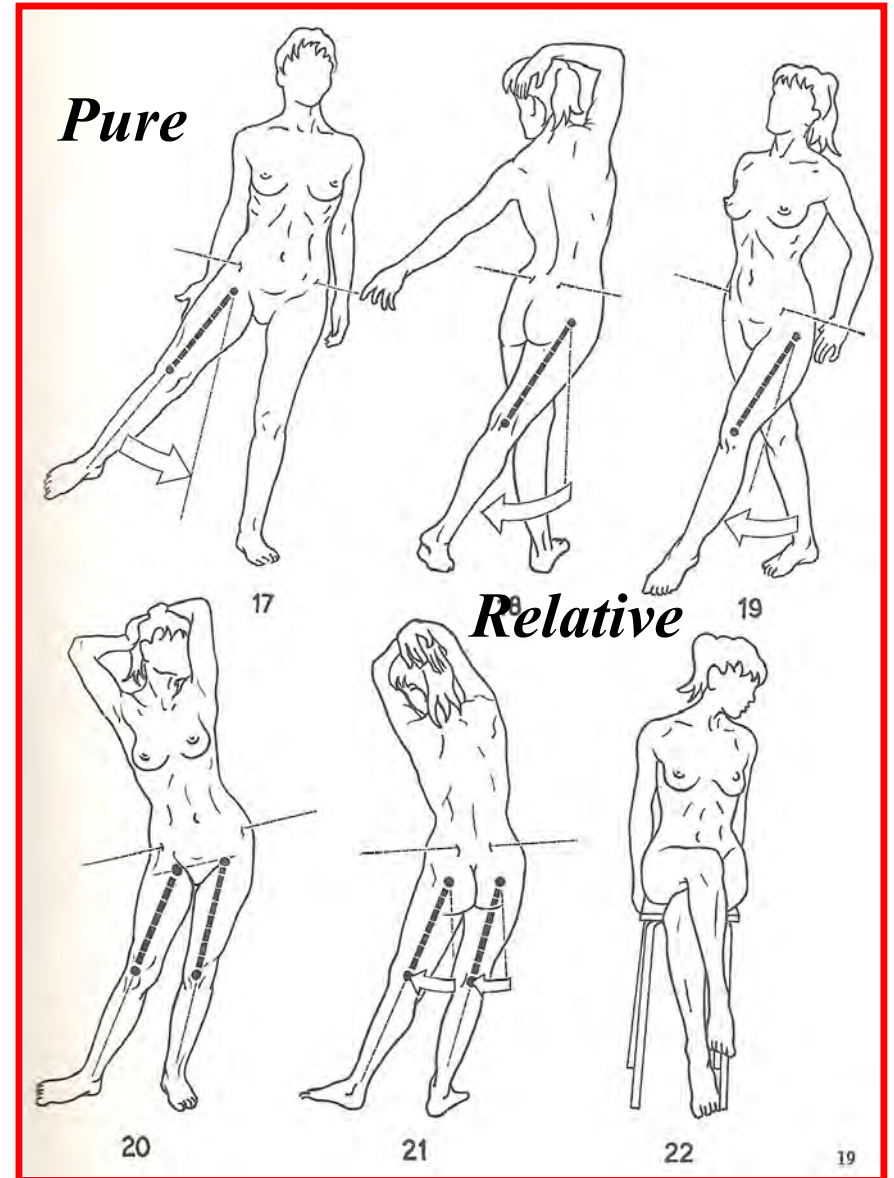
# EXTENSION



# ABDUCTION

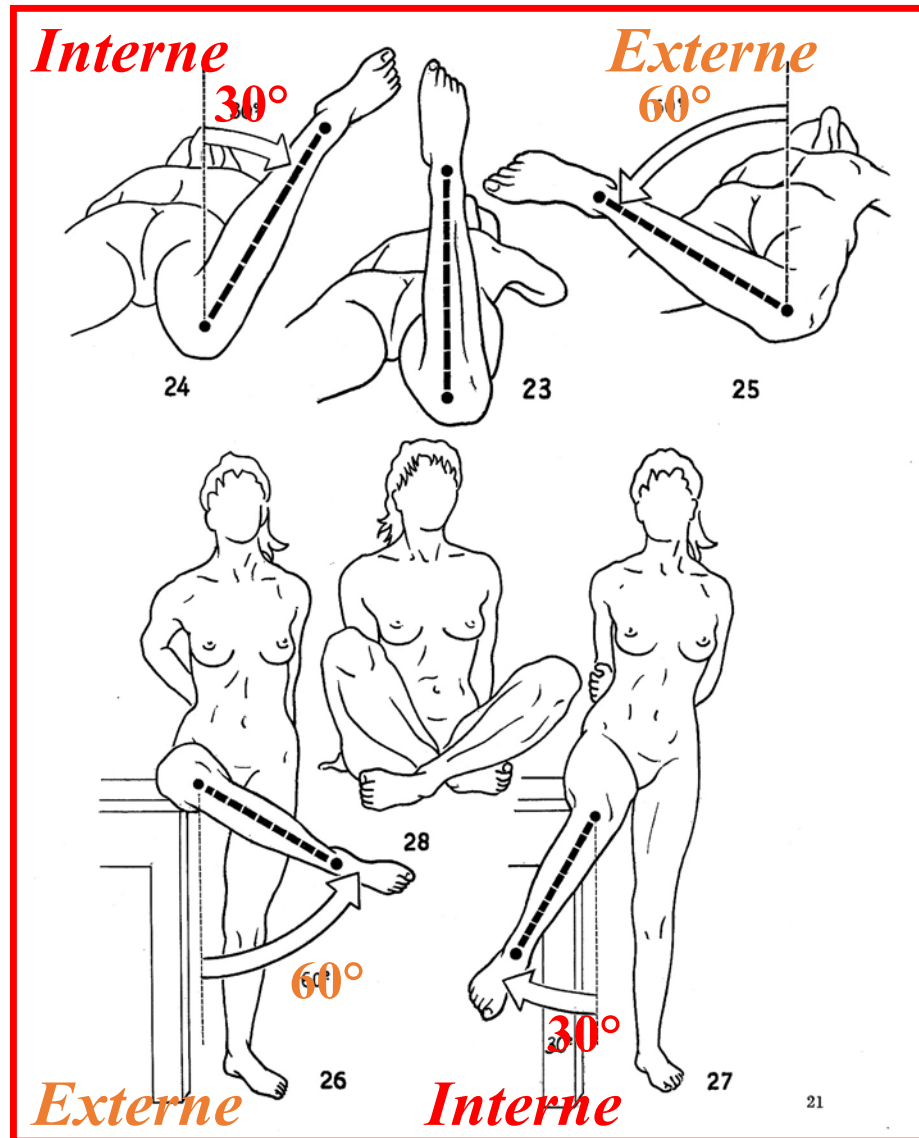


# ADDUCTION

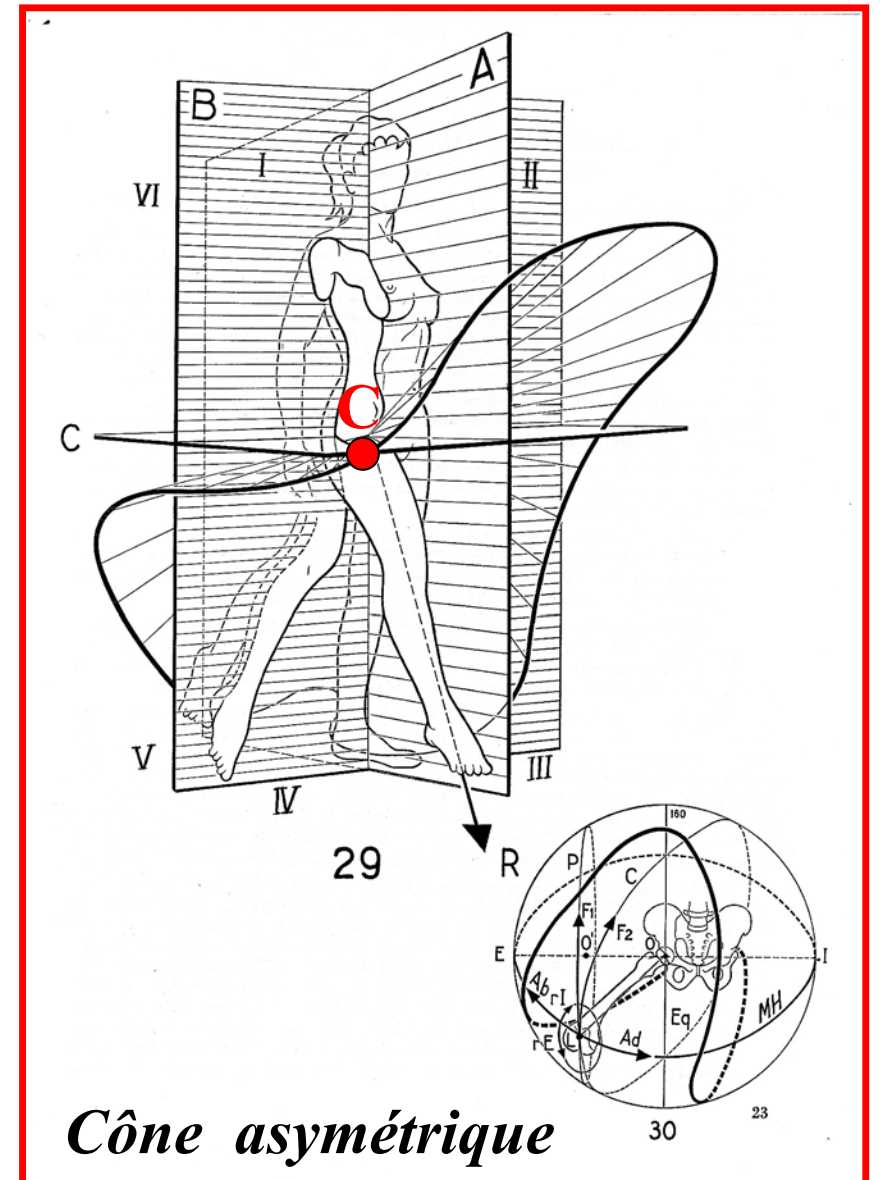




# ROTATIONS



# CIRCUMDUCTION





Lésions musculaires

Lésions ligamentaires

Lésions vasculo-nerveuses

Lésions du labrum

Luxation de hanche

Lésions osseuses  
- col  
- tête fémorale  
- cotyle



T'inquiète pas,  
cela va s'arranger !



# Examen clinique

- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore







*Le patient jeune et sportif*

# Examen clinique

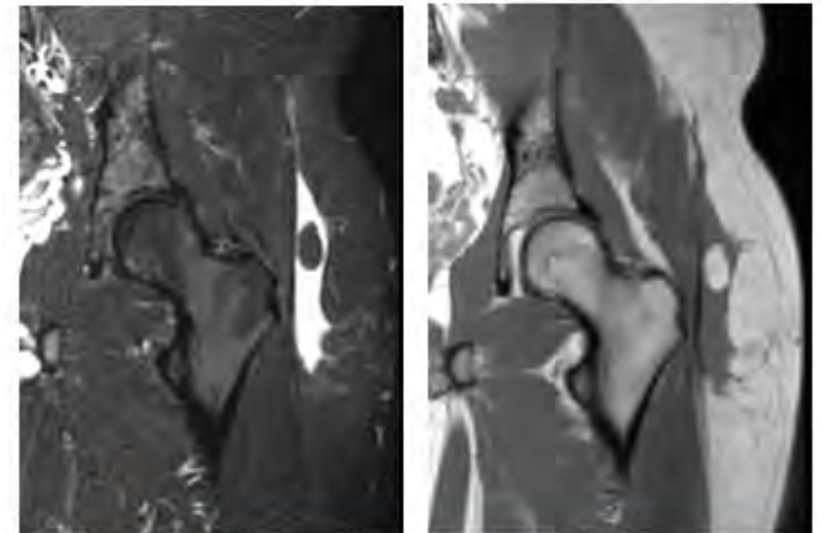
- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore

→ contusion, hématome



# Décollement de Morel-Lavallée

- Cisaillement entre la graisse hypodermique sous-cutanée et l'aponévrose musculaire sous-jacente
- Chute sur la face latérale hanche + mouvement de glissement tangentiel
- Par ex ski, cyclisme, roller

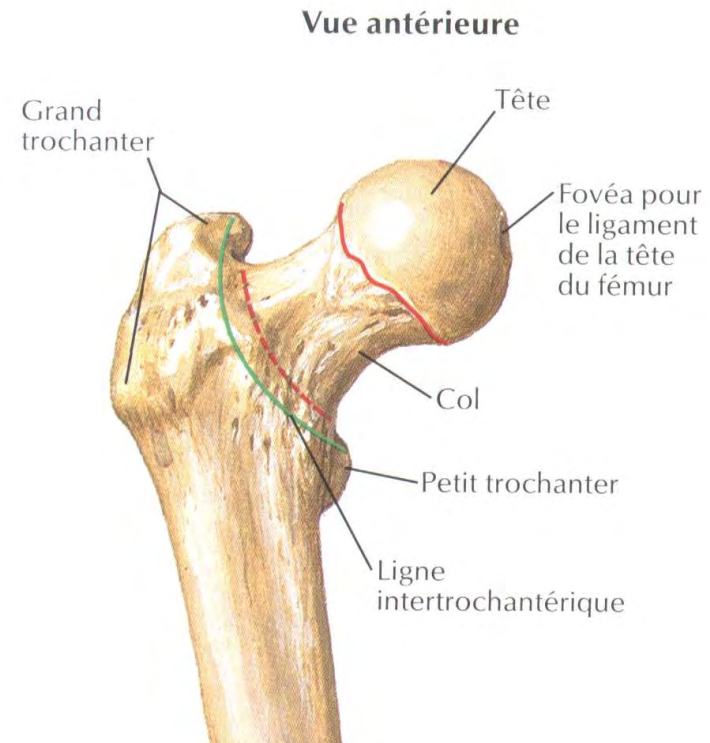
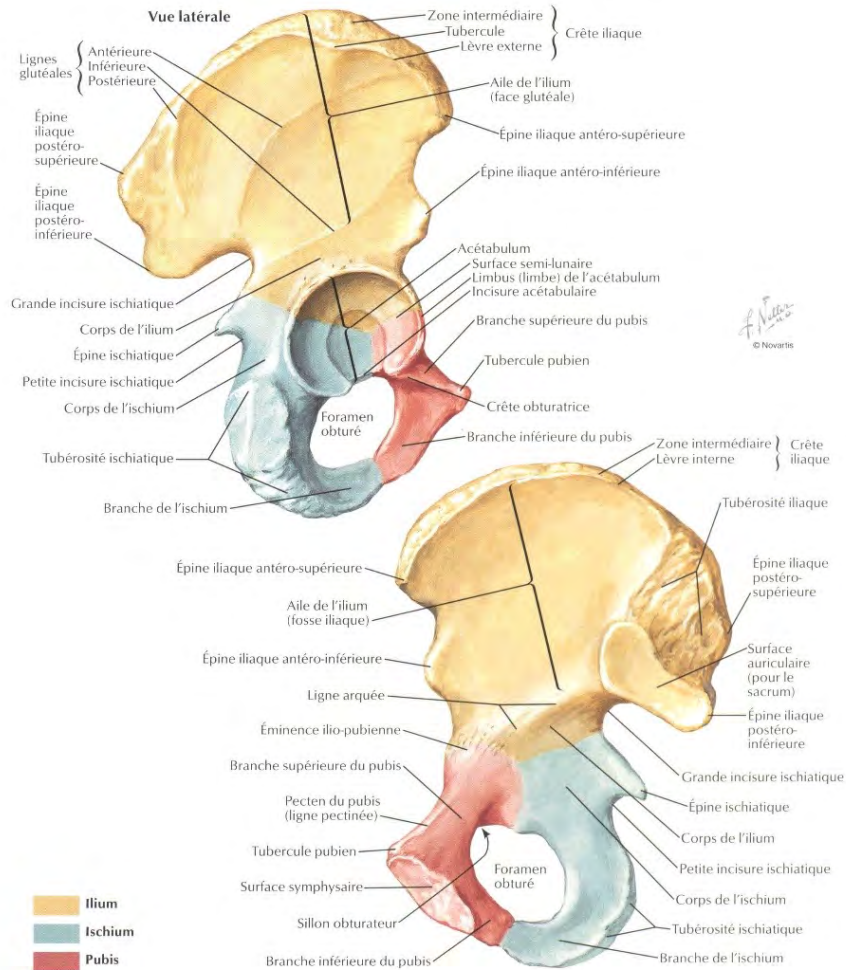


- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore

→ radiographies bassin de face et hanche face et profil



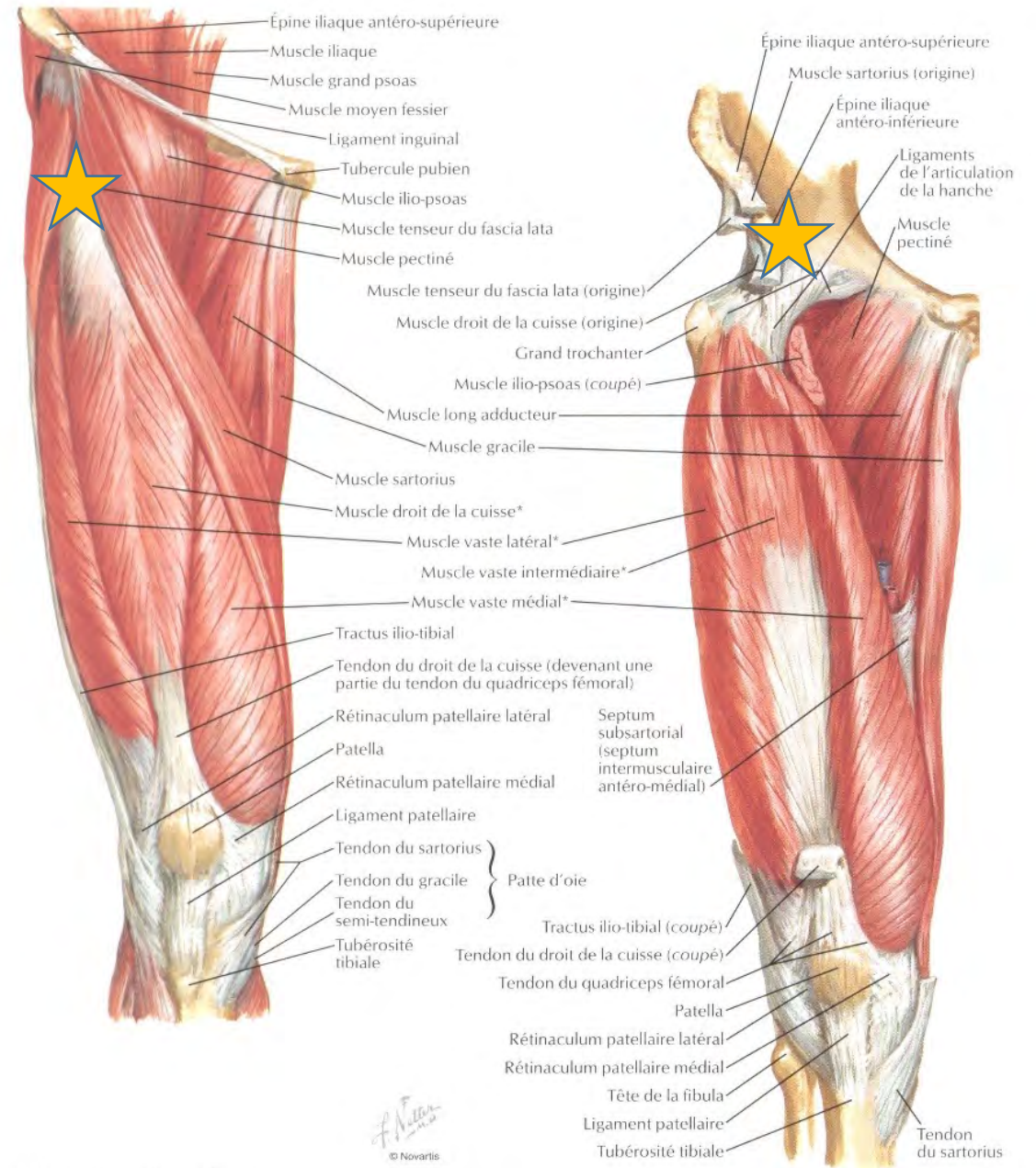
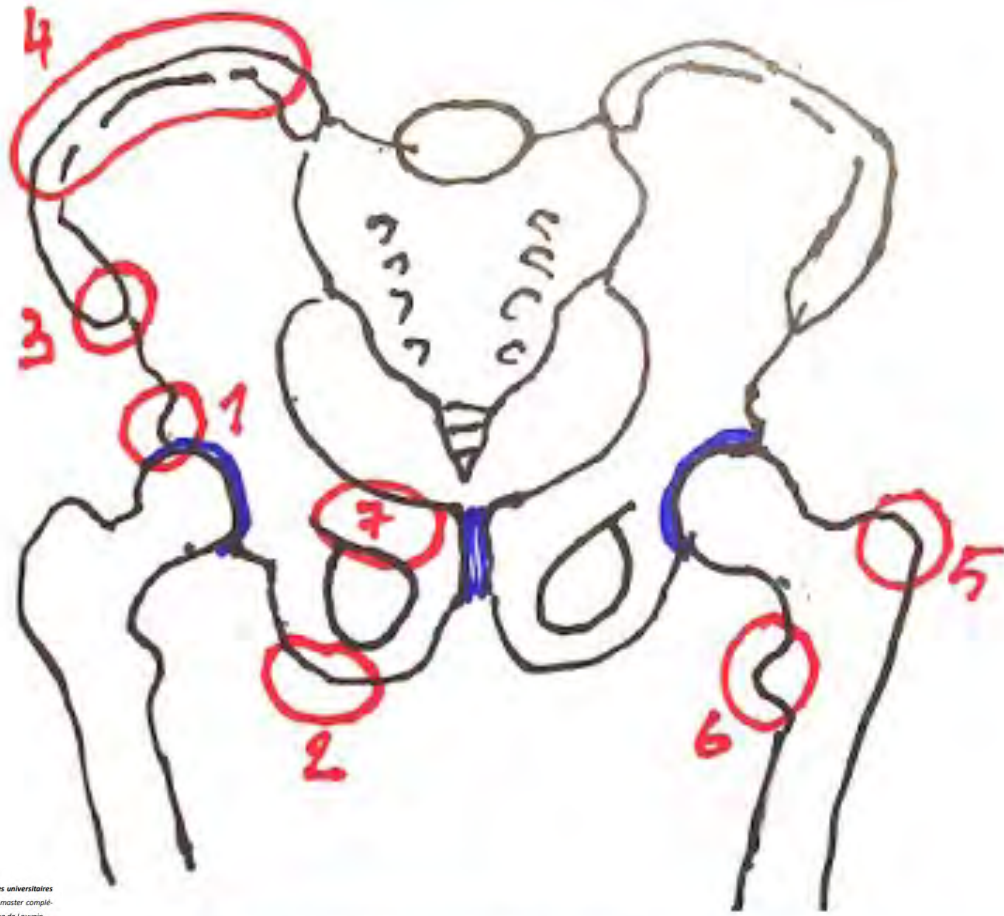
# Arrachement osseux



# Arrachement osseux

- Traumatisme sportif
- Adolescent et adulte jeune
- Douleur brutale, craquement, impotence fonctionnelle partielle ou totale
- Radiographie du bassin / échographie
- *Traitement* : médical, rarement chirurgical

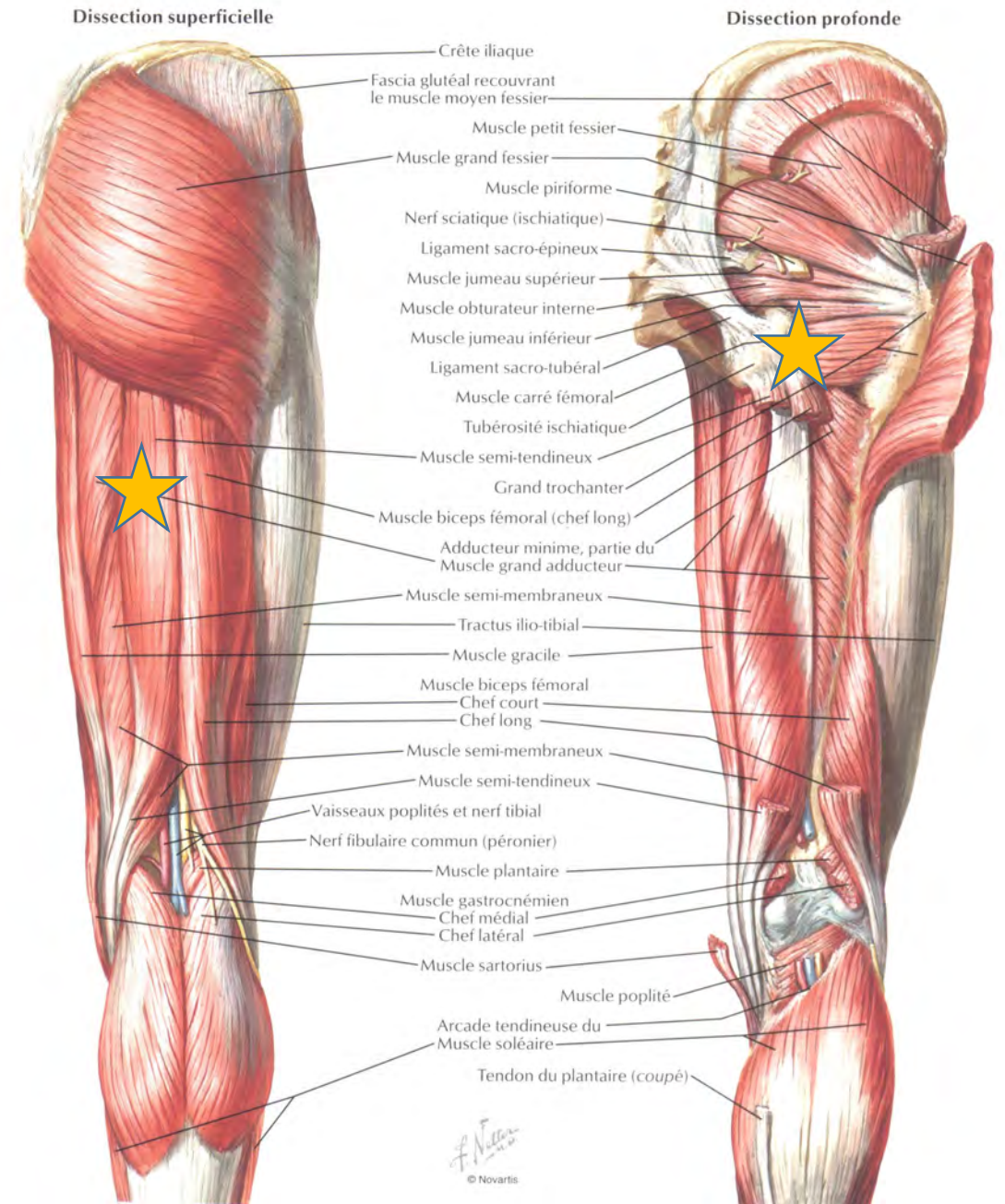
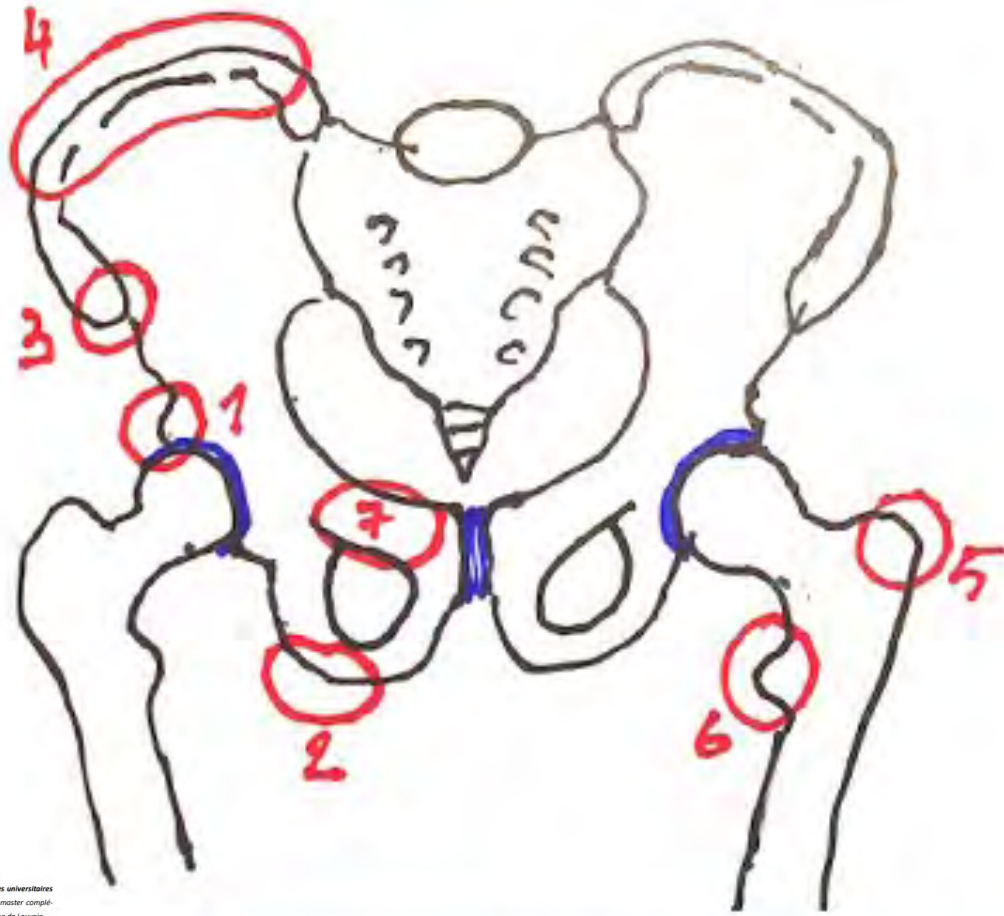
# 1. EIAI (droit fémoral)



\* Muscles du quadriceps fémoral

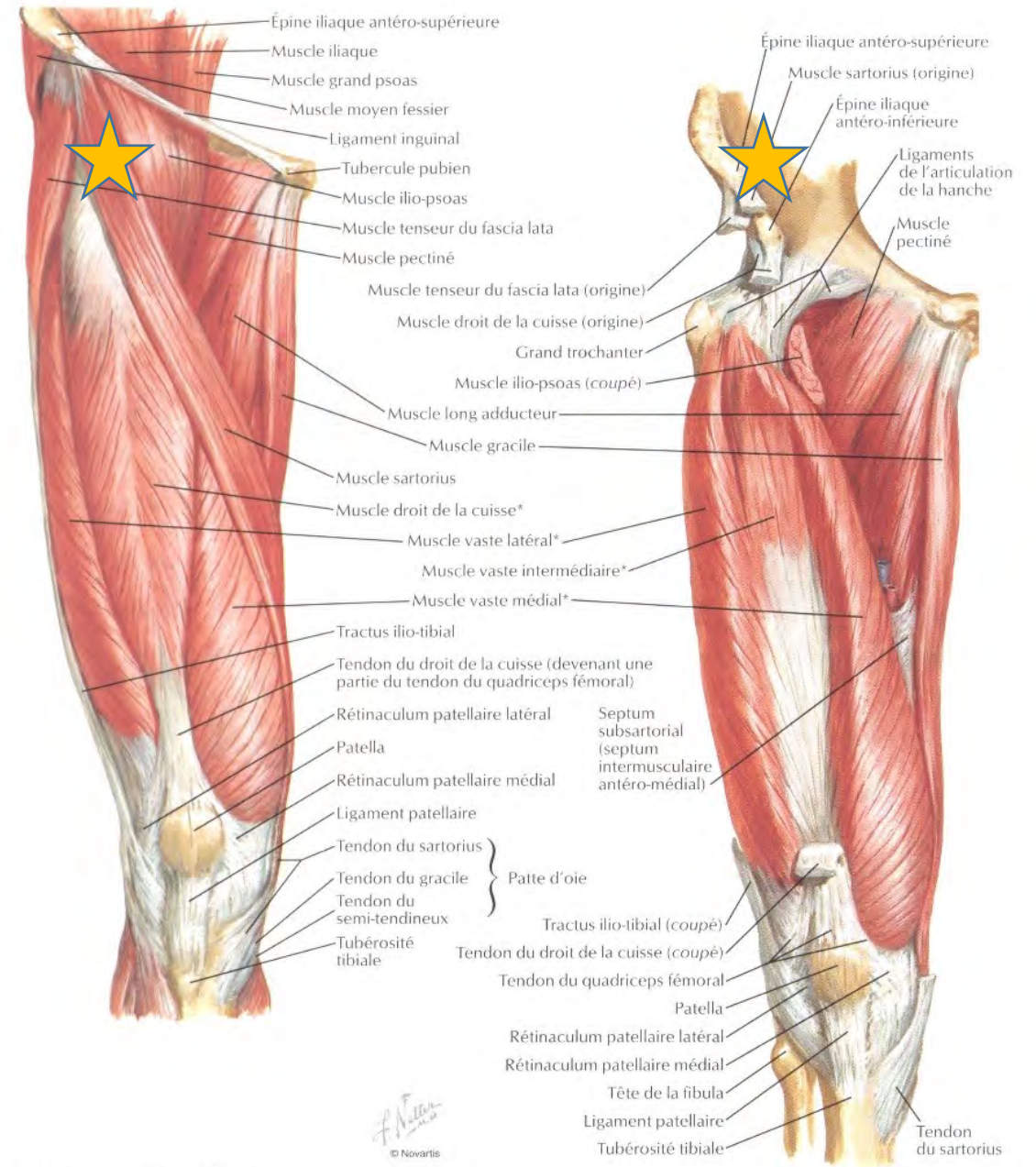
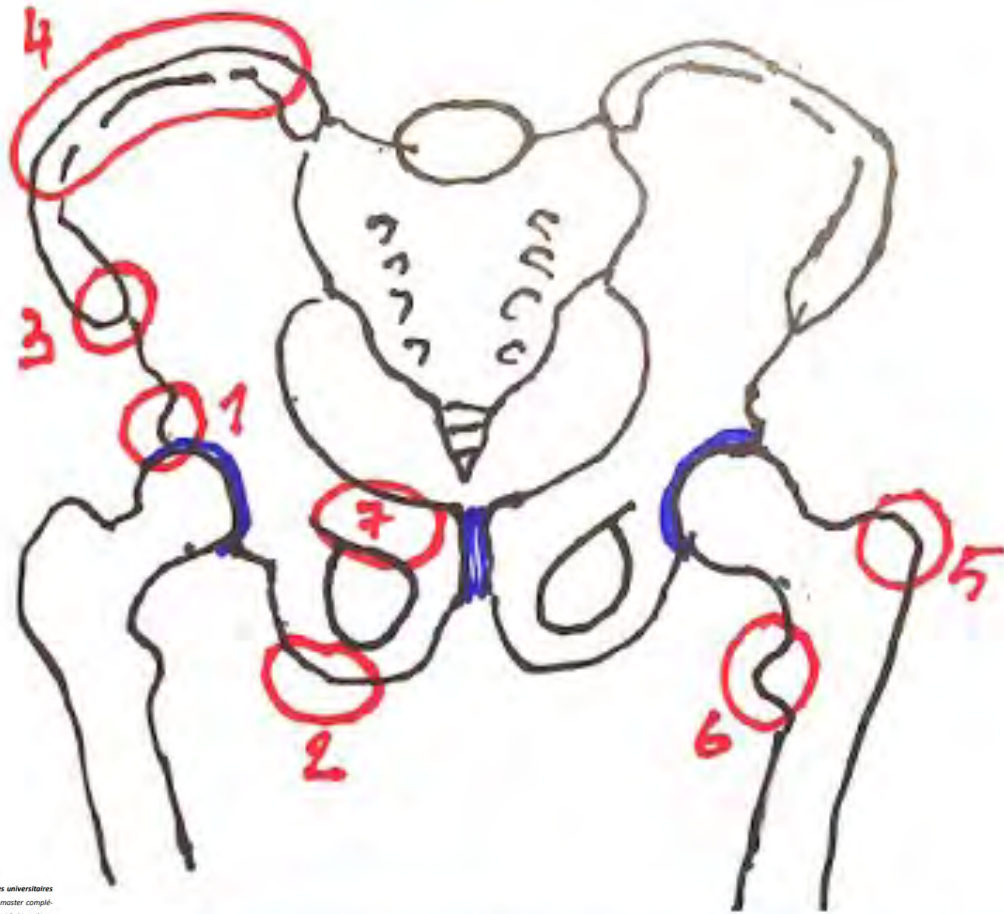


## 2. Tubérosité ischiatique (ischio-jambiers)





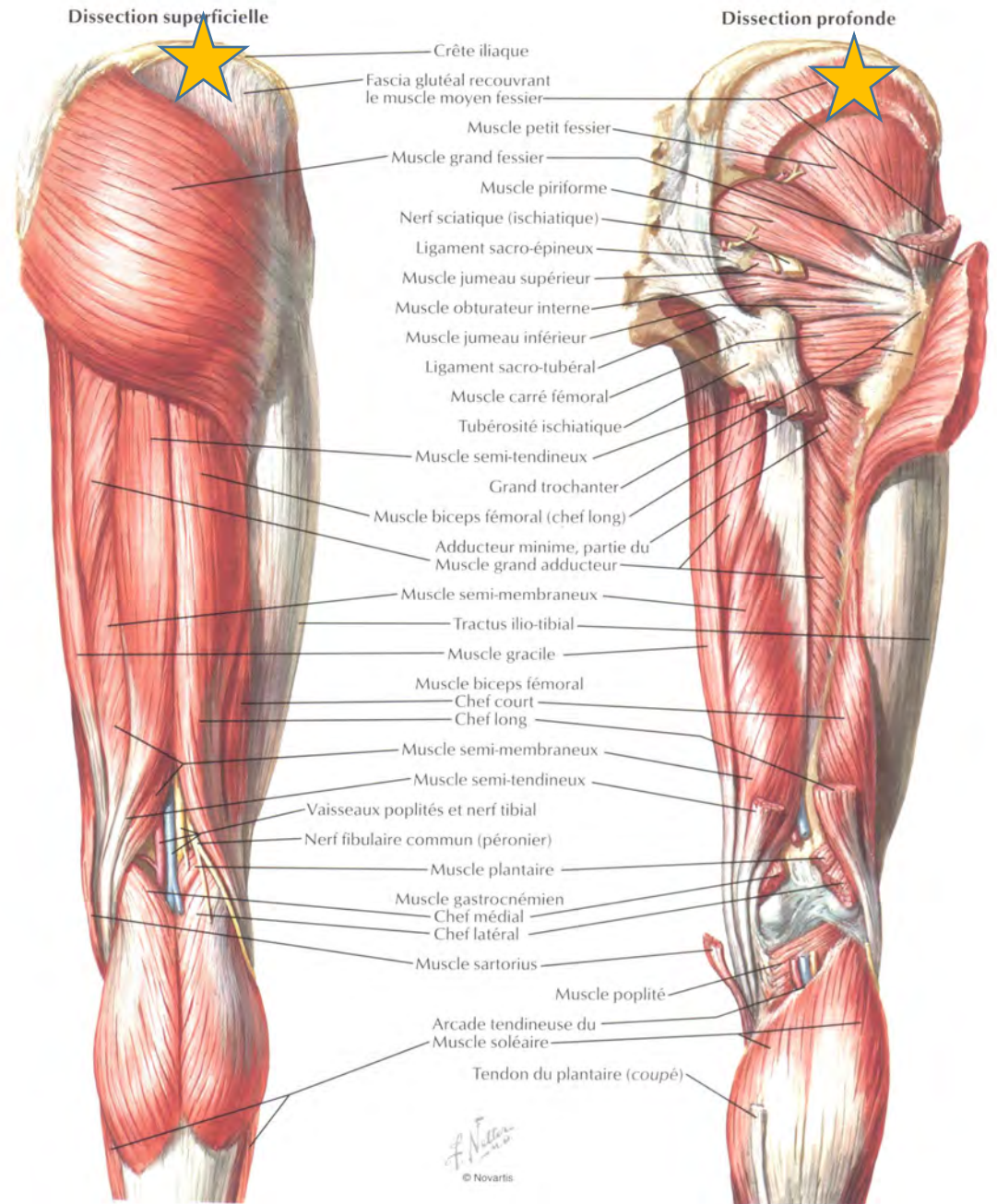
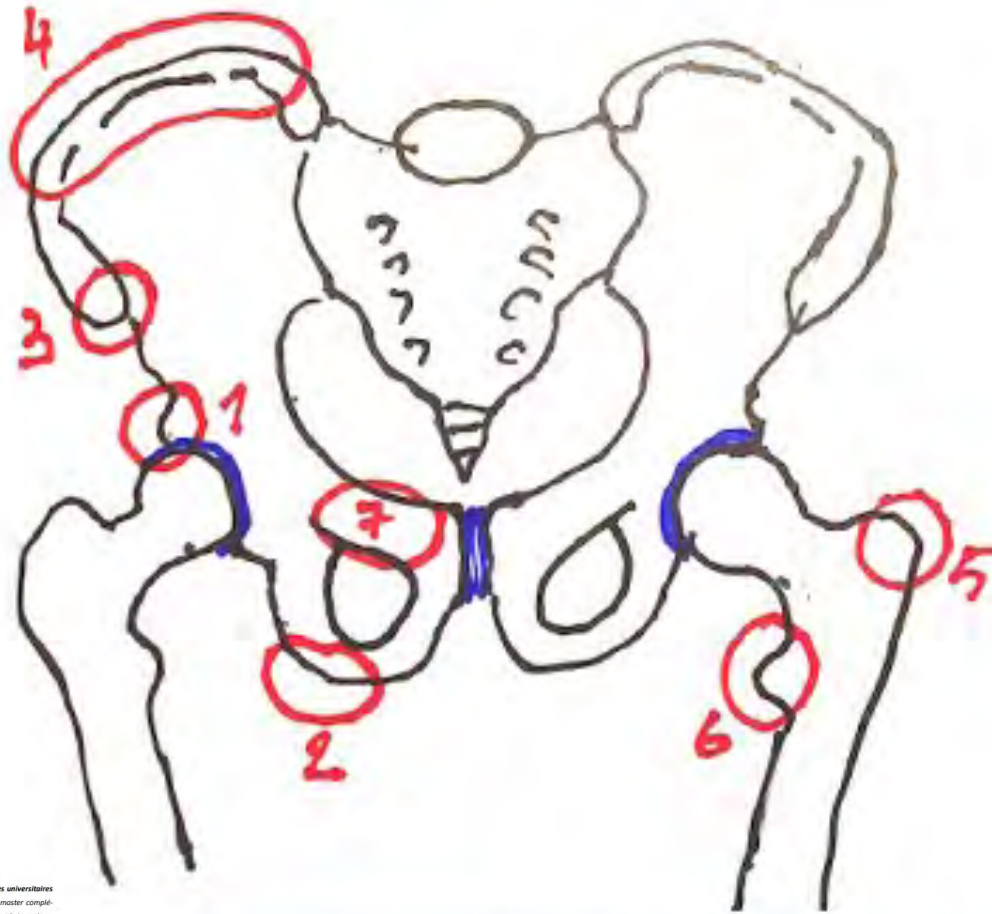
### 3. EIAS (sartorius et fascia lata)



\* Muscles du quadriceps fémoral

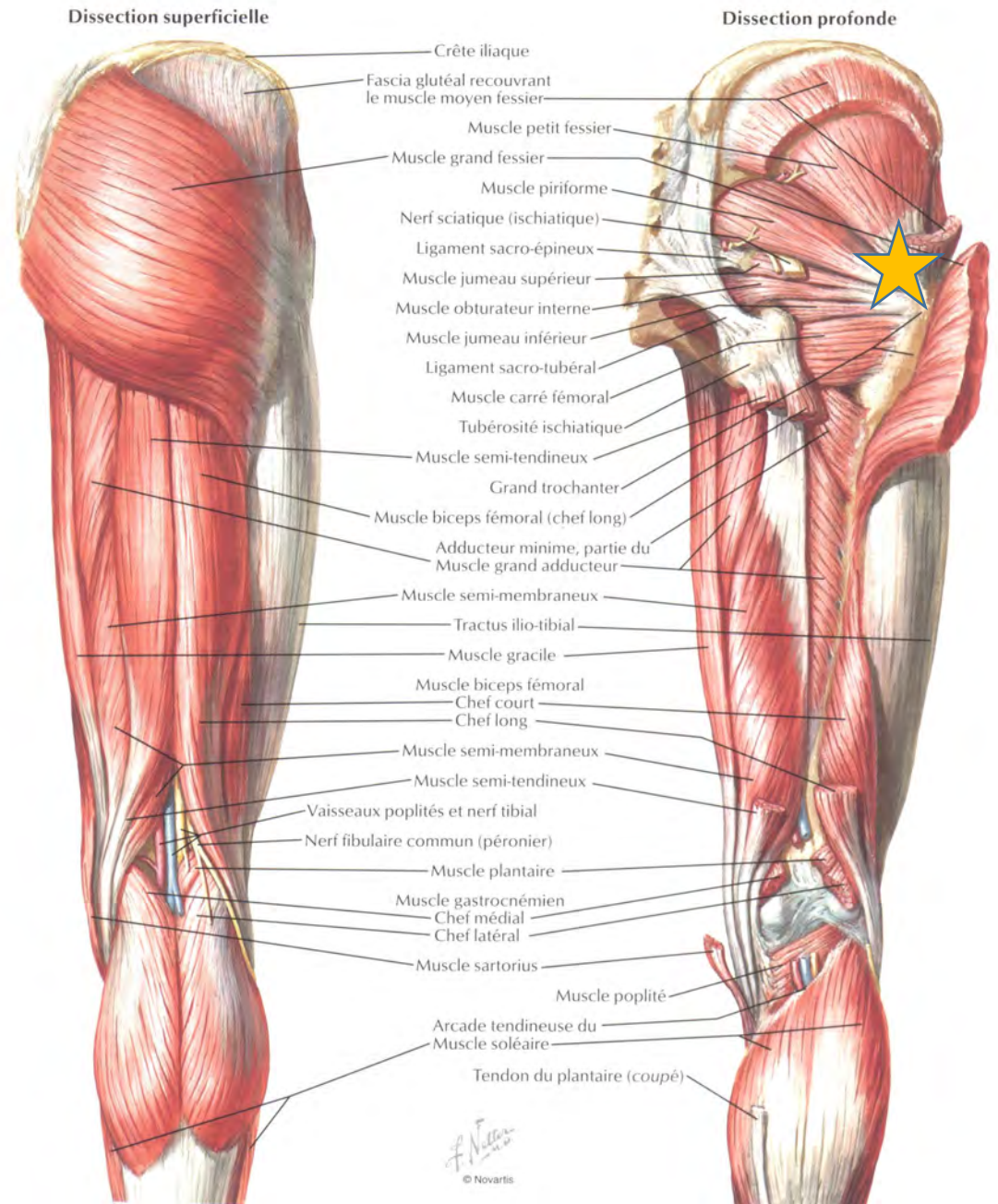
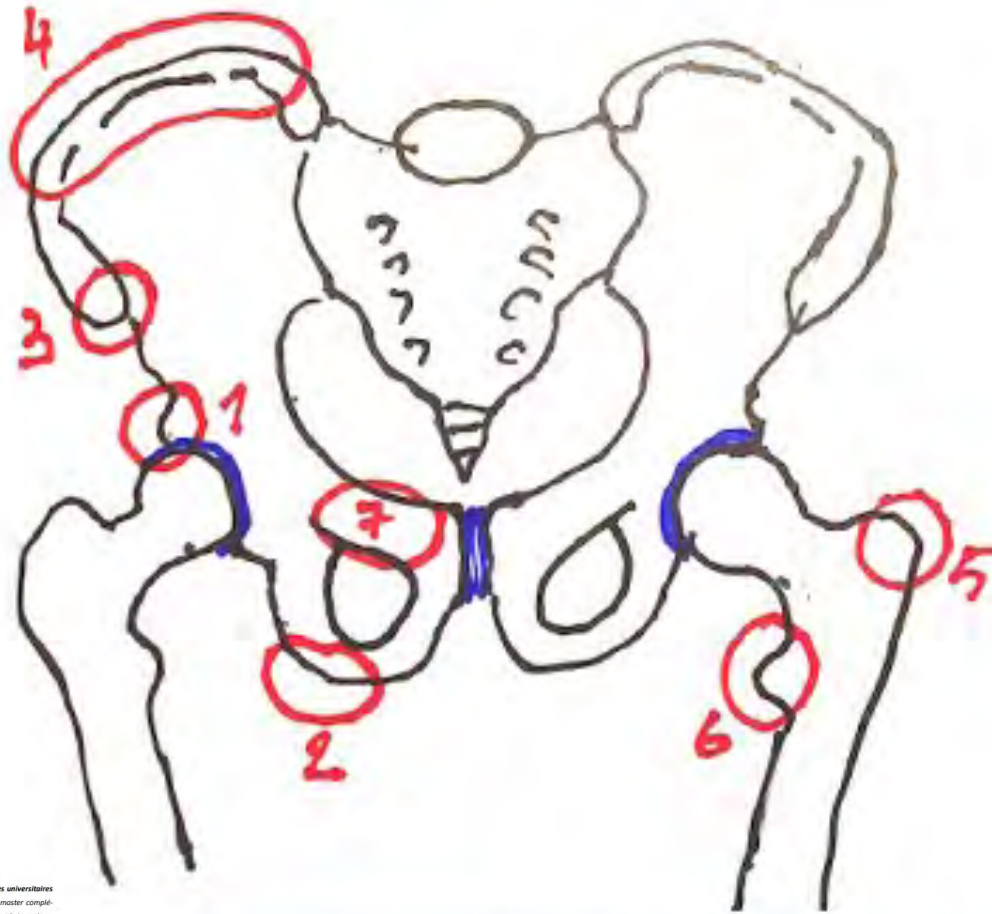


# 4. Crête iliaque (oblique externe abdomen et moyen fessier)

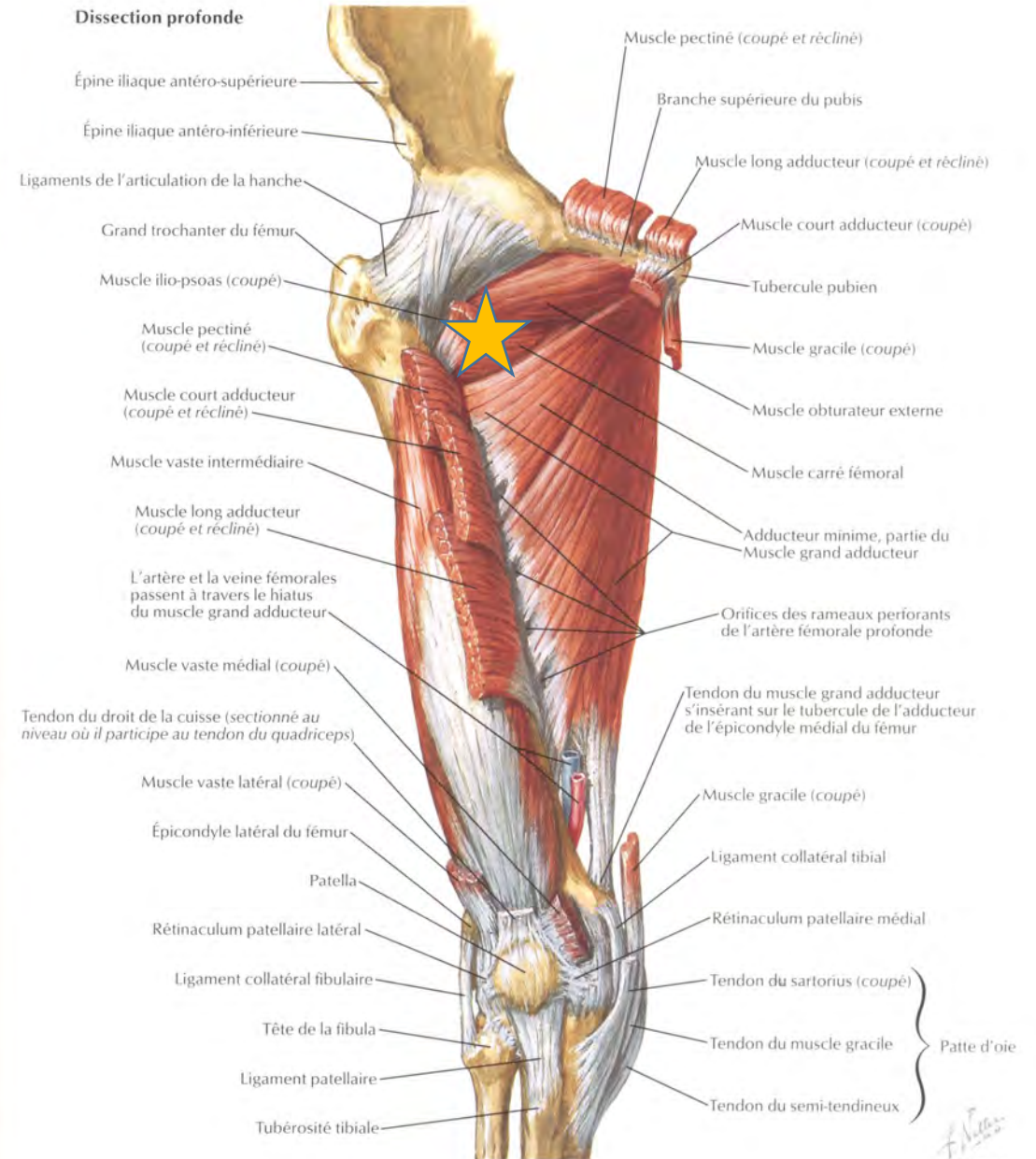
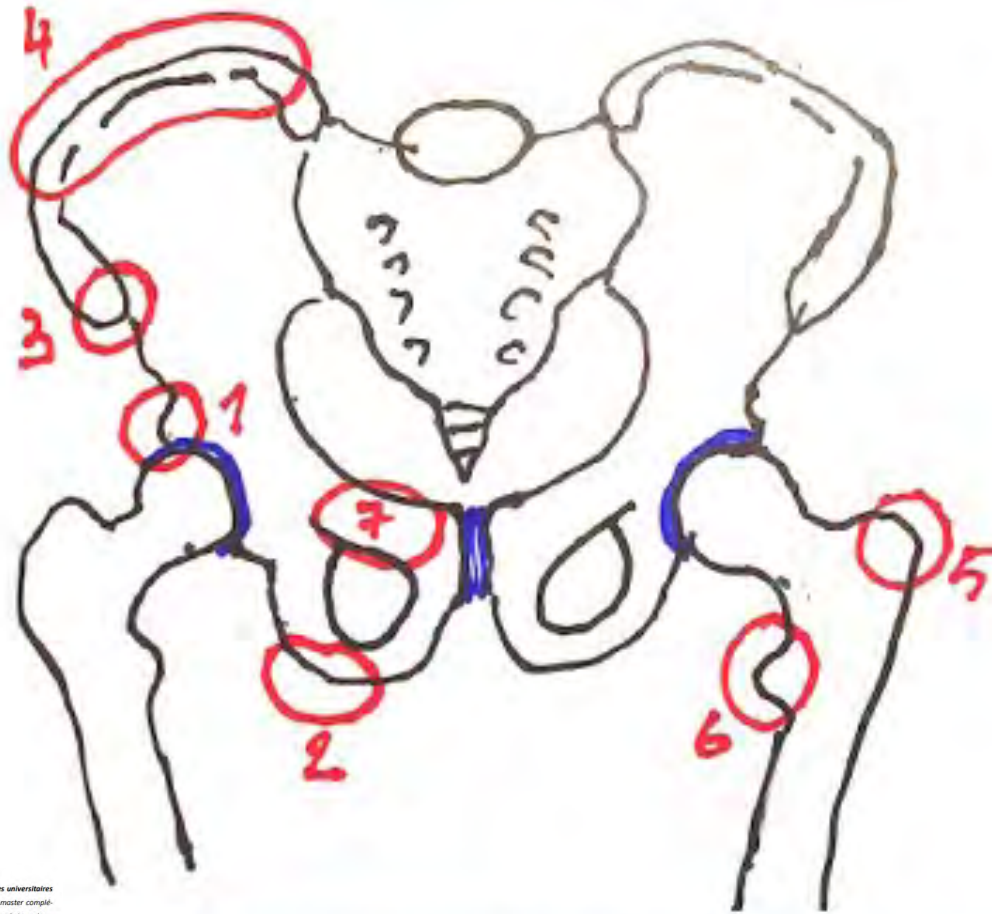




# 5. Grand trochanter (moyen fessier)

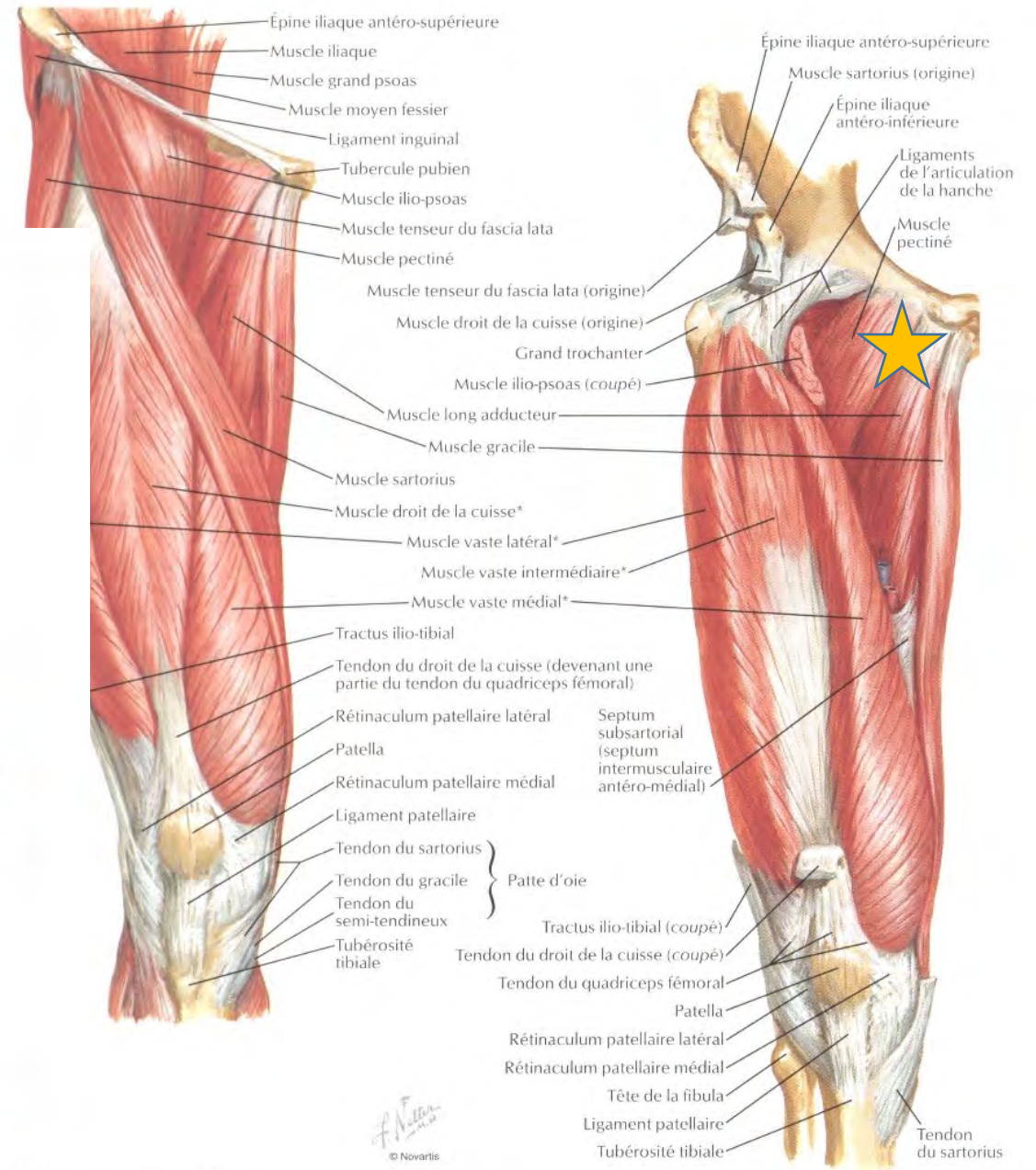
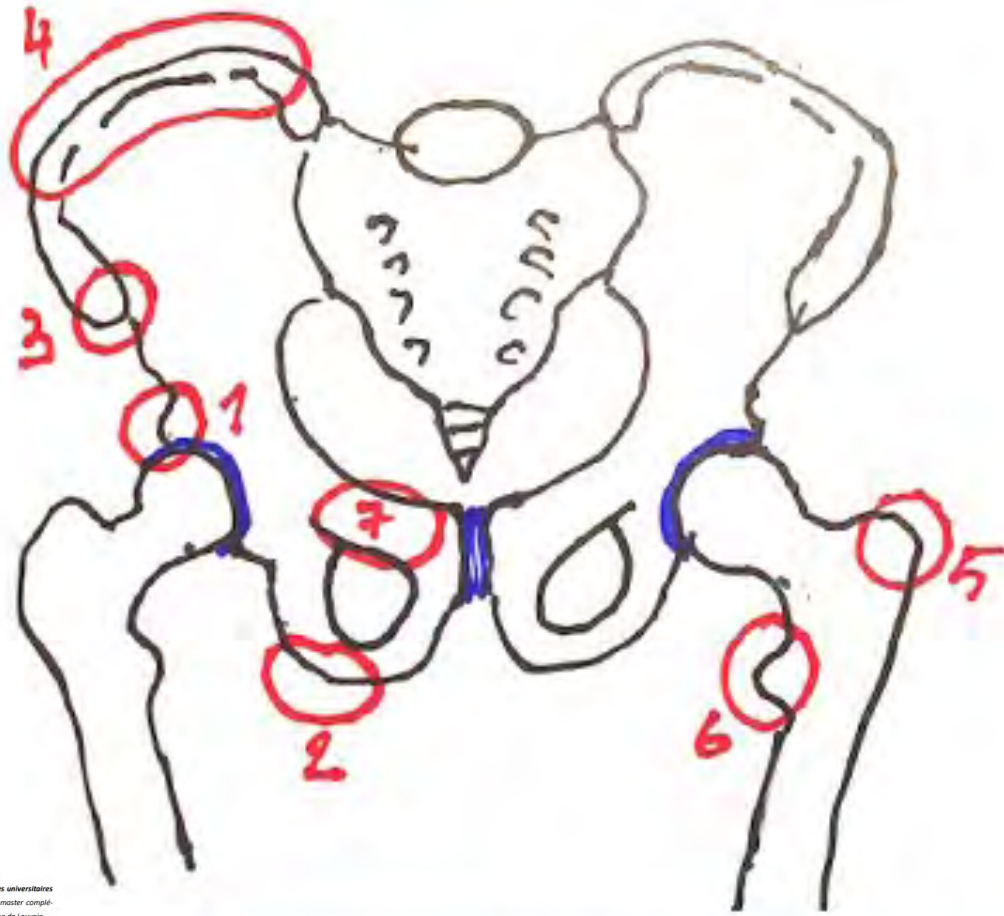


# 6. Petit trochanter (psoas)





# 7. Branche pubienne (adducteurs)



\* Muscles du quadriceps fémoral



Arrachement de l'épine iliaque antéro-inférieure

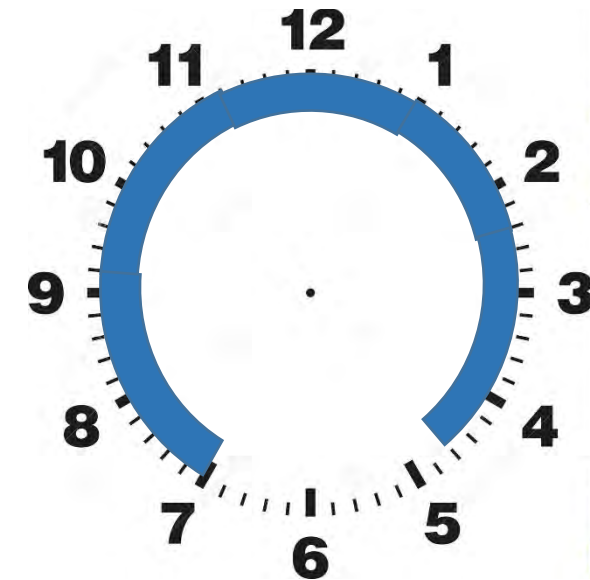
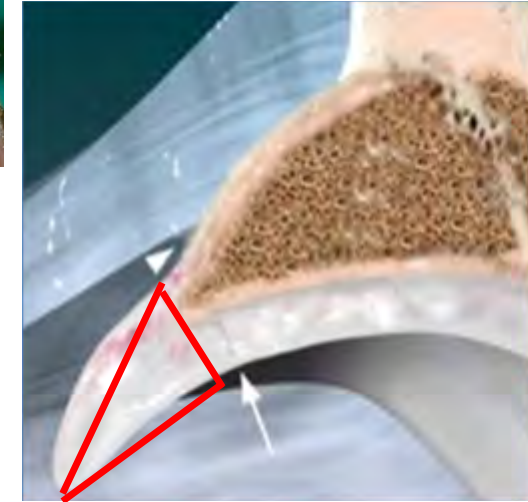
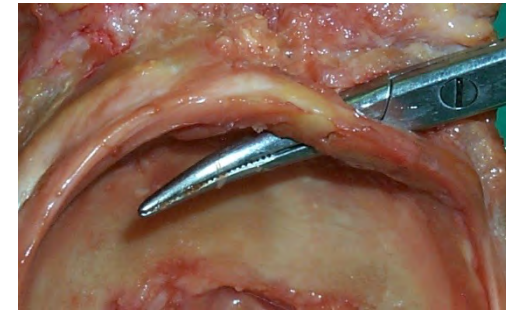
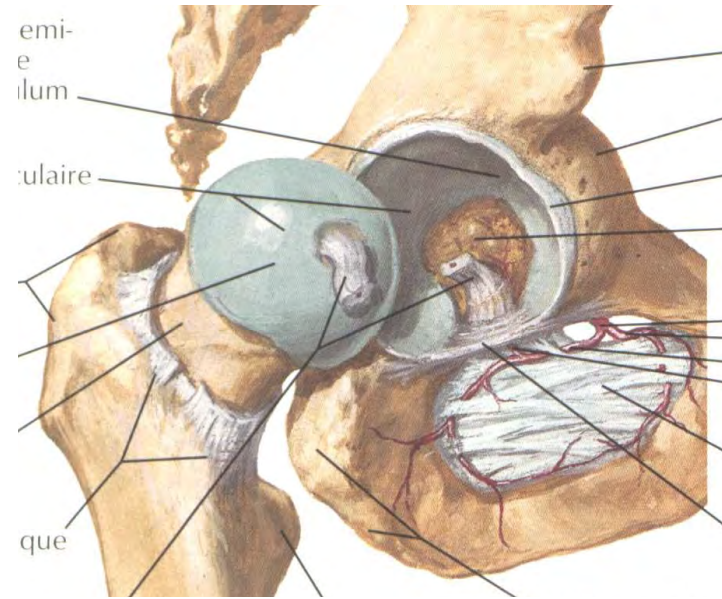


Arrachement de l'épine iliaque antéro-supérieure



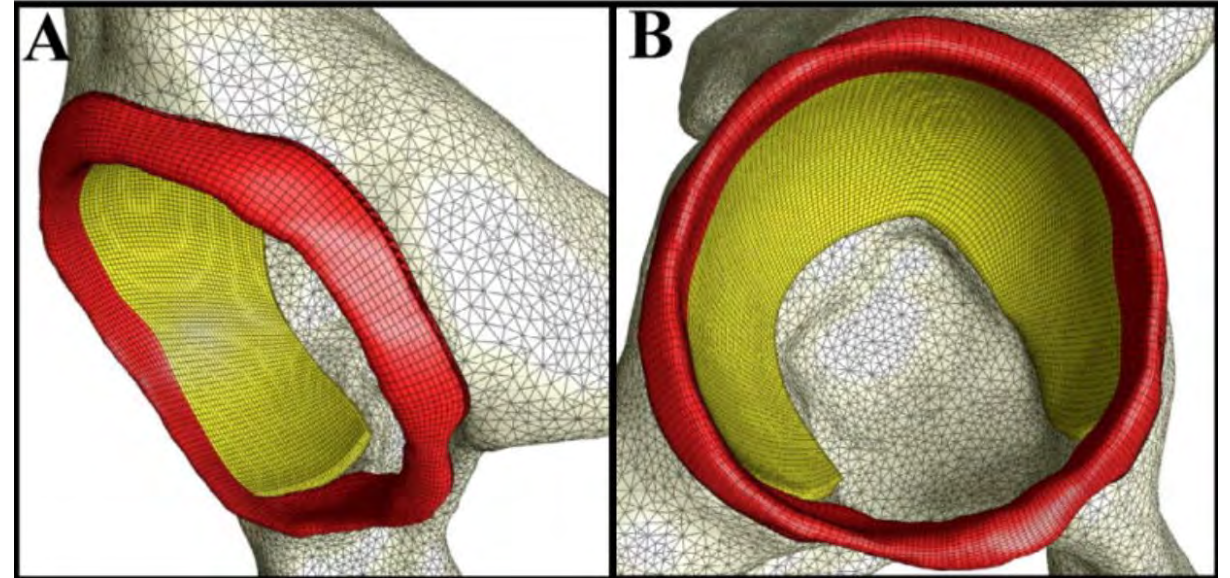
# Labrum

- Fibrocartilage
- Triangulaire en coupe
- Insertion sur le sourcil acétabulaire
- En continuité avec le ligament transverse



# Rôles du labrum

- Joint d'étanchéité
- Stabilisation
- Augmentation surface
- Proprioception





# Lésion du labrum

- Traumatisme aigu et violent ou micro-traumatismes répétés
- Sport à impact ou grandes amplitudes
- Douleur aine
- Tests cliniques : FABER / FADRI

# Lésion du labrum

**FABER test :**

**Flexion, ABduction et Rotation Externe**



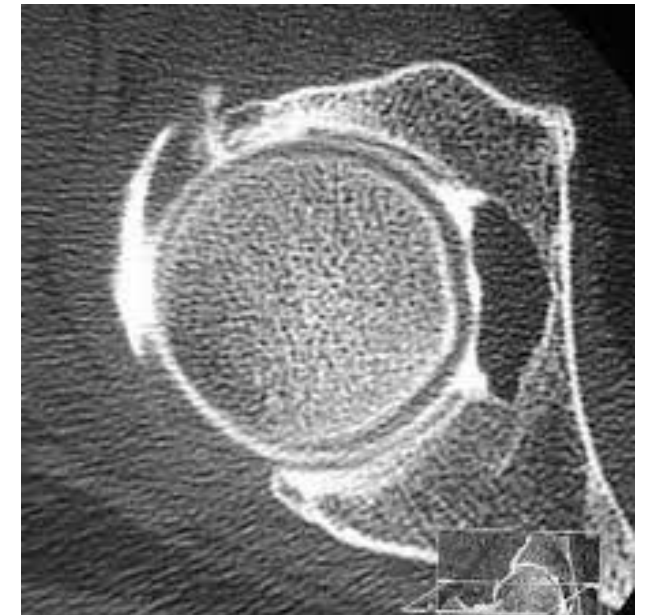
**FADRI test :**

**Flexion, ADduction et Rotation Interne**



# Lésion du labrum

- Radiographies standard
- Dysplasie de hanche = facteur favorisant
- ArthroCT / ArthroIRM
- *Traitement* : chirurgical lésion labrale + correction anatomie





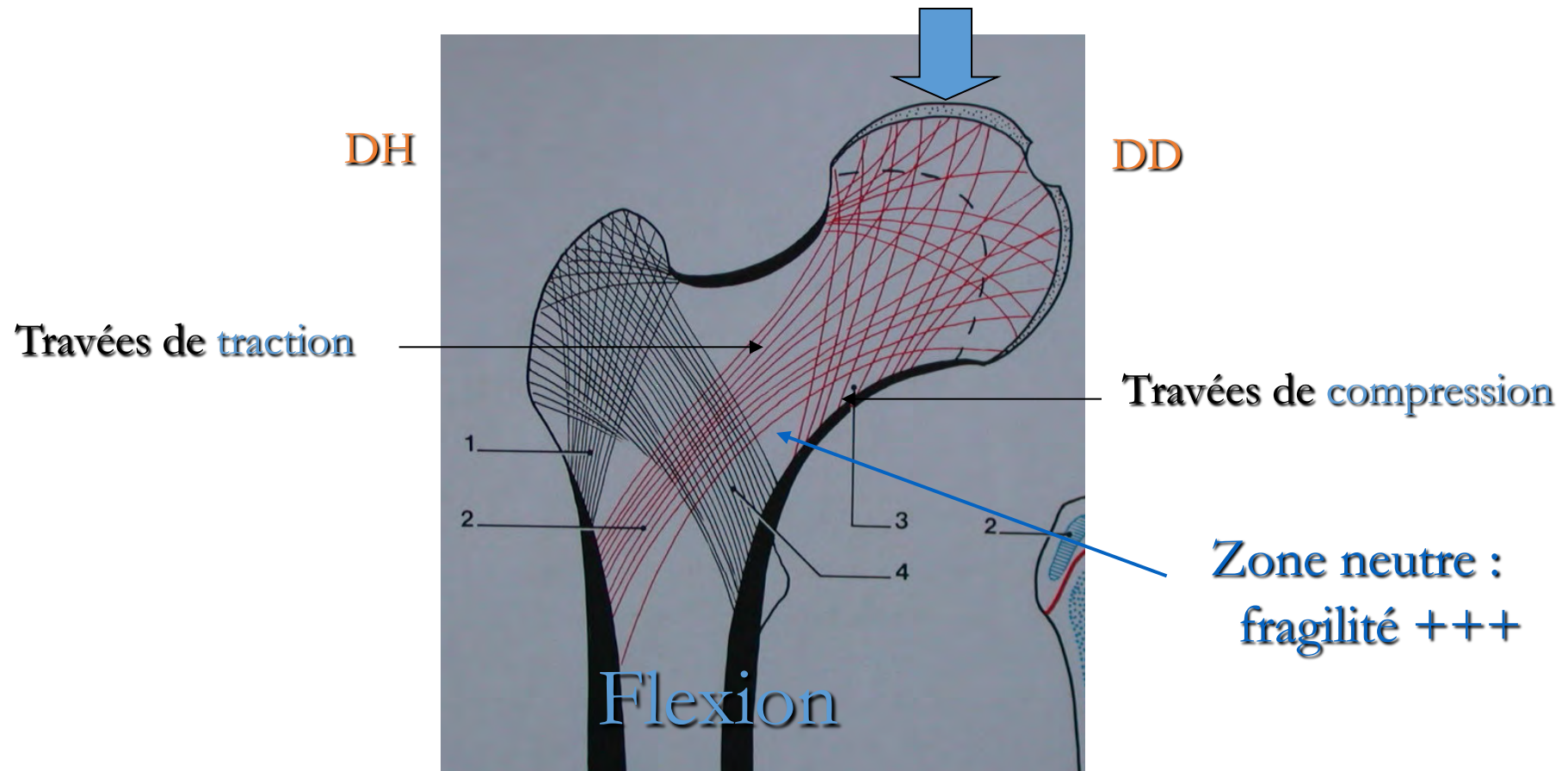


*Patient âgé, traumatisme basse énergie*

- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore

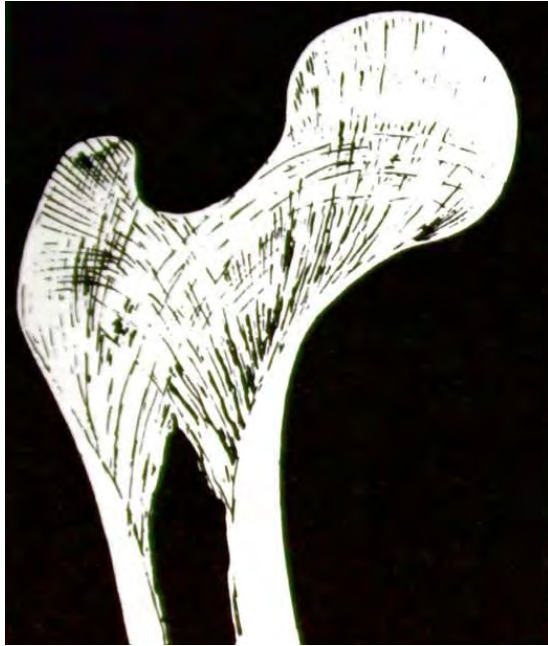
→ radiographies bassin de face et hanche face et profil

# BIOMECHANIQUE





# Vieillissement du tissu osseux



Adulte jeune



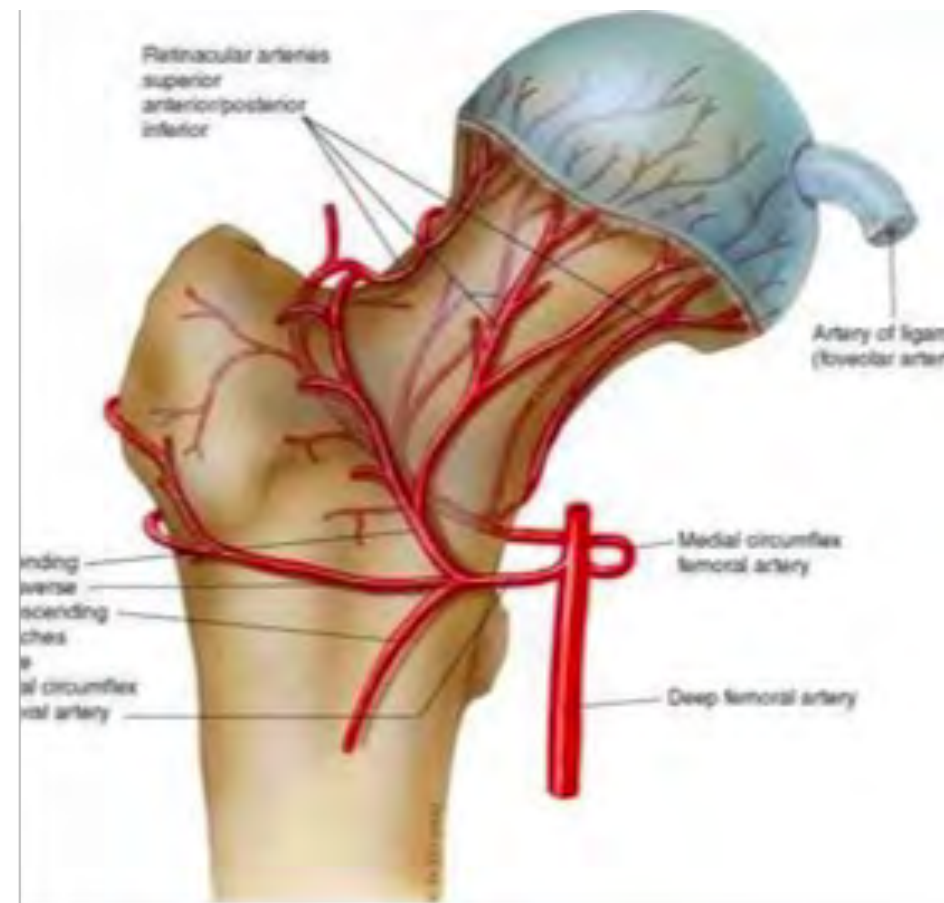
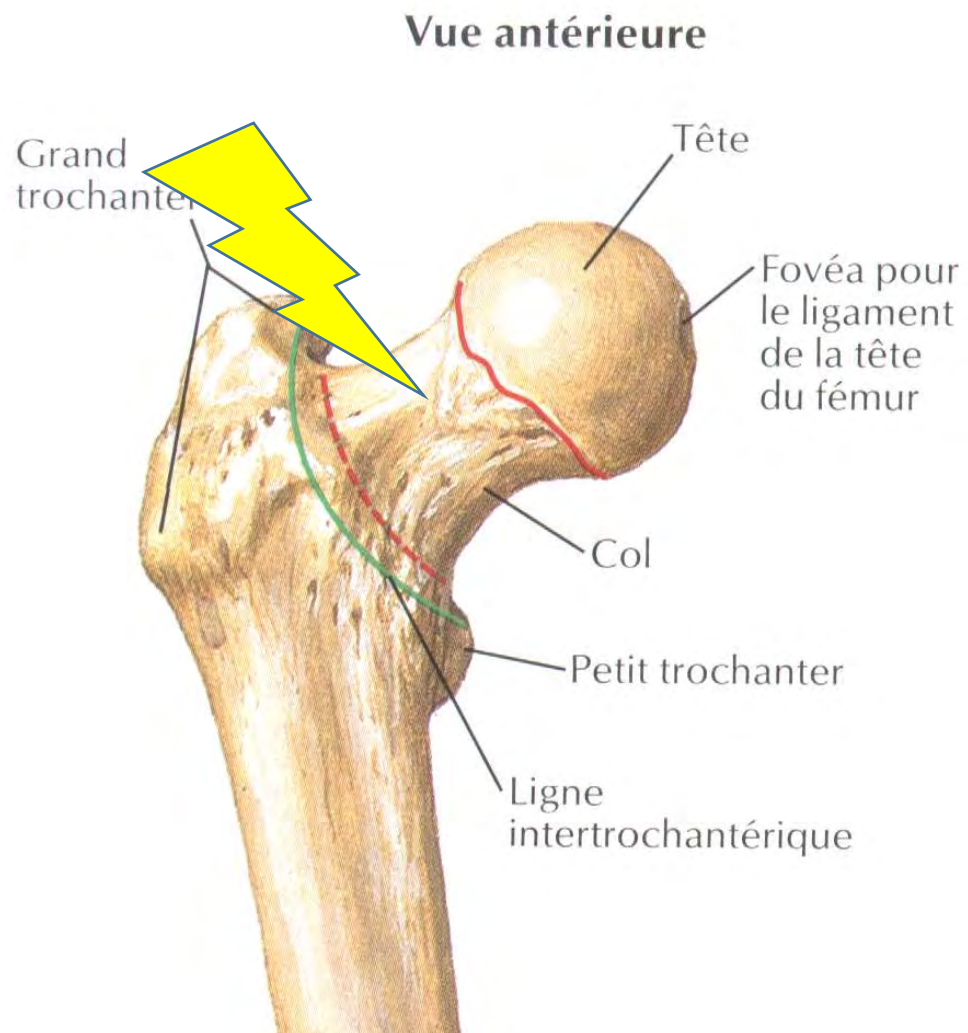
Personne âgée

# Fracture de l'extrémité supérieure du fémur

- Déformation du MI en rotation externe, adduction, raccourcissement

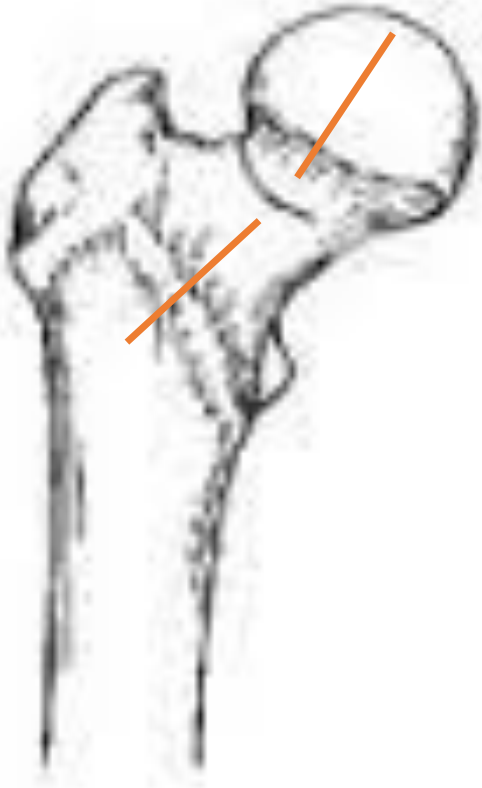


# Fracture du col du fémur

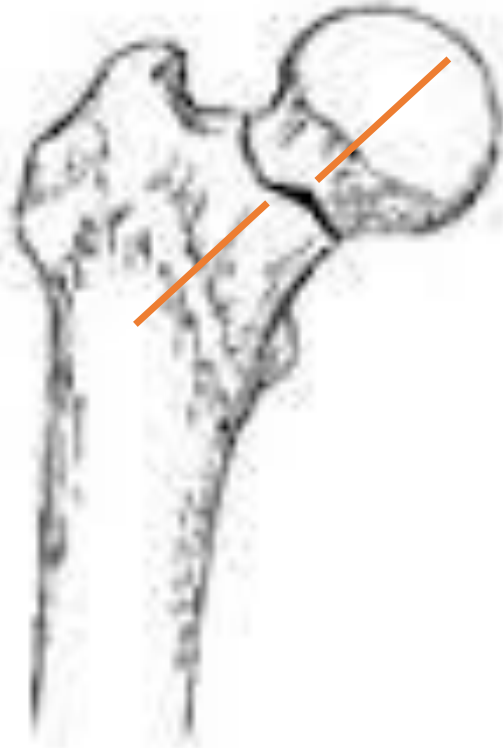




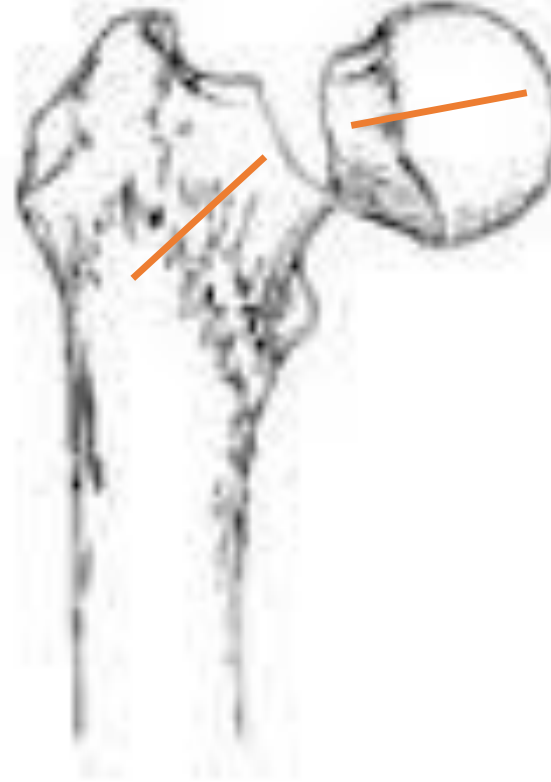
# Classification de Garden



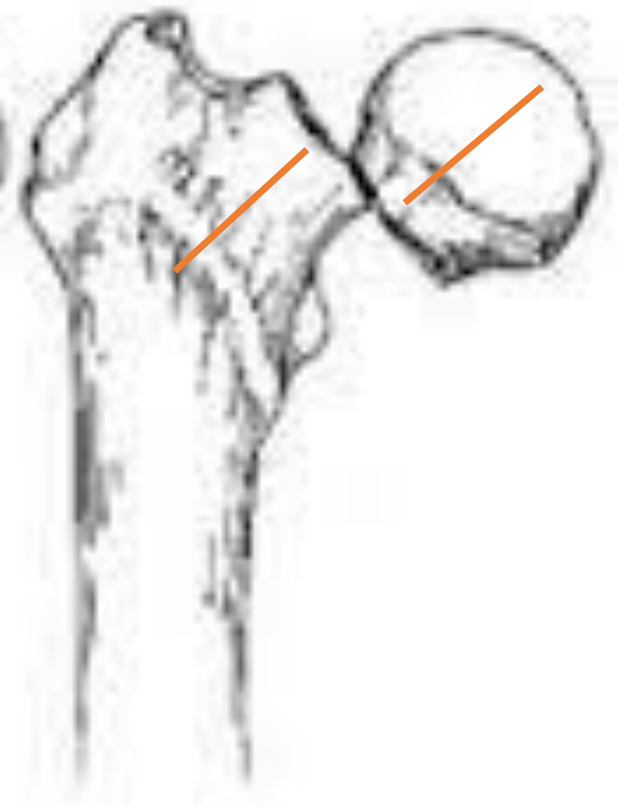
Garden 1



Garden 2



Garden 3



Garden 4



D COUCHE





# Traitement

## CONSERVATEUR

Fonctionnel / ostéosynthèse



Garden 1



Garden 2

## NON CONSERVATEUR

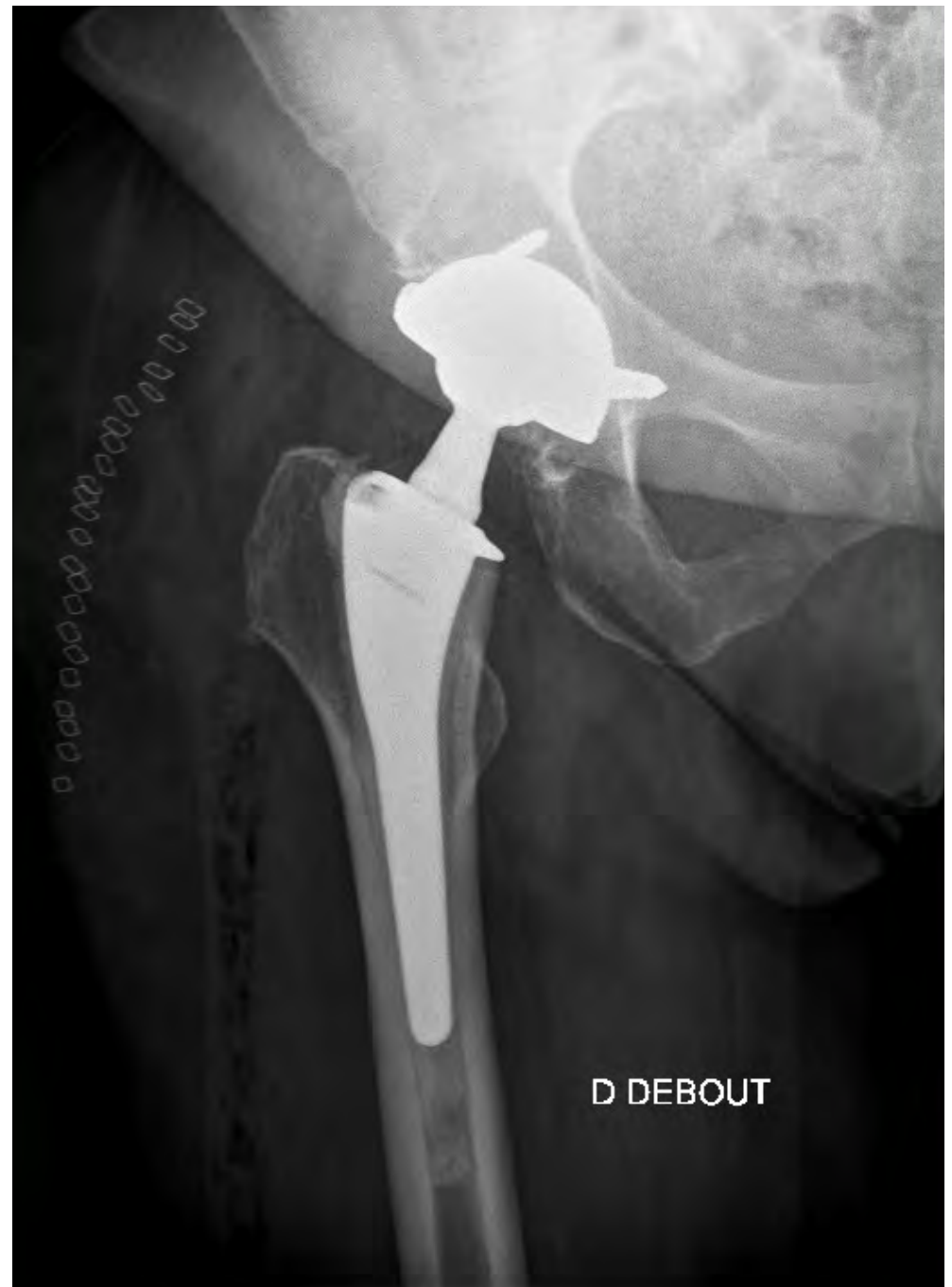
Arthroplastie totale ou partielle



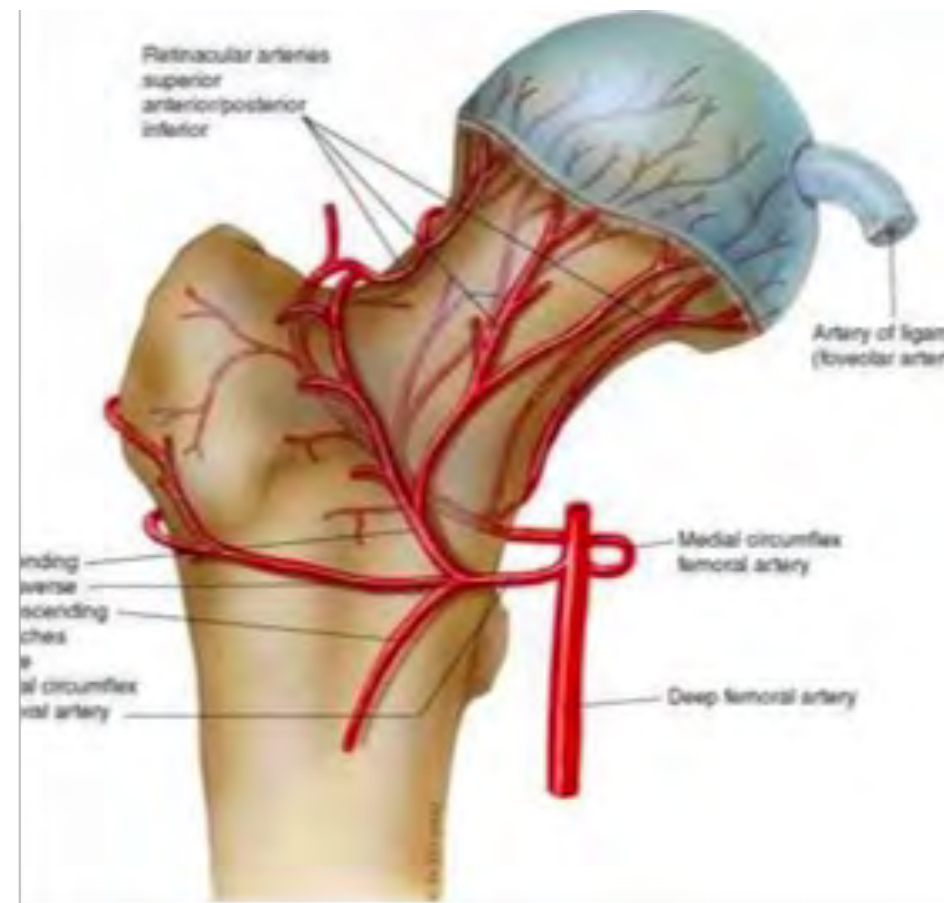
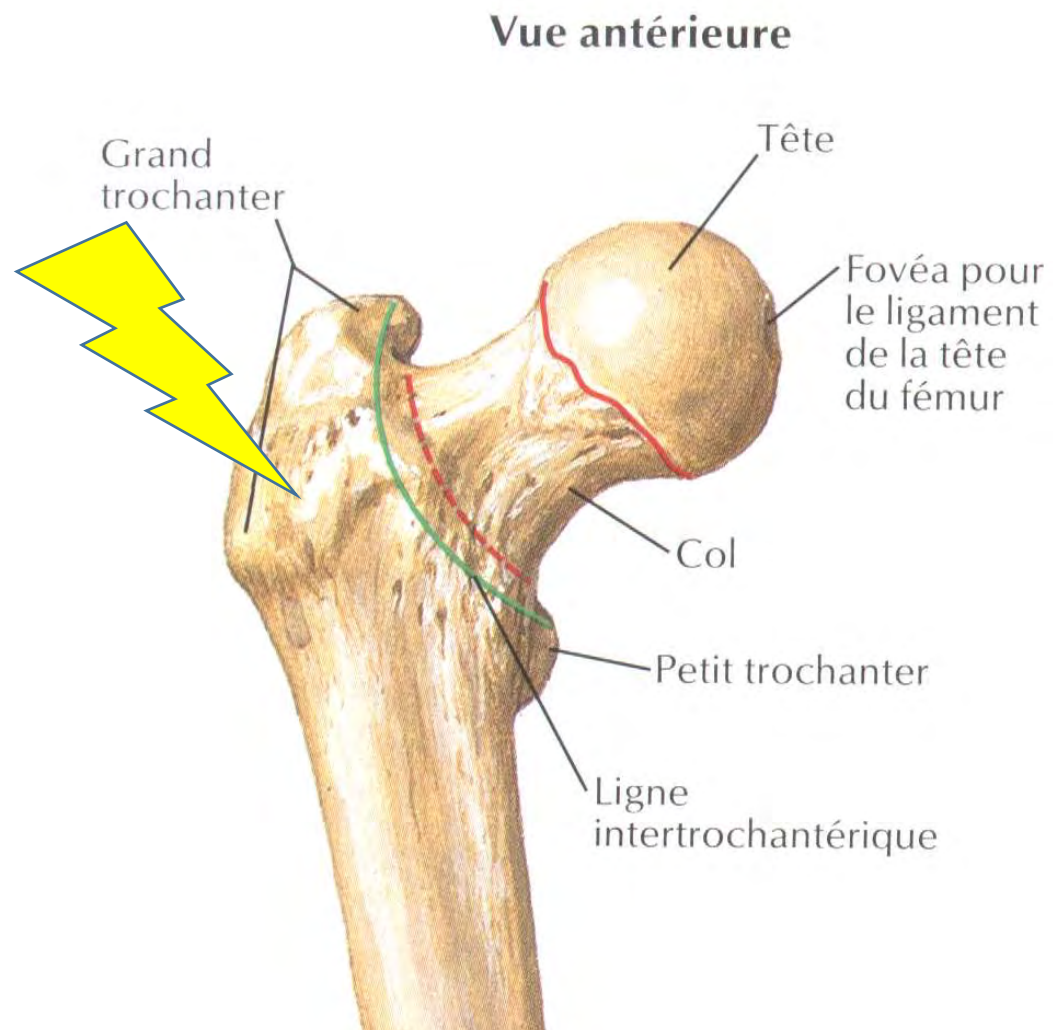
Garden 3



Garden 4

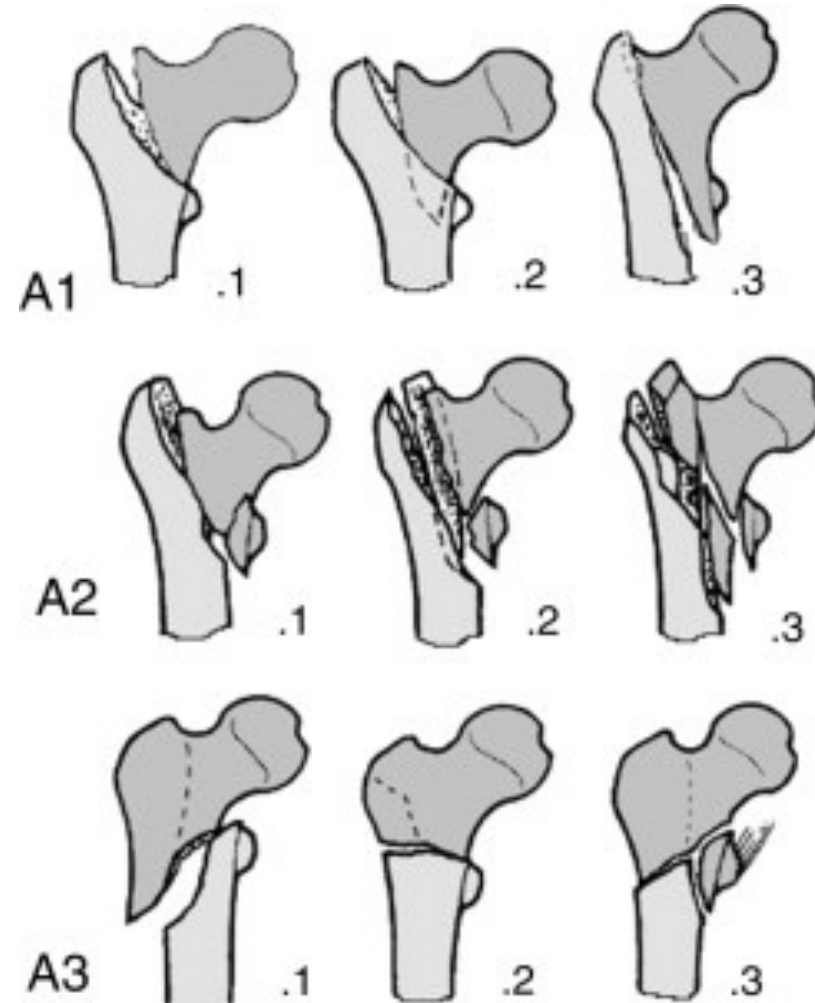


# Fracture du massif trochantérien





# Fracture du massif trochantérien





G COUCHE

# Traitement





# Fracture du grand trochanter





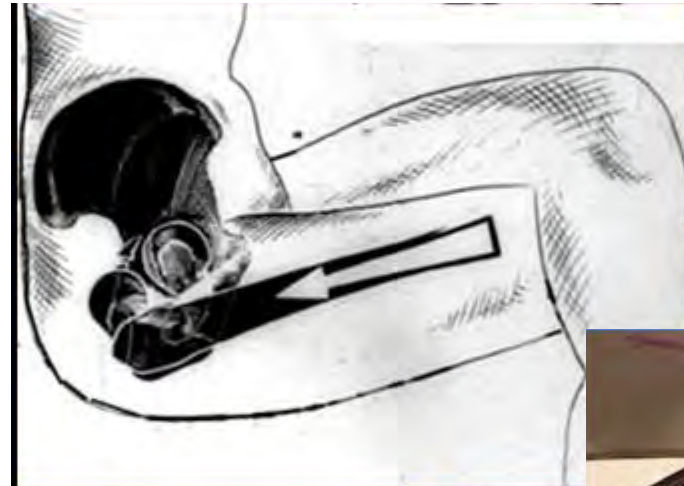
*Le patient jeune, accident haute cinétique*

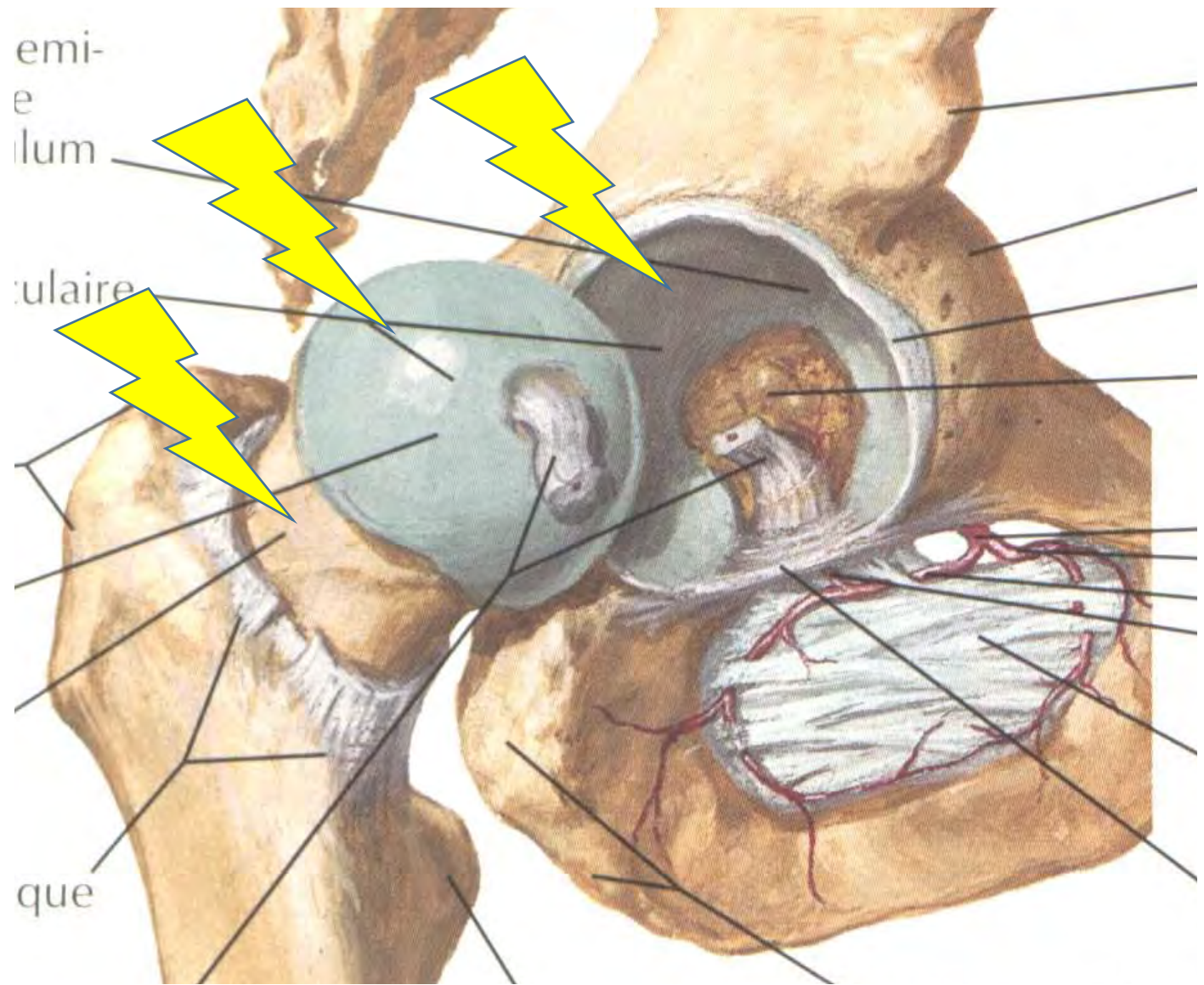
- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore

→ radiographies bassin de face et hanche face et profil



- Syndrome du tableau de bord
- Lésions osseuses
  - col
  - tête fémorale
  - cotyle
- Luxation de hanche





# Fracture du col du fémur



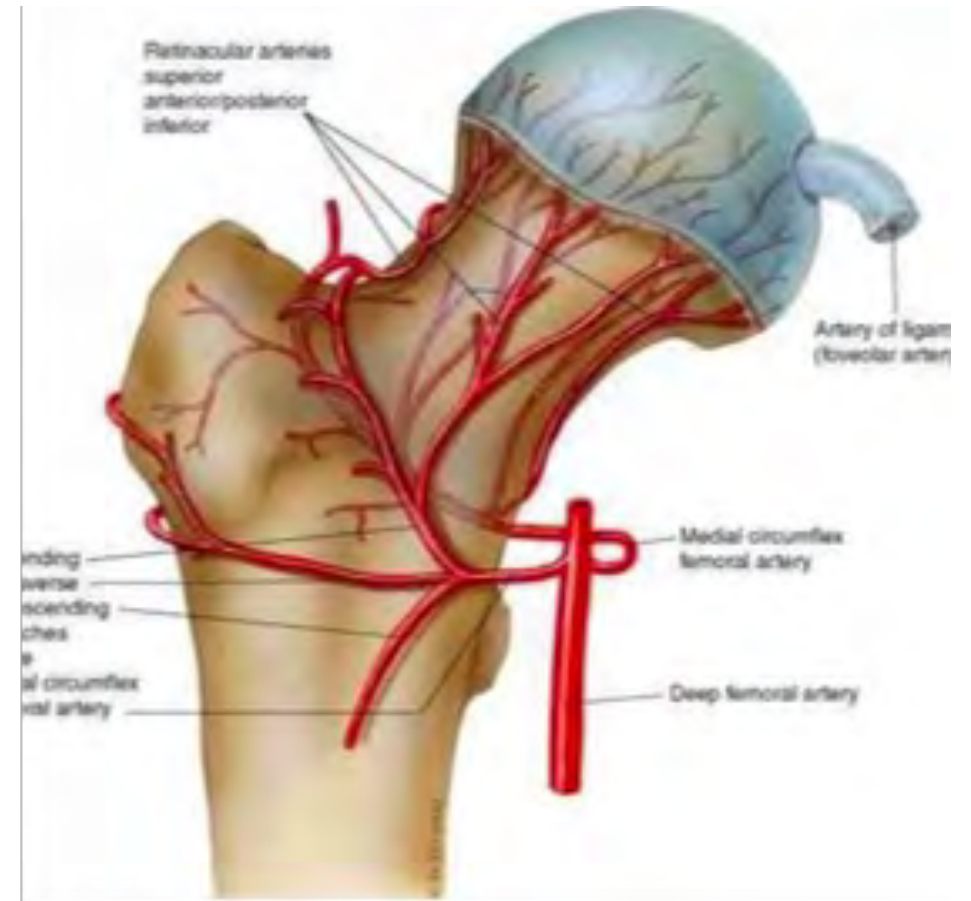
# Traitement





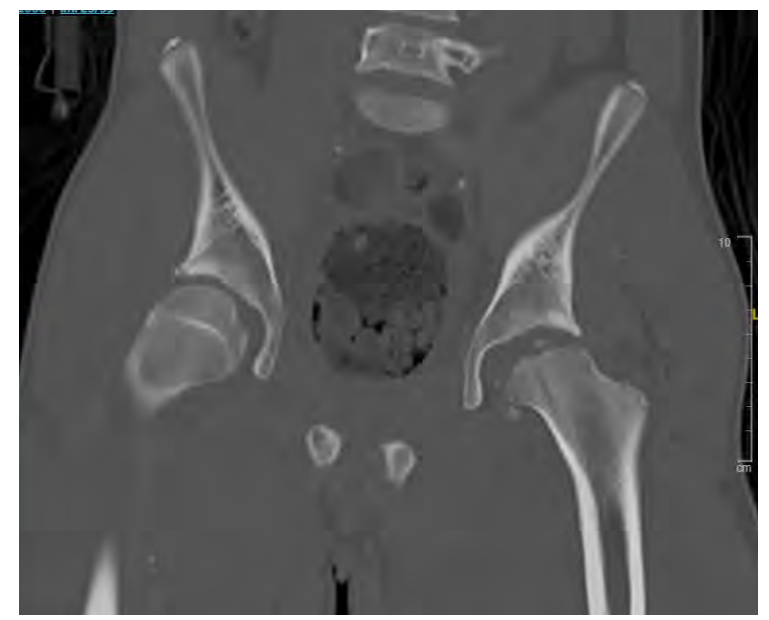
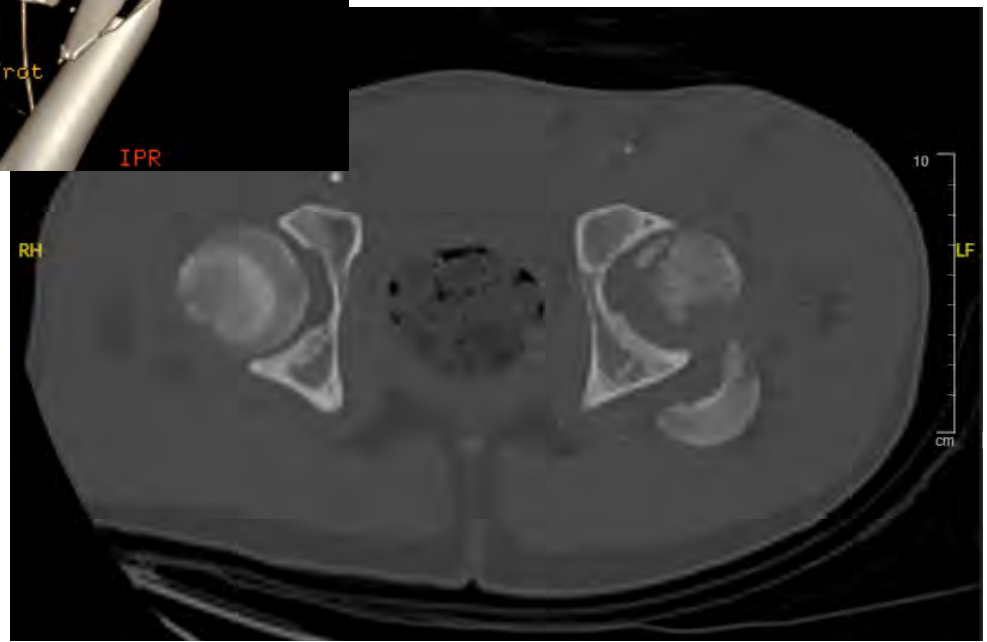
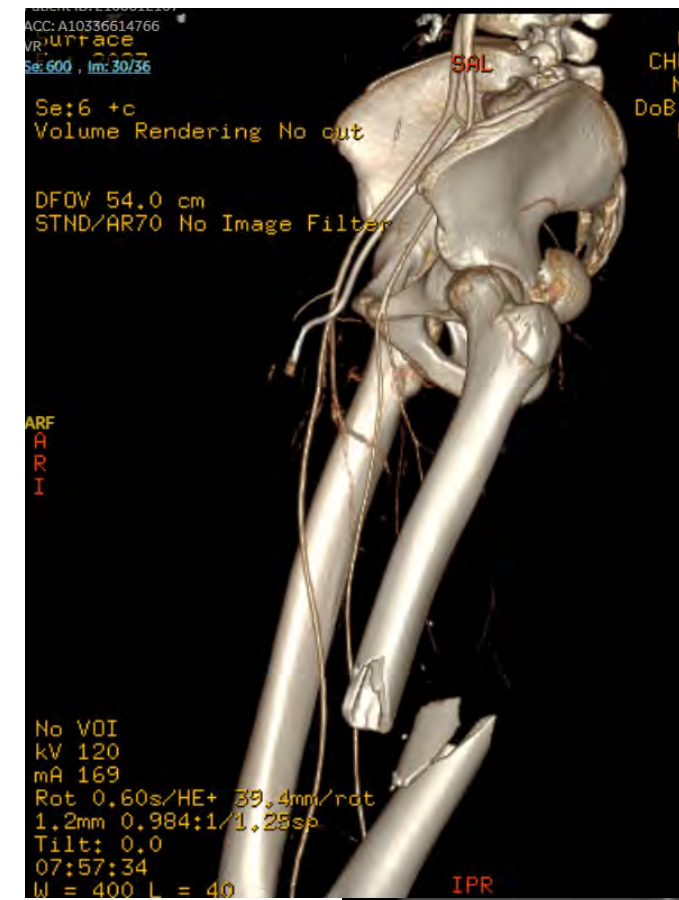
# Fracture du col du fémur

Risque de nécrose +++

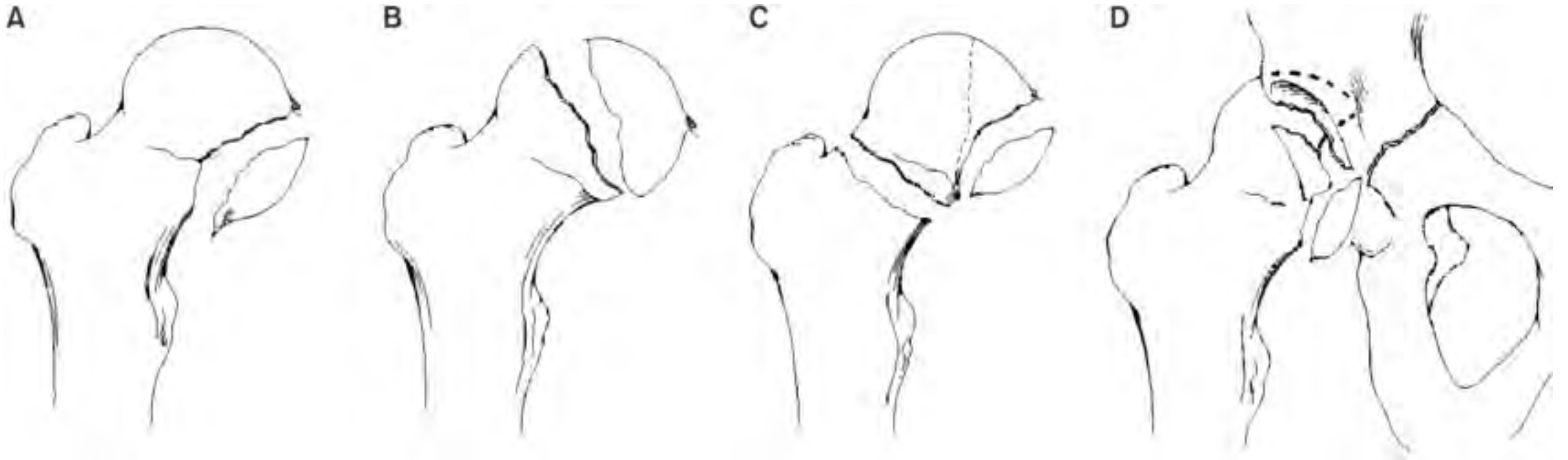


# Fracture de la tête fémorale





# Classification de Pipkin





*Traitement*







- Risque de nécrose



# Luxation de hanche

- Le plus souvent postérieure
- Nerf sciatique



<b>Postérieures 75%</b>	Adduction Extension Rotation interne Raccourcissement	Adduction Rotation Interne Extension
	 Iliaque 50%	 Ischiatique 25%
<b>Antérieures 25%</b>	Abduction Rotation externe Extension	Abduction Rotation externe Flexion
	 Pubienne 10%	 Obturatrice 15%
	<b>Supérieures</b>	<b>Inférieures</b>





- Scanner post-réduction
  - corps étranger intra-articulaire
  - incarceration capsulaire
- Risque de nécrose +++



# Fracture du cotyle

- Radiographies bassin de face
- 3/4 alaire
- 3/4 obturateur

D

[H]

AU LIT





G

AU LIT





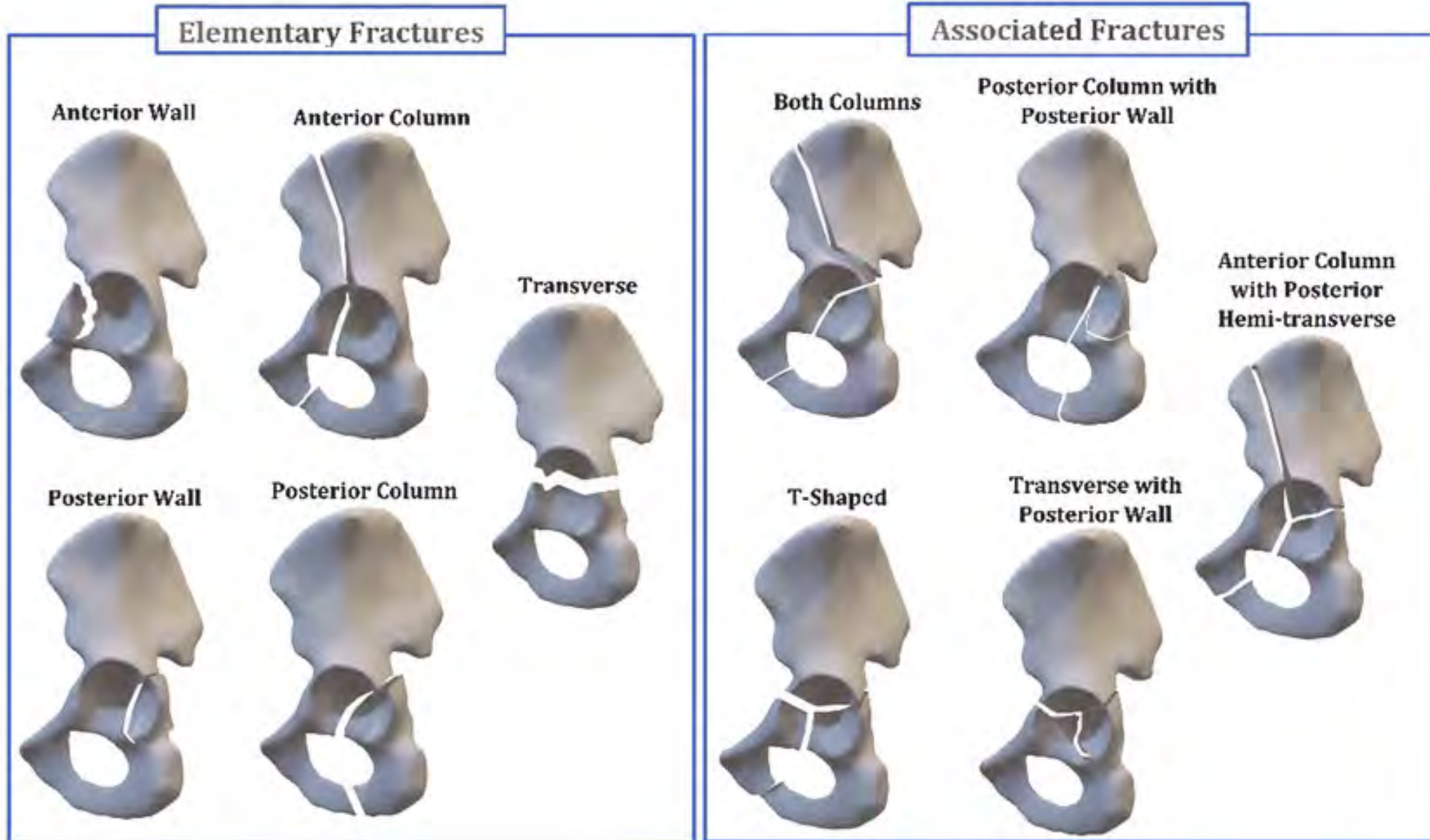




D A U L I T

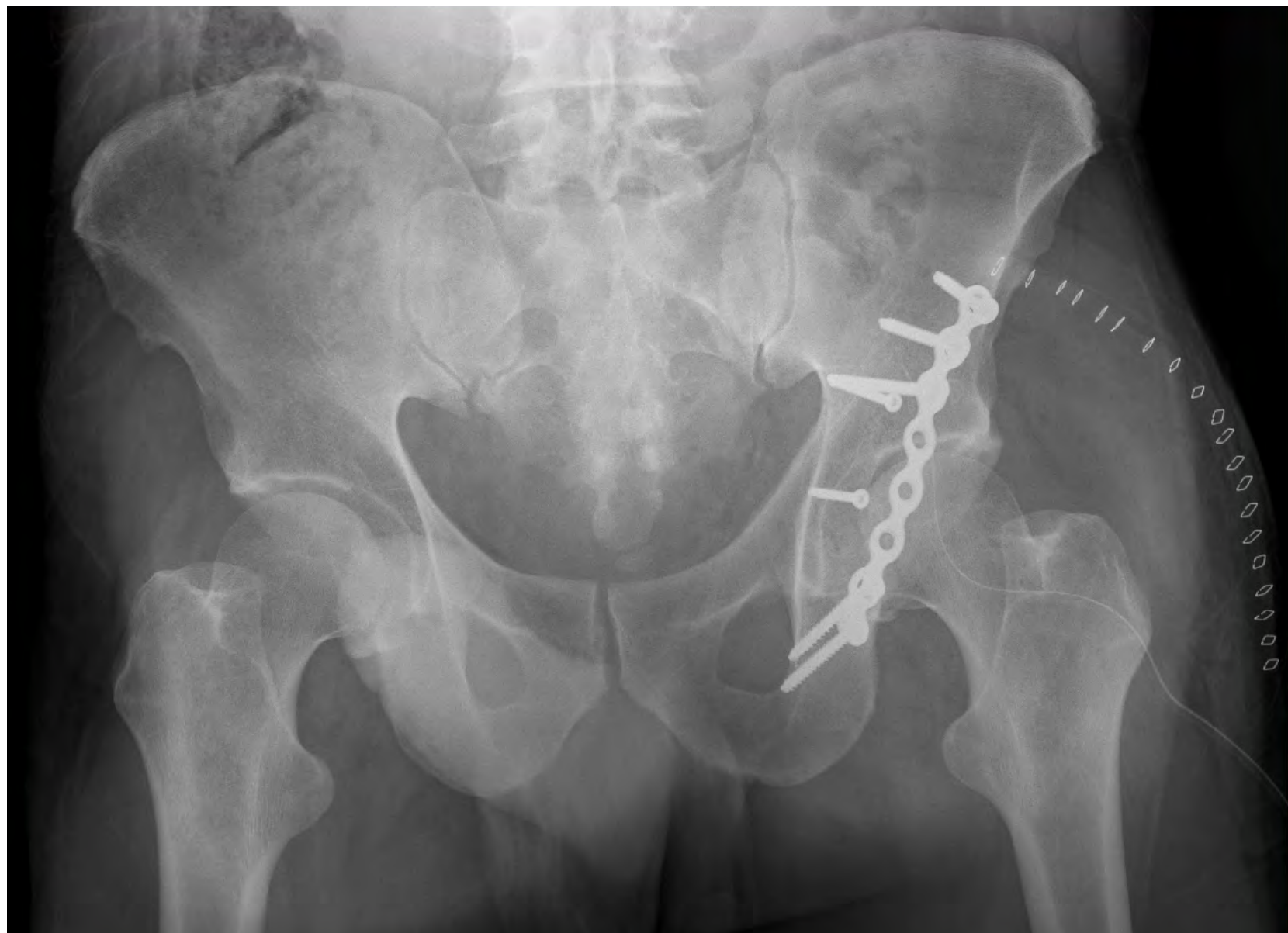


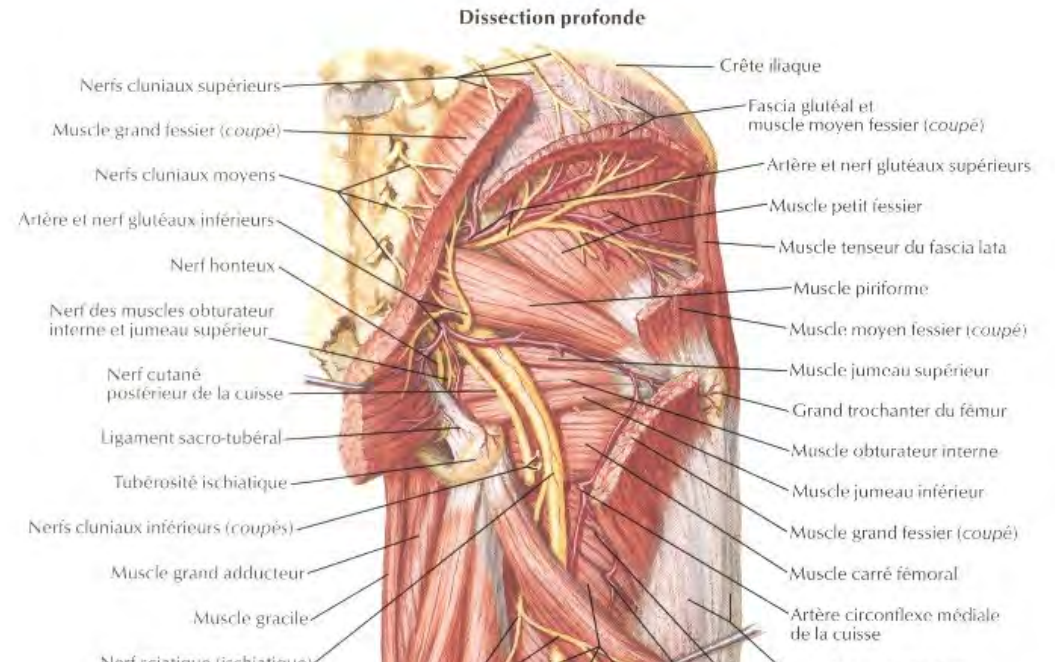
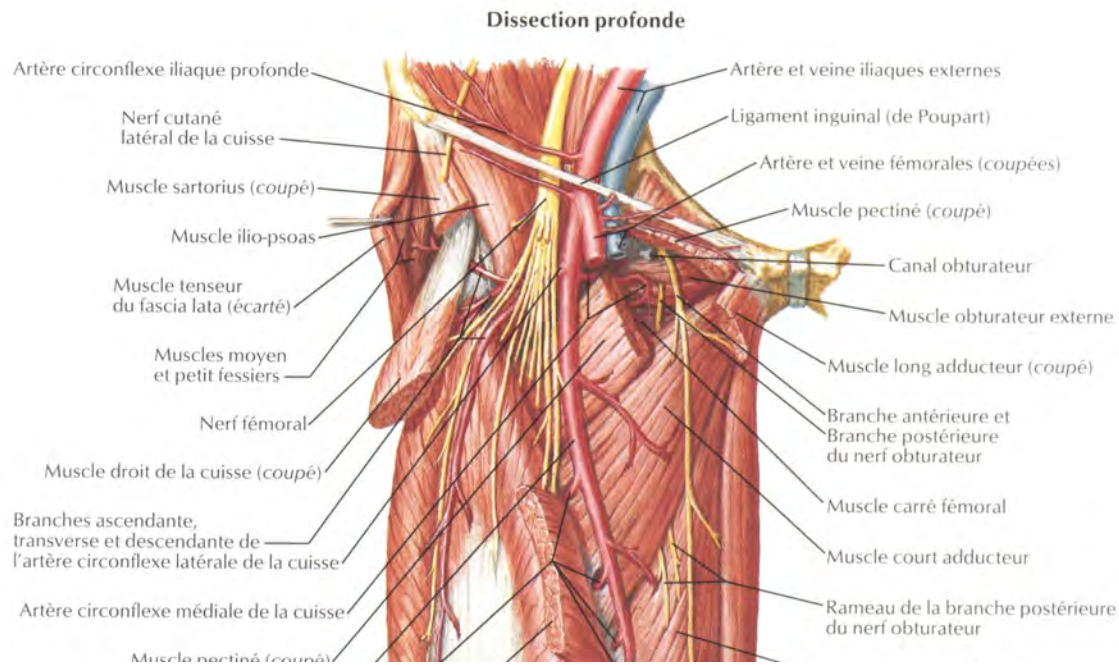
# Classification de Letournel





# *Traitement*





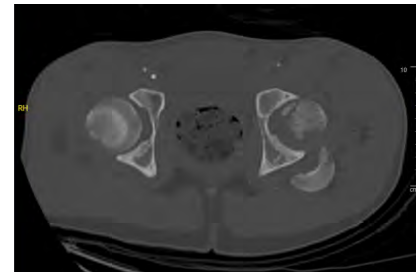
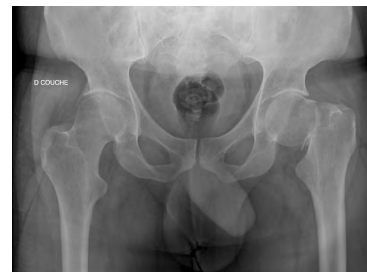
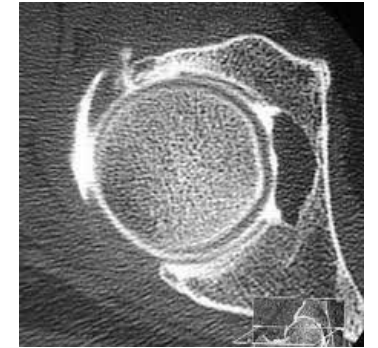
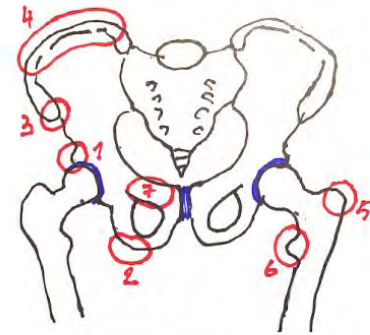
- Recherche de complications cutanées, neurologiques, vasculaires, viscérales, urinaires
- Souvent associées à d'autres lésions pouvant mettre en jeu le pronostic vital

# Conclusion



## Examen clinique

- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore





Je vous remercie

