

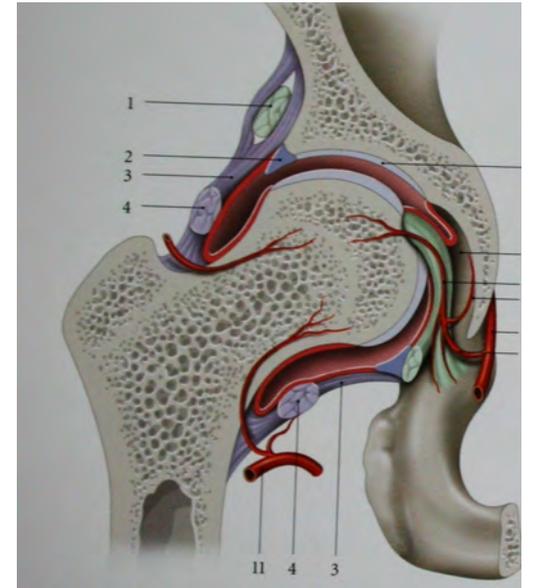
L'anatomie essentielle dans les traumatismes de la hanche de l'adulte

M. Le Baron

Service de Chirurgie orthopédique et traumatologie

CHU Nord Marseille

Octobre 2023

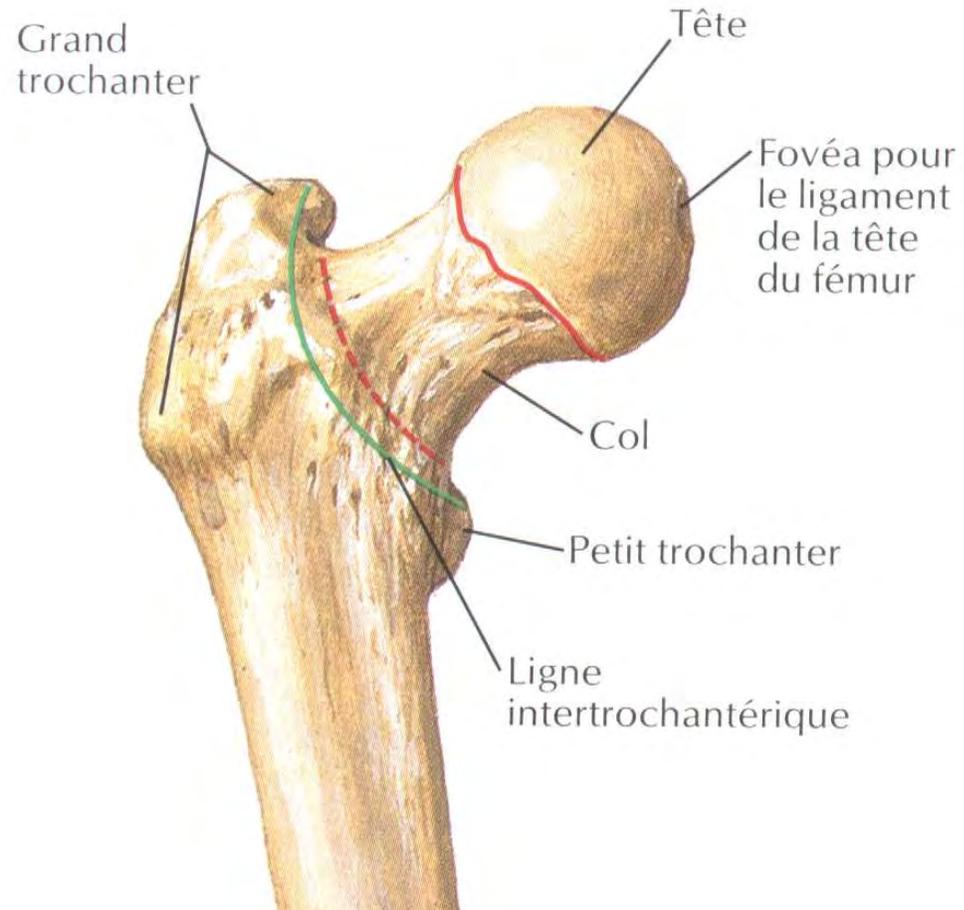


Articulation coxo-fémorale

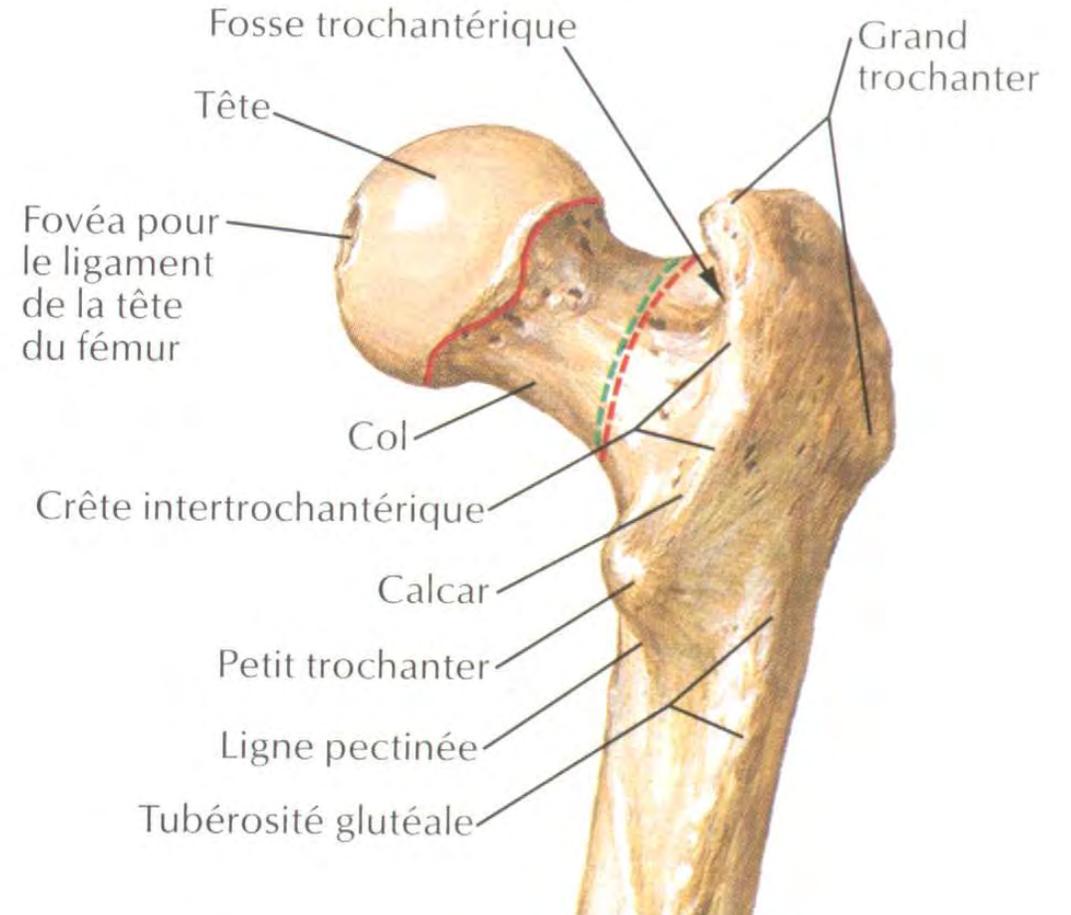
- Articulation stable
 - Facteurs passifs
 - Facteurs actifs
- Articulation profonde



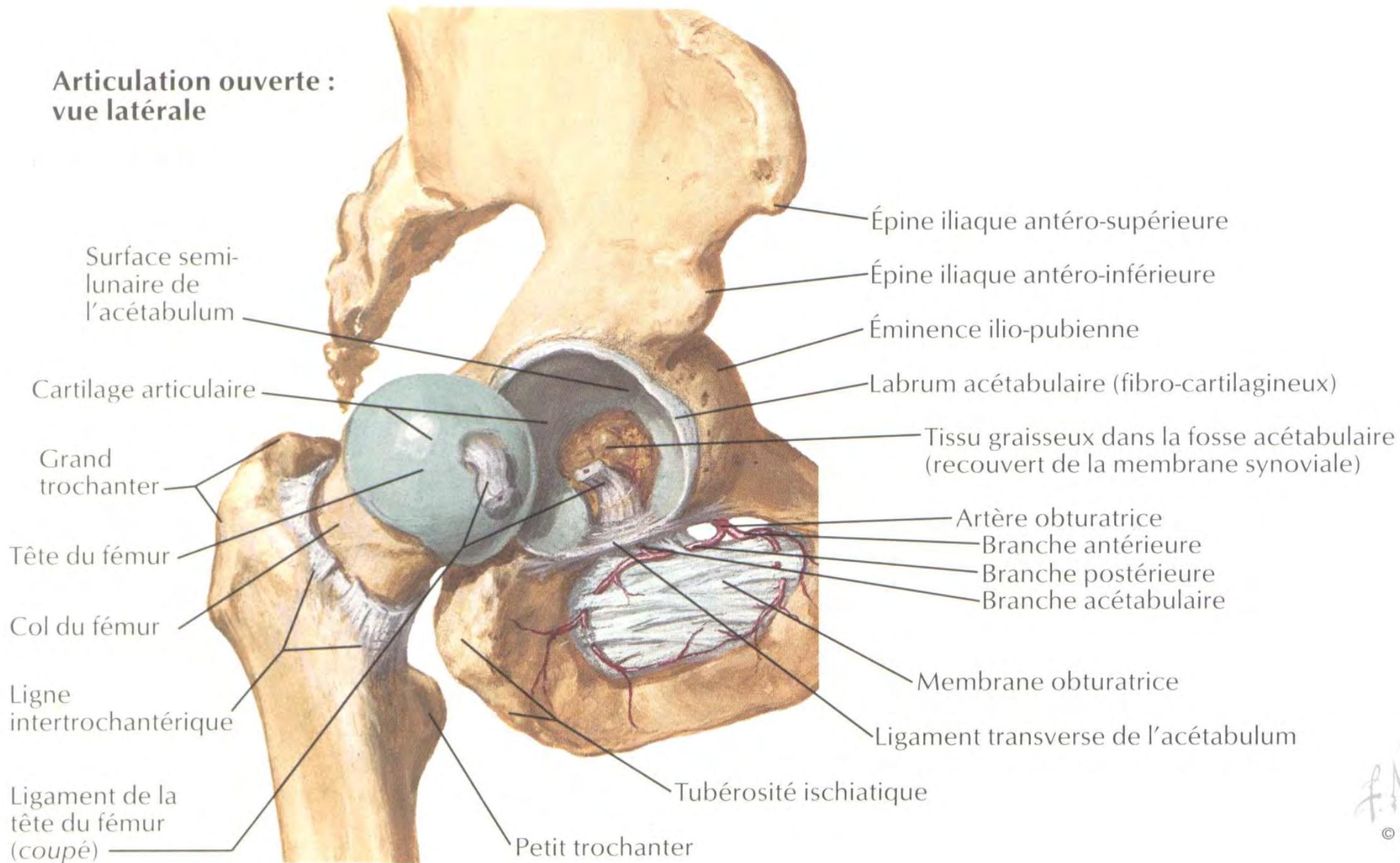
Vue antérieure



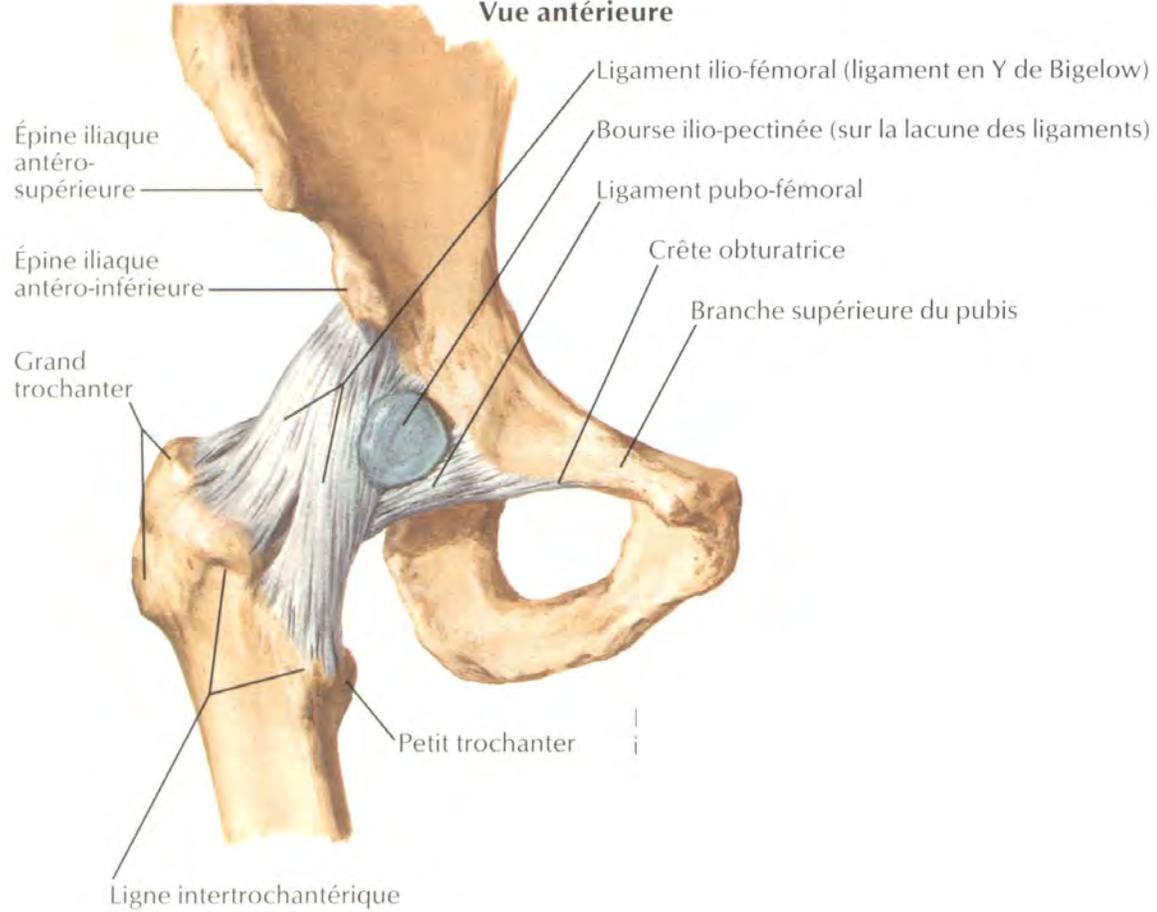
Vue postérieure



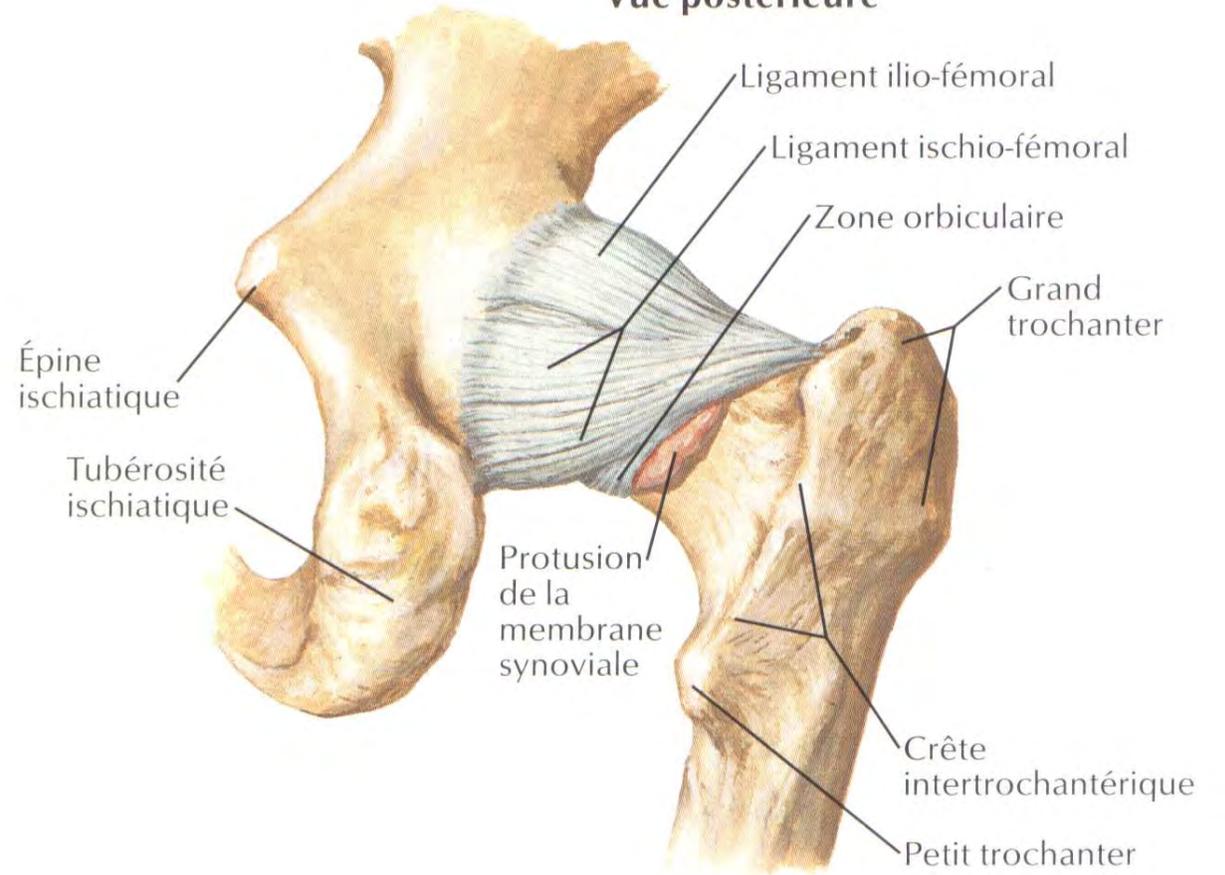
Articulation ouverte : vue latérale

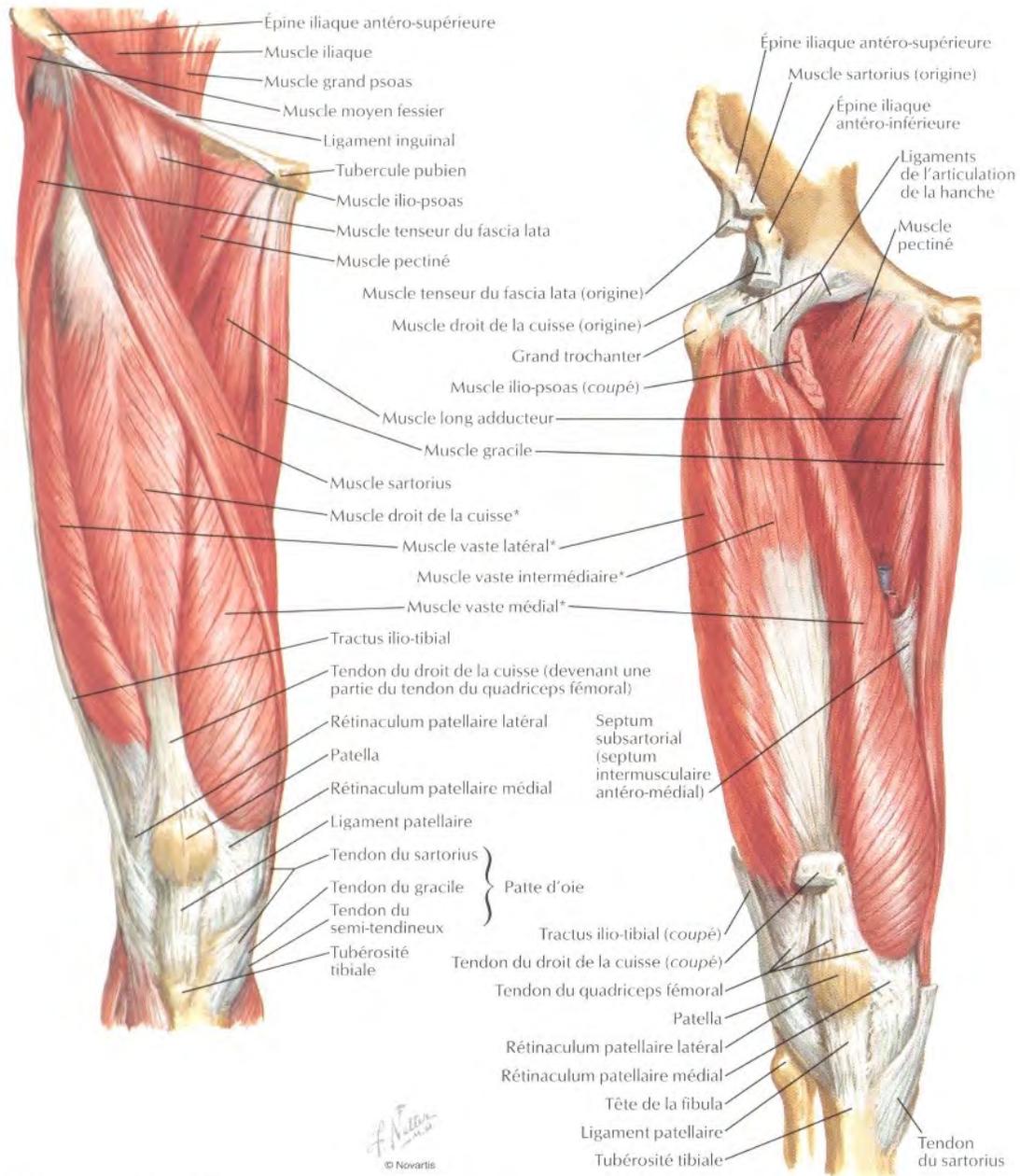


Vue antérieure



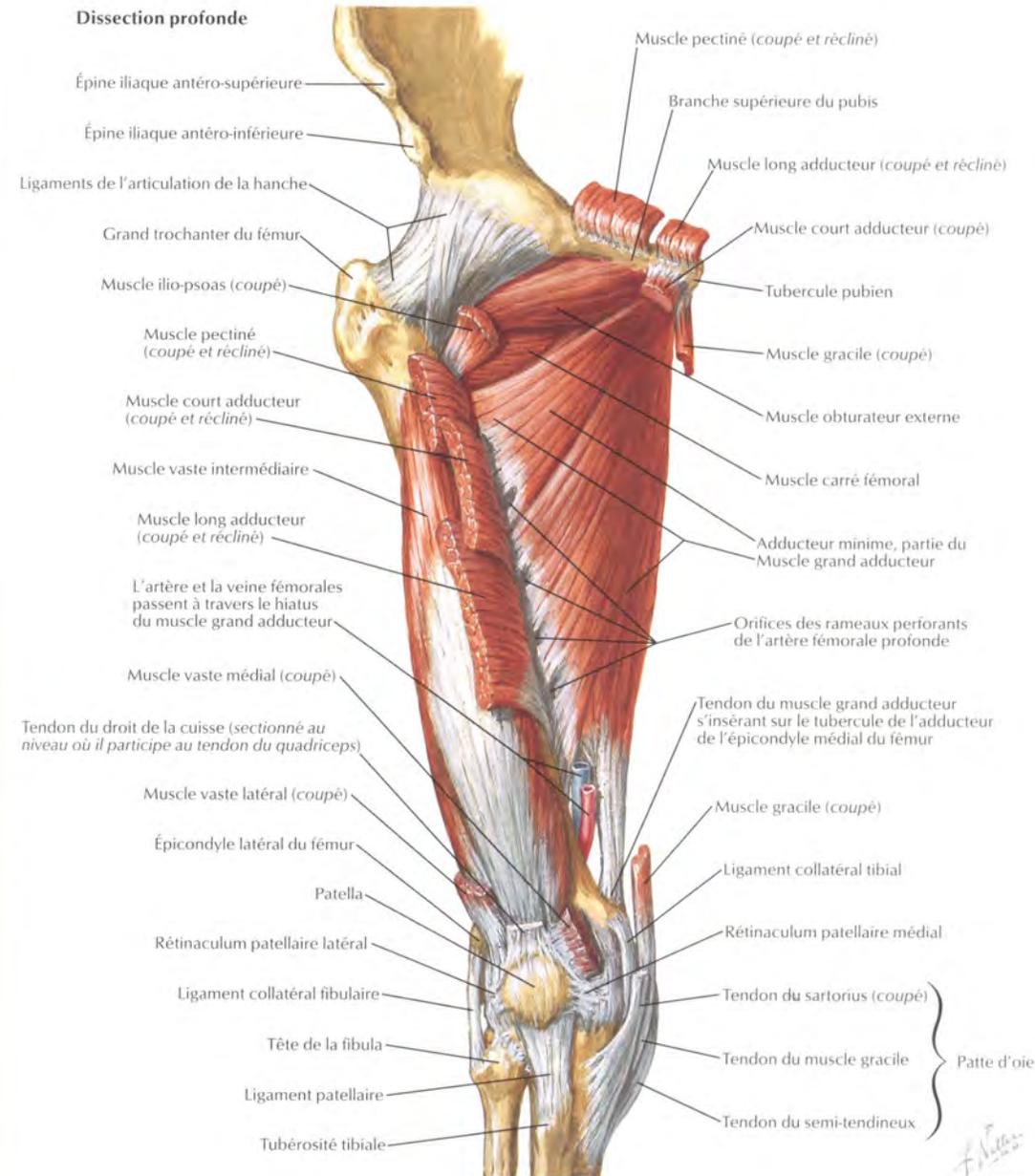
Vue postérieure



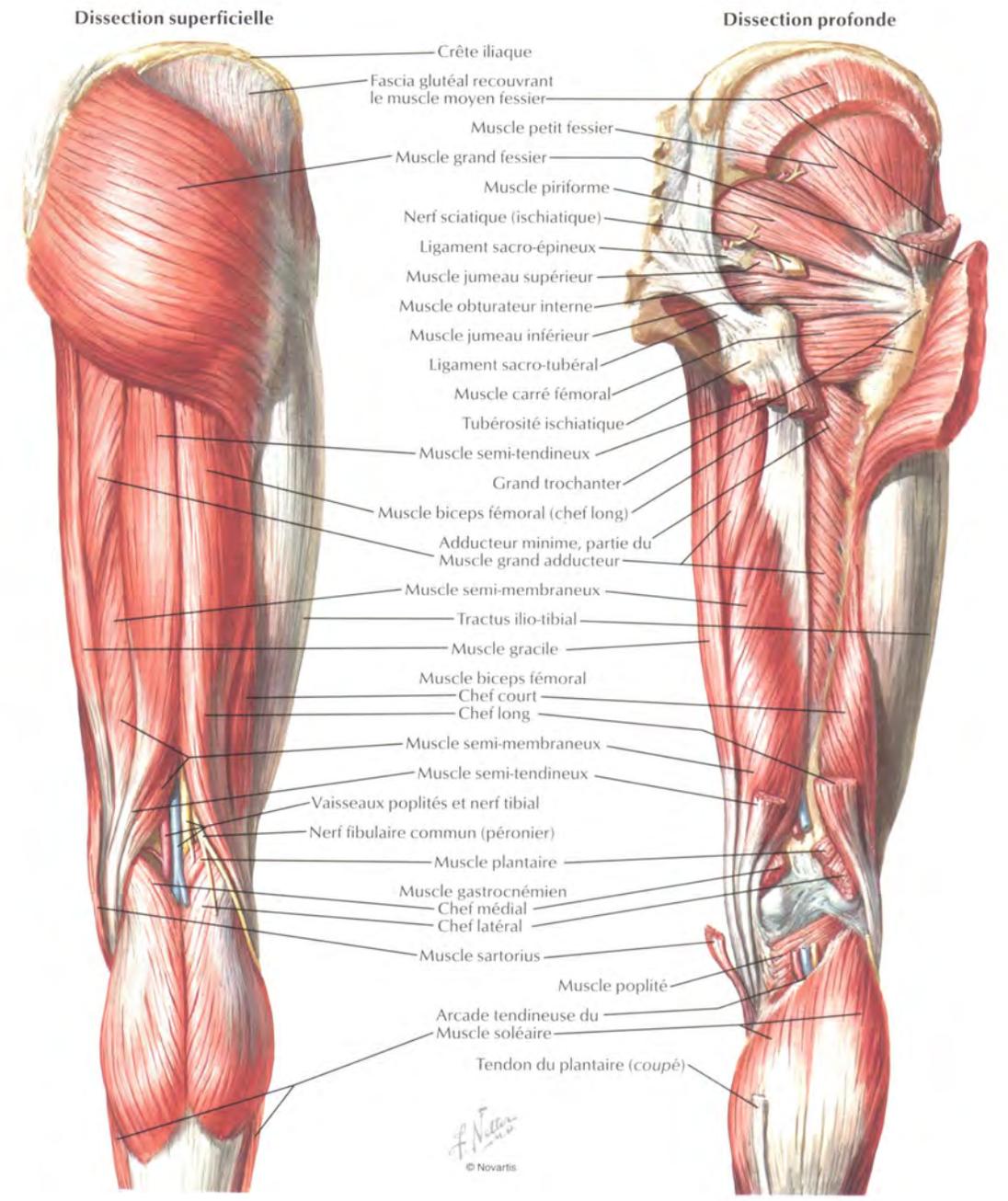
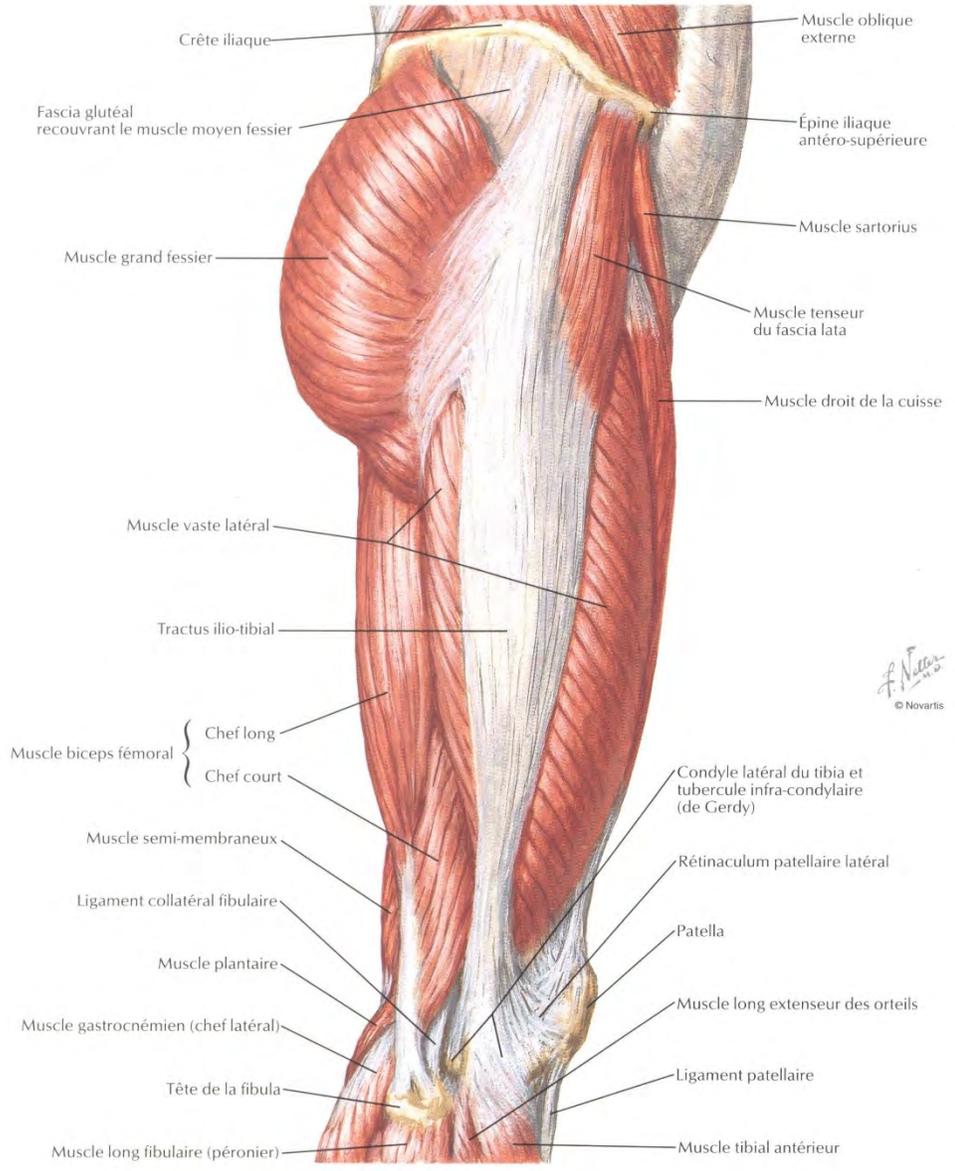


* Muscles du quadriceps fémoral

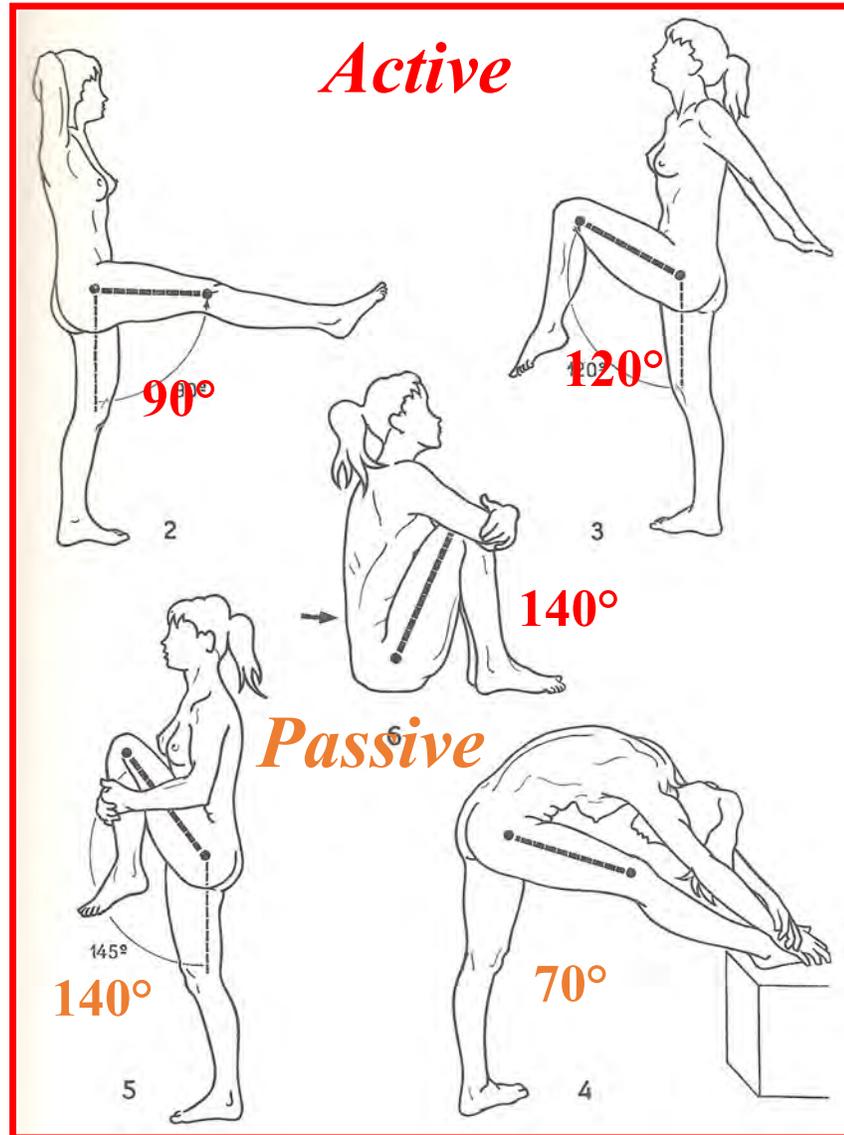
F. Netter
© Novartis



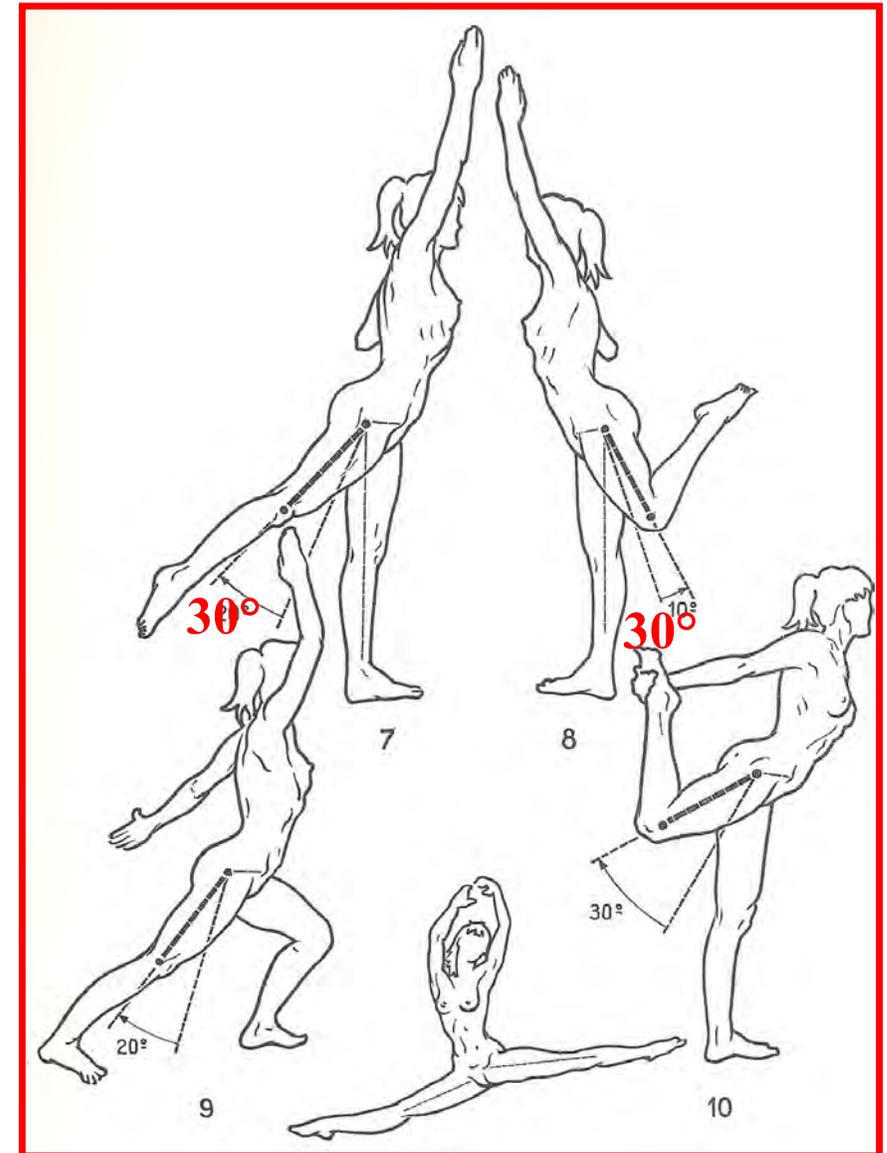
F. Netter
© Novartis



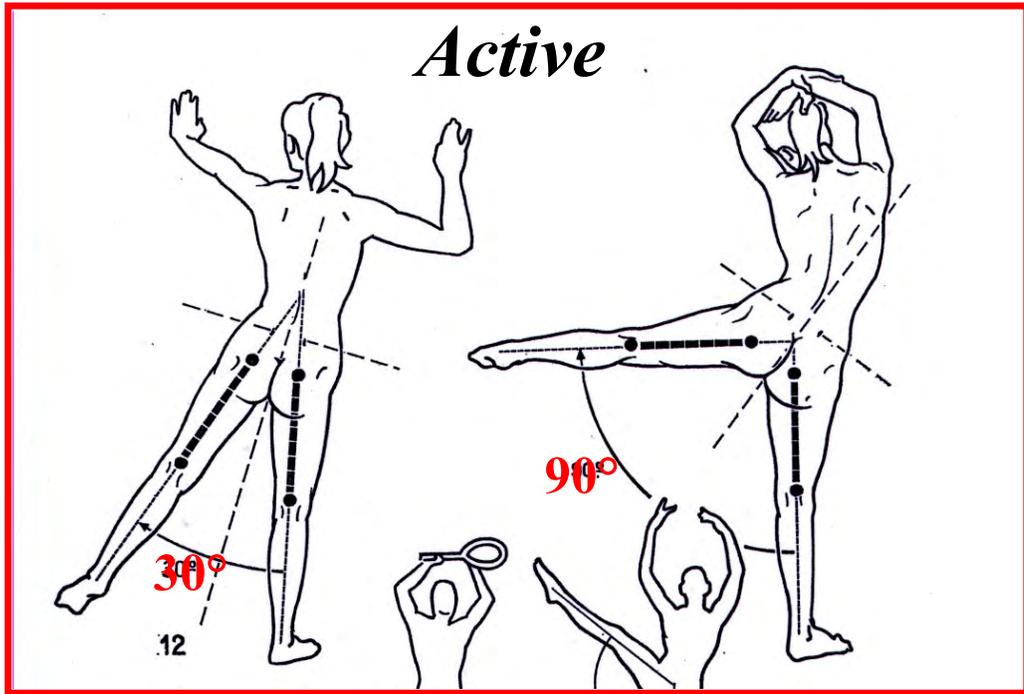
FLEXION



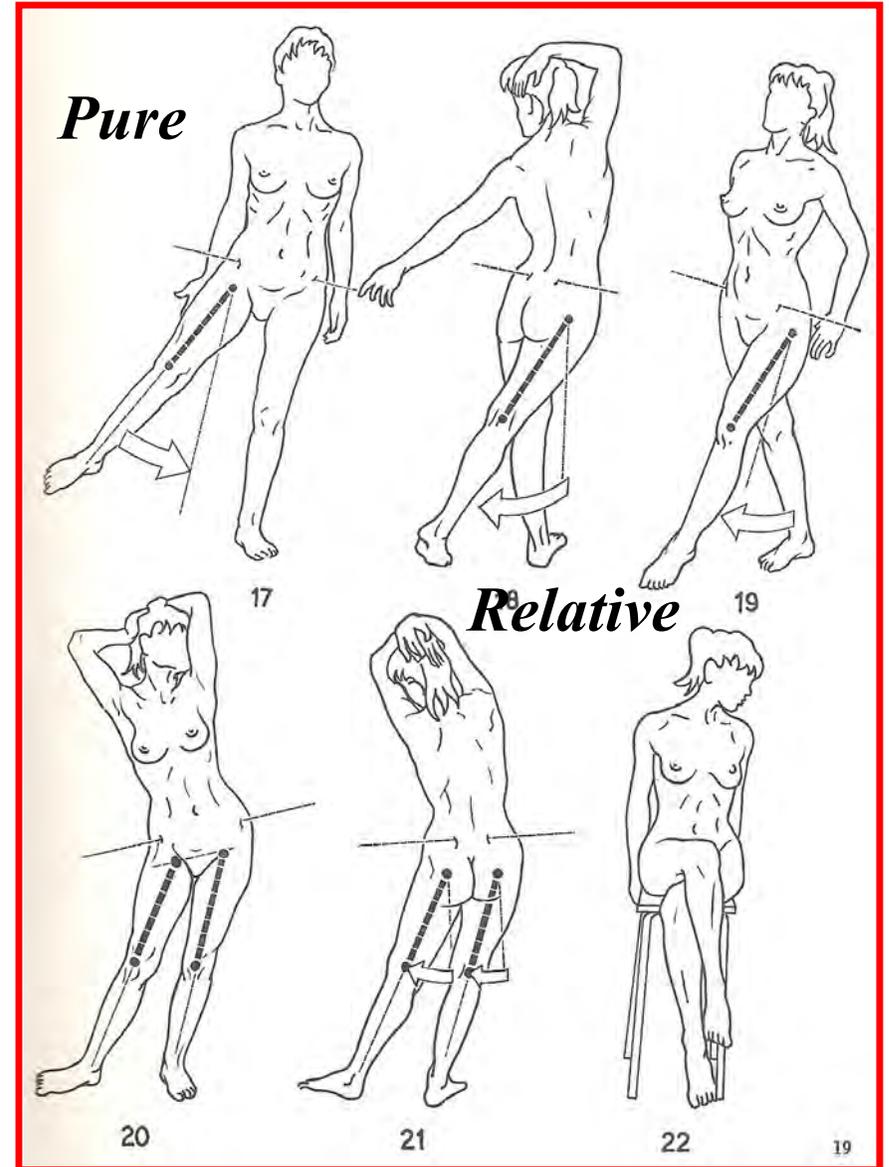
EXTENSION



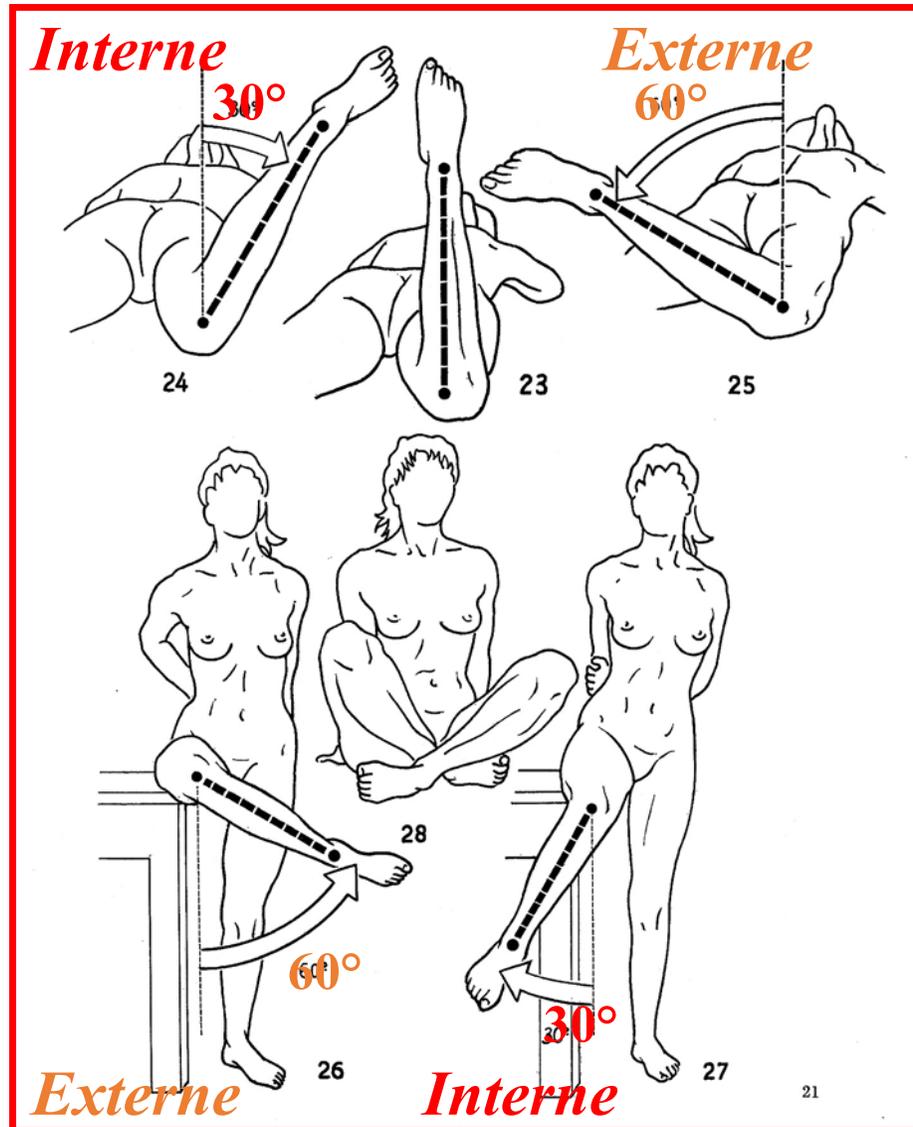
ABDUCTION



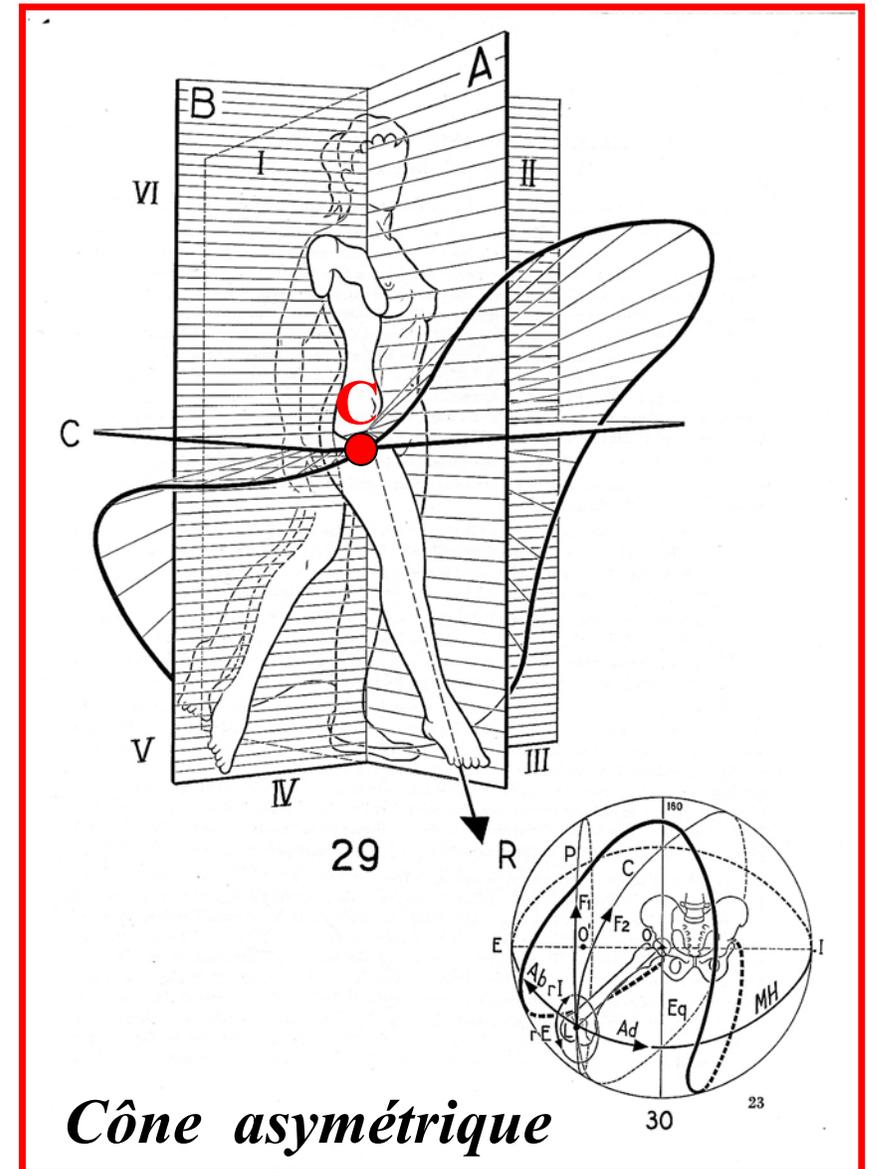
ADDUCTION



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

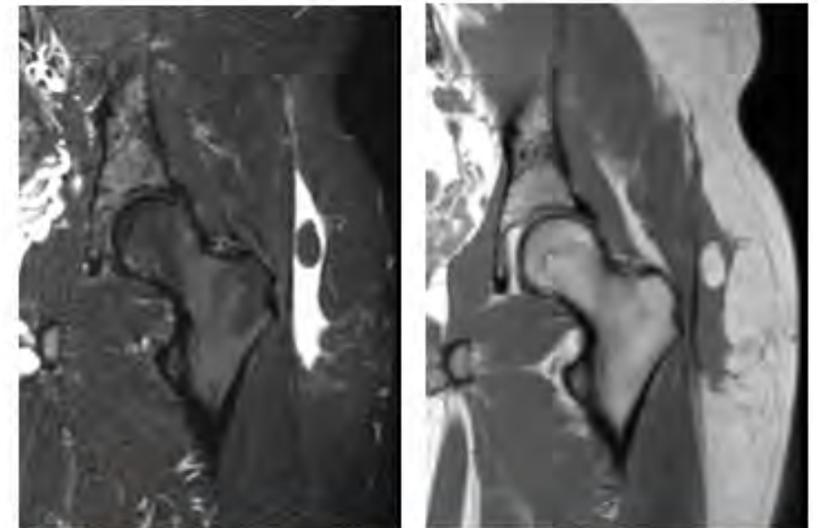
Examen clinique

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

→ contusion, hématome

Décollement de Morel-Lavallée

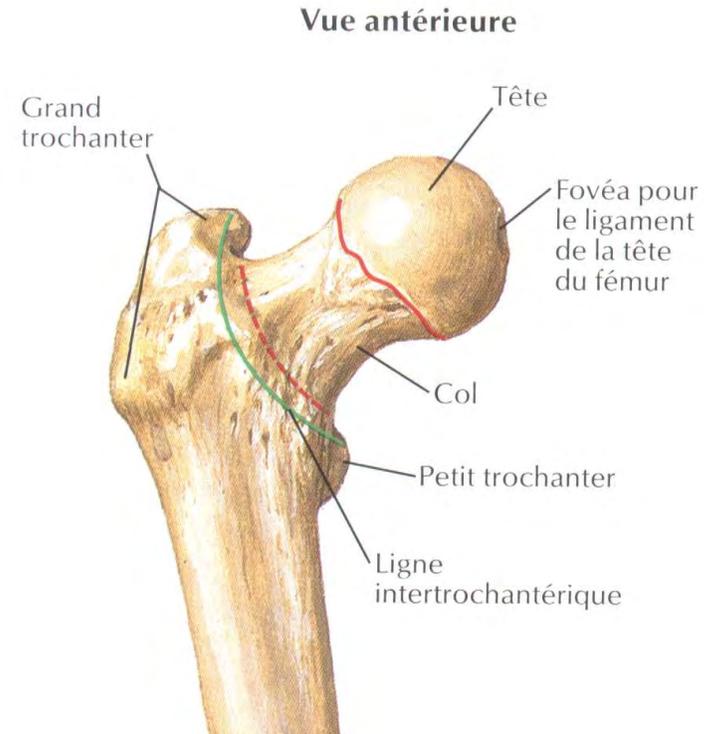
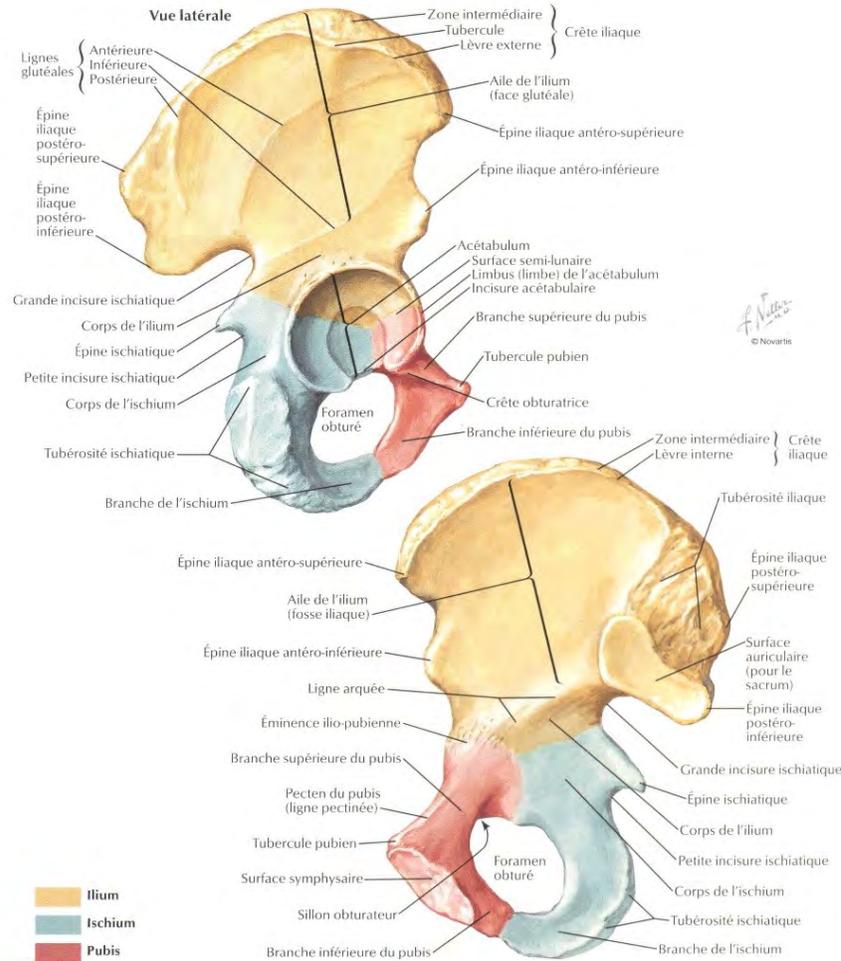
- Cisaillement entre la graisse hypodermique sous-cutanée et l'aponévrose musculaire sous-jacente
- Chute sur la face latérale hanche + mouvement de glissement tangentiel
- Par ex ski, cyclisme, roller



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

→ radiographies bassin de face et hanche face et profil

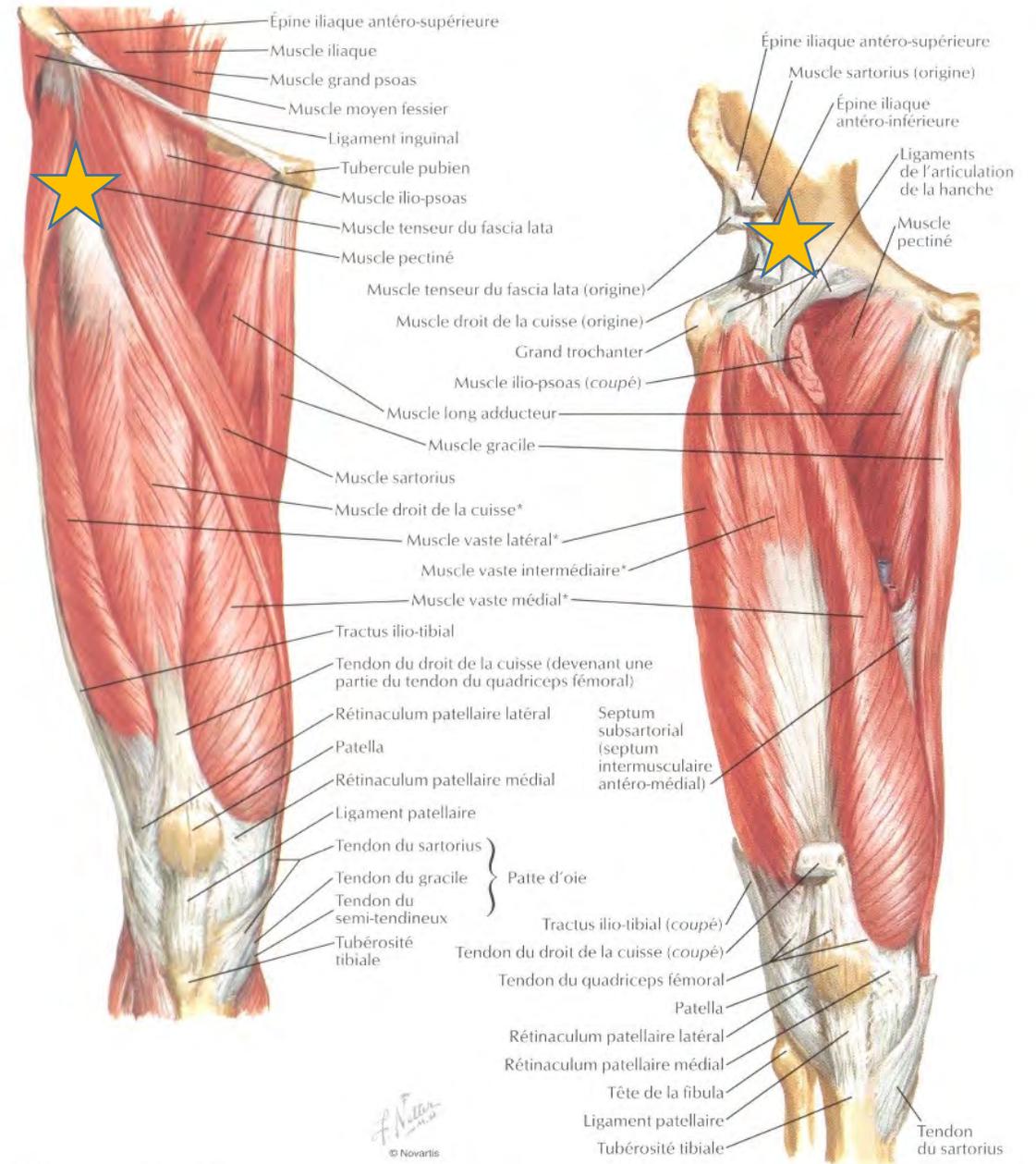
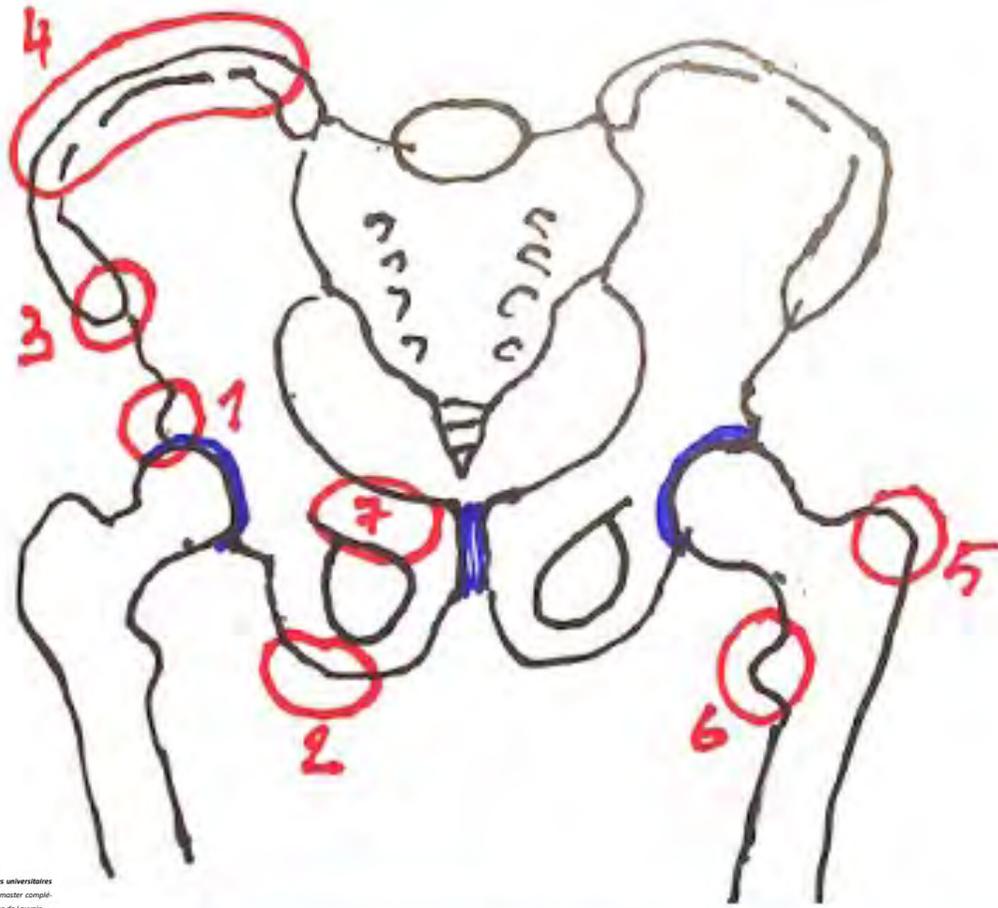
Arrachement osseux



Arrachement osseux

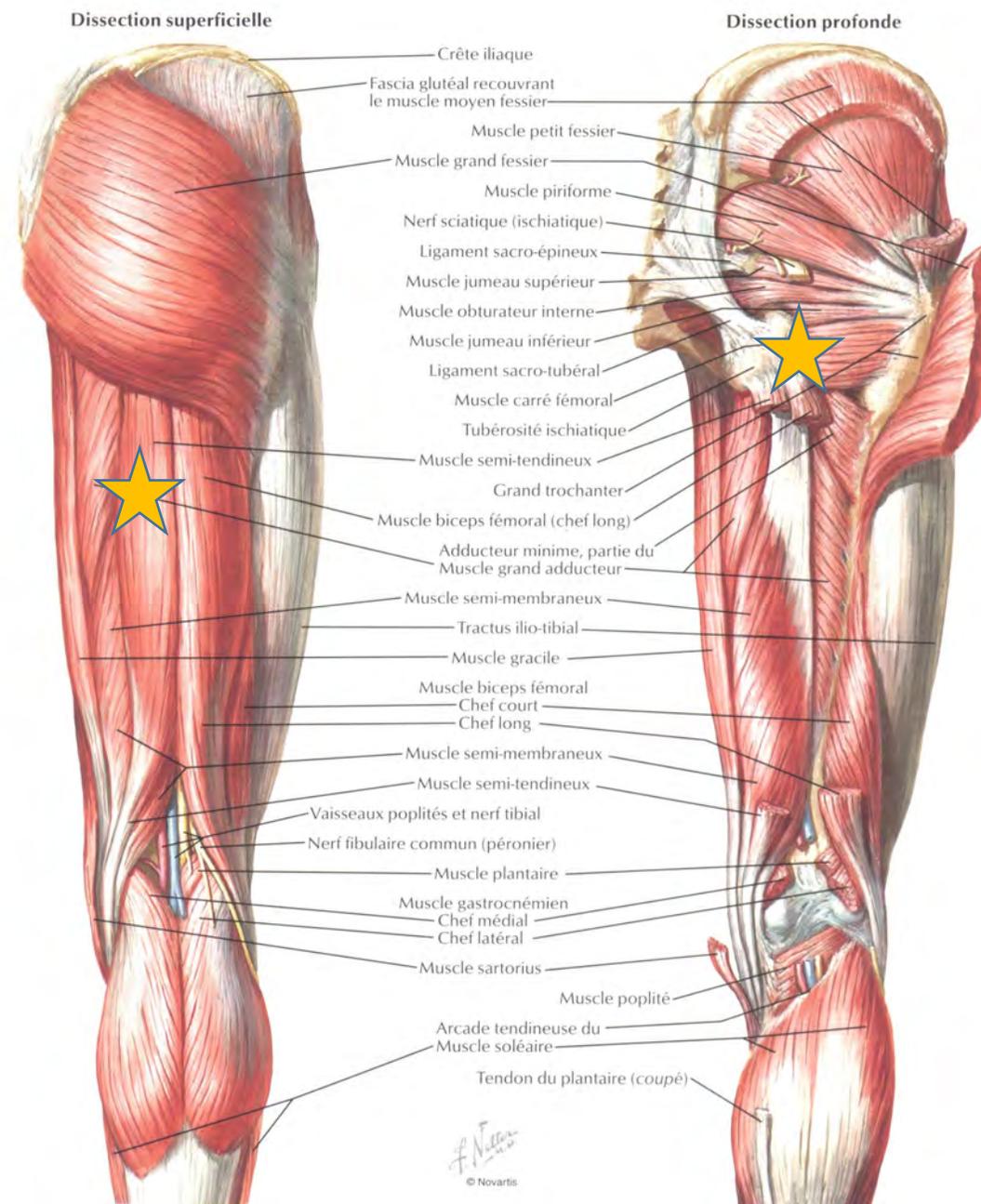
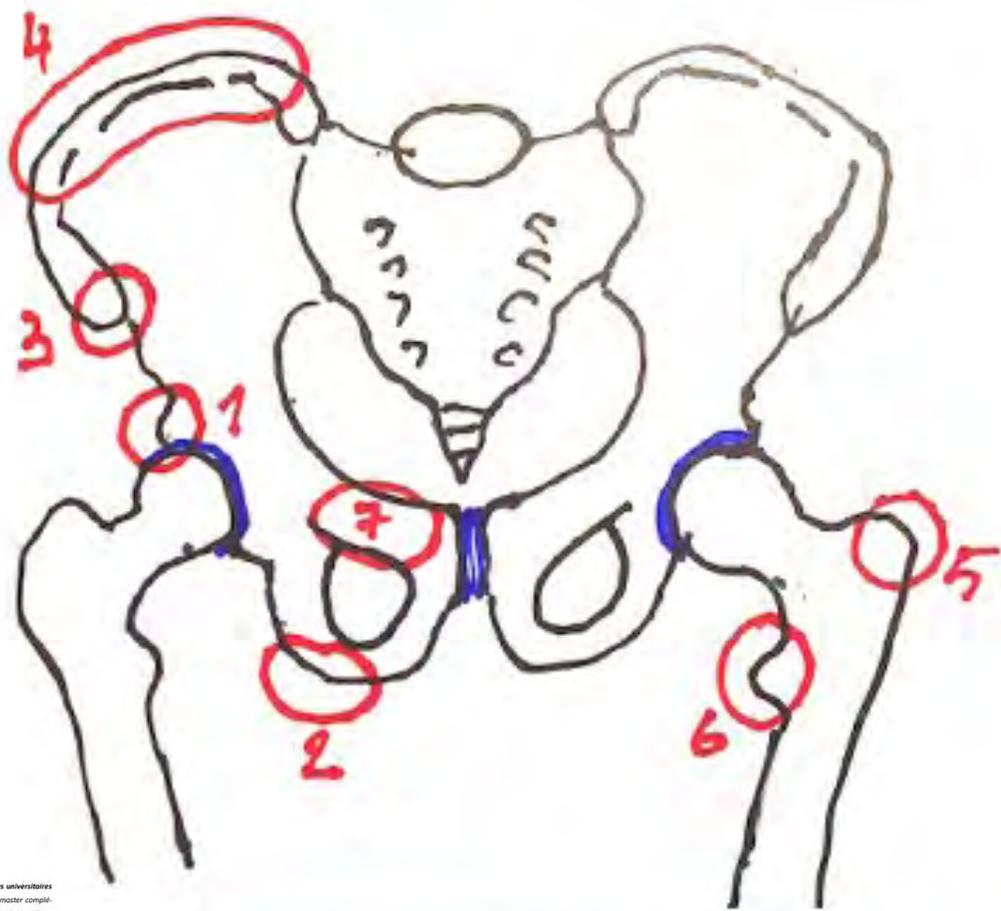
- Traumatisme sportif
- Adolescent et adulte jeune
- Douleur brutale, craquement, impotence fonctionnelle partielle ou totale
- Radiographie du bassin / échographie
- *Traitement* : médical, rarement chirurgical

1. EIAI (droit fémoral)

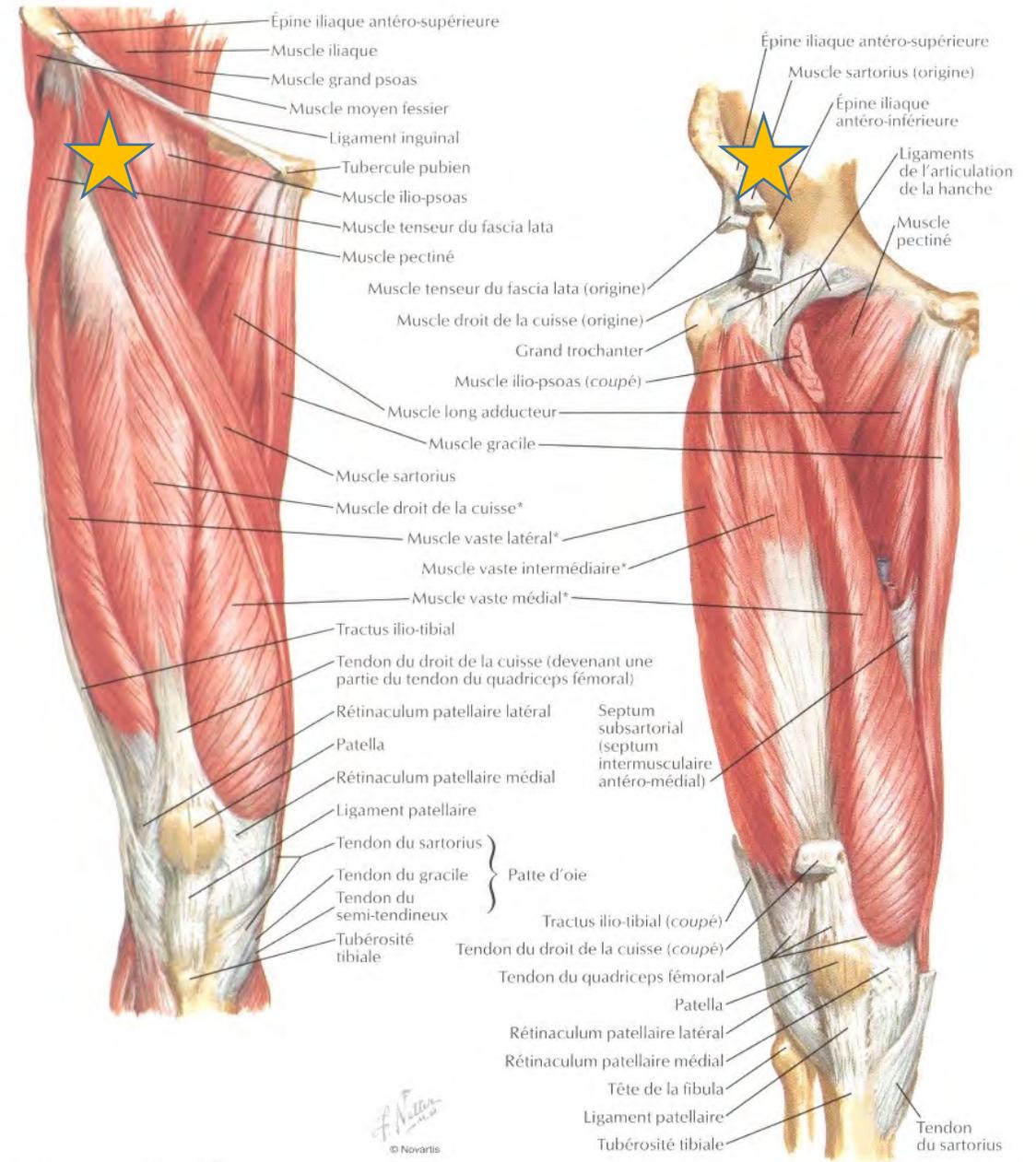
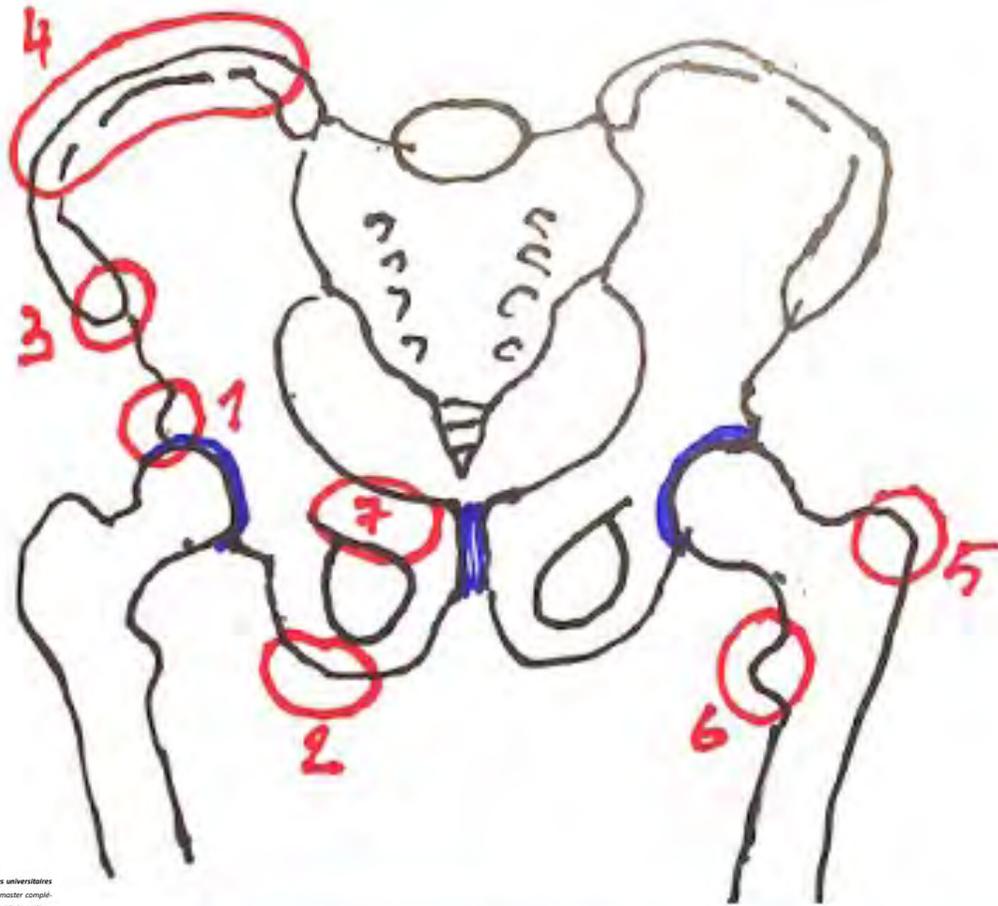


* Muscles du quadriceps fémoral

2. Tubérosité ischiatique (ischio-jambiers)

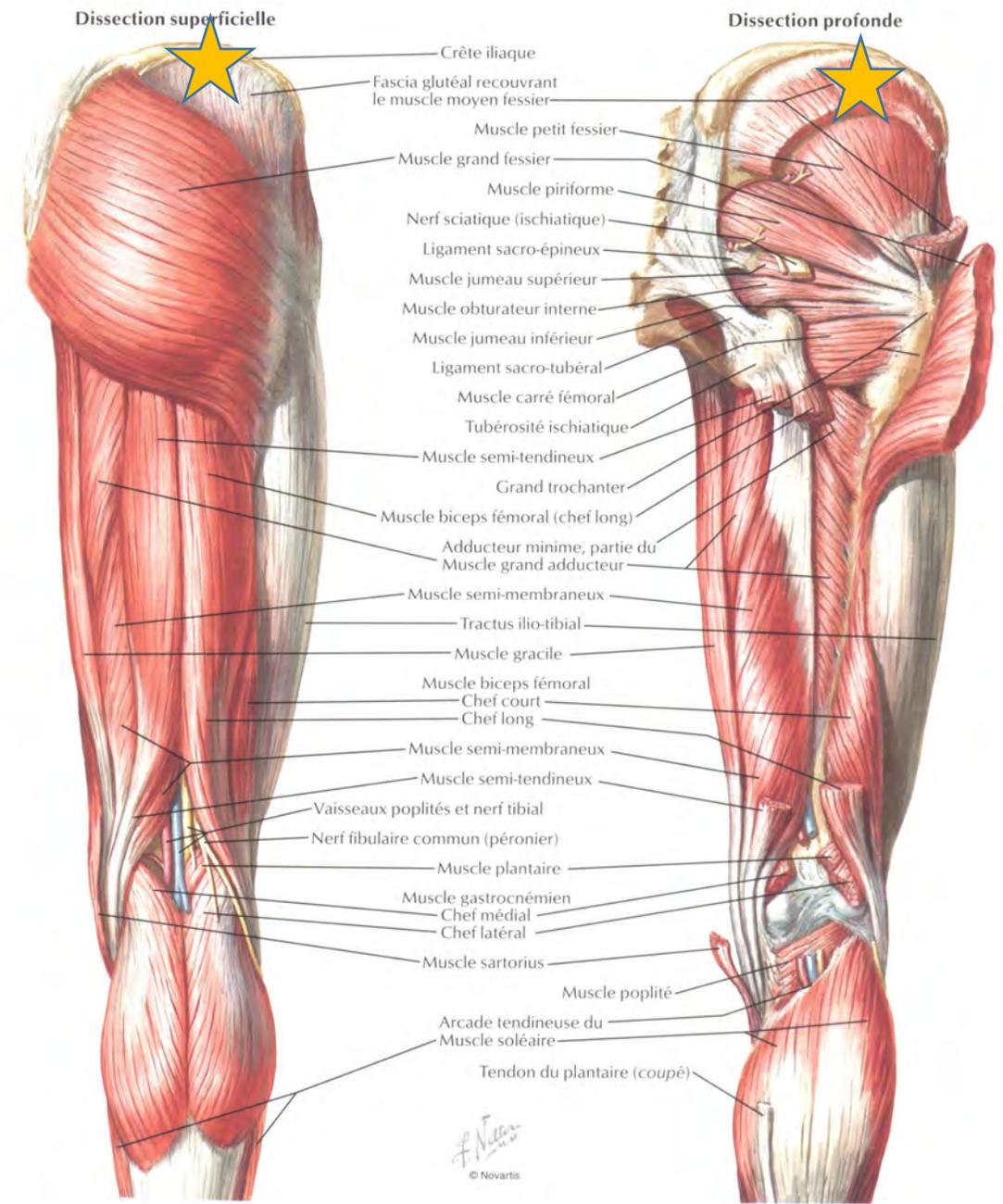
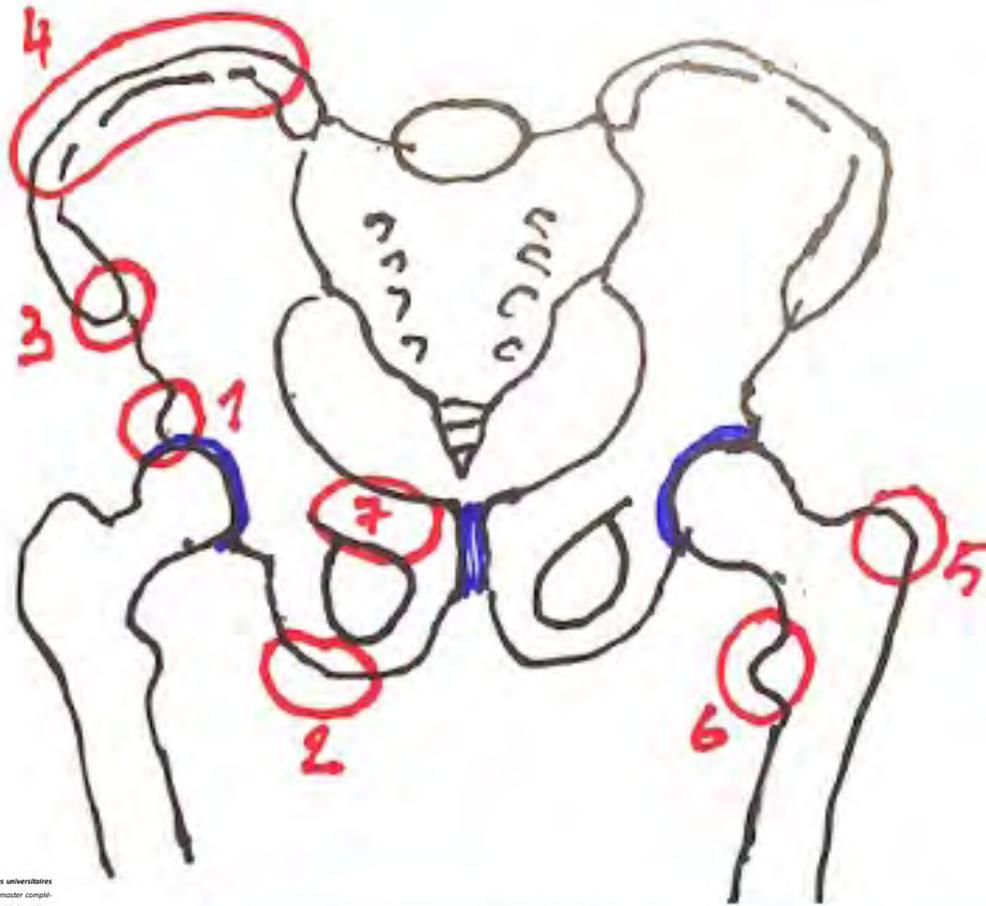


3. EIAS (sartorius et fascia lata)

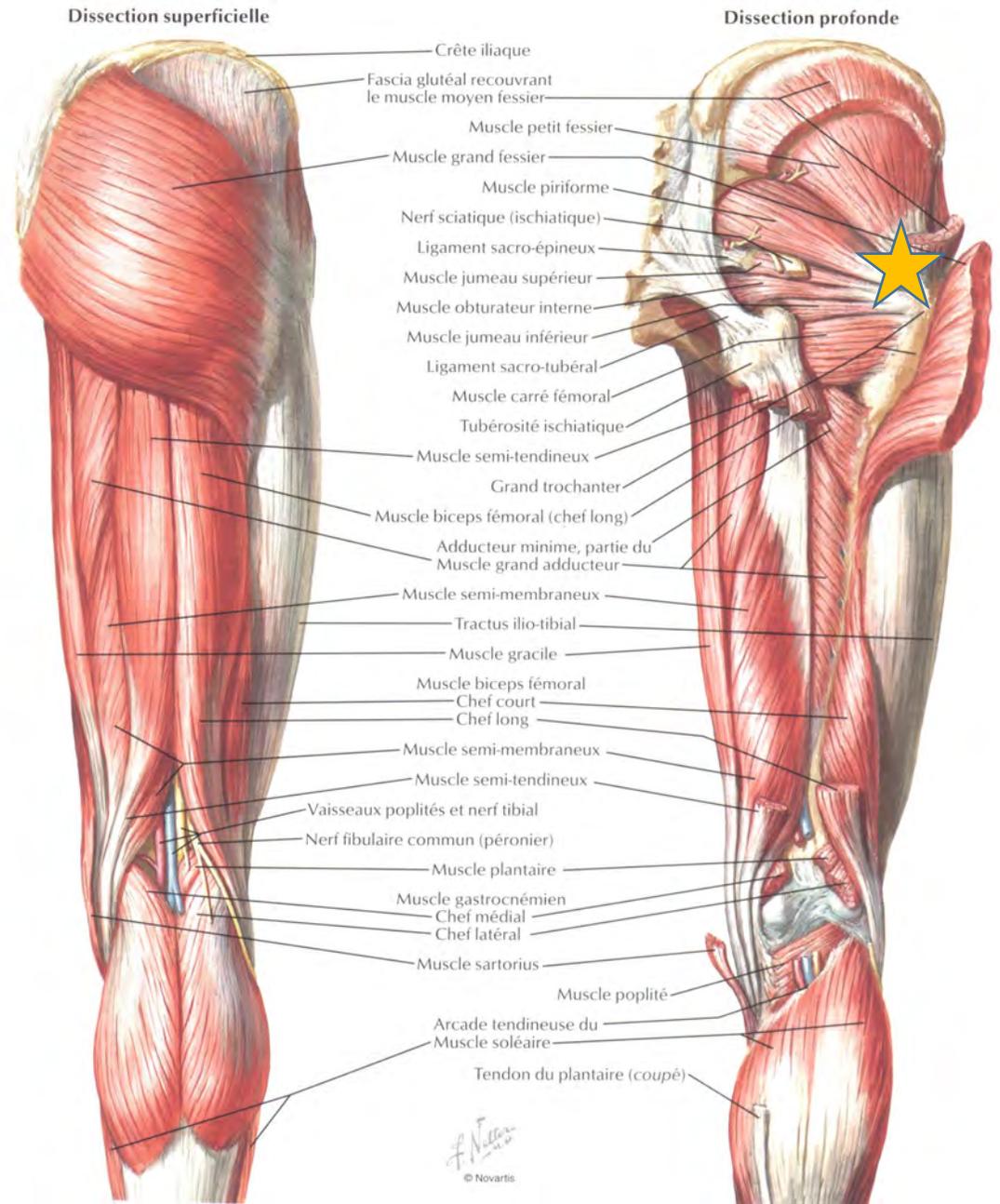
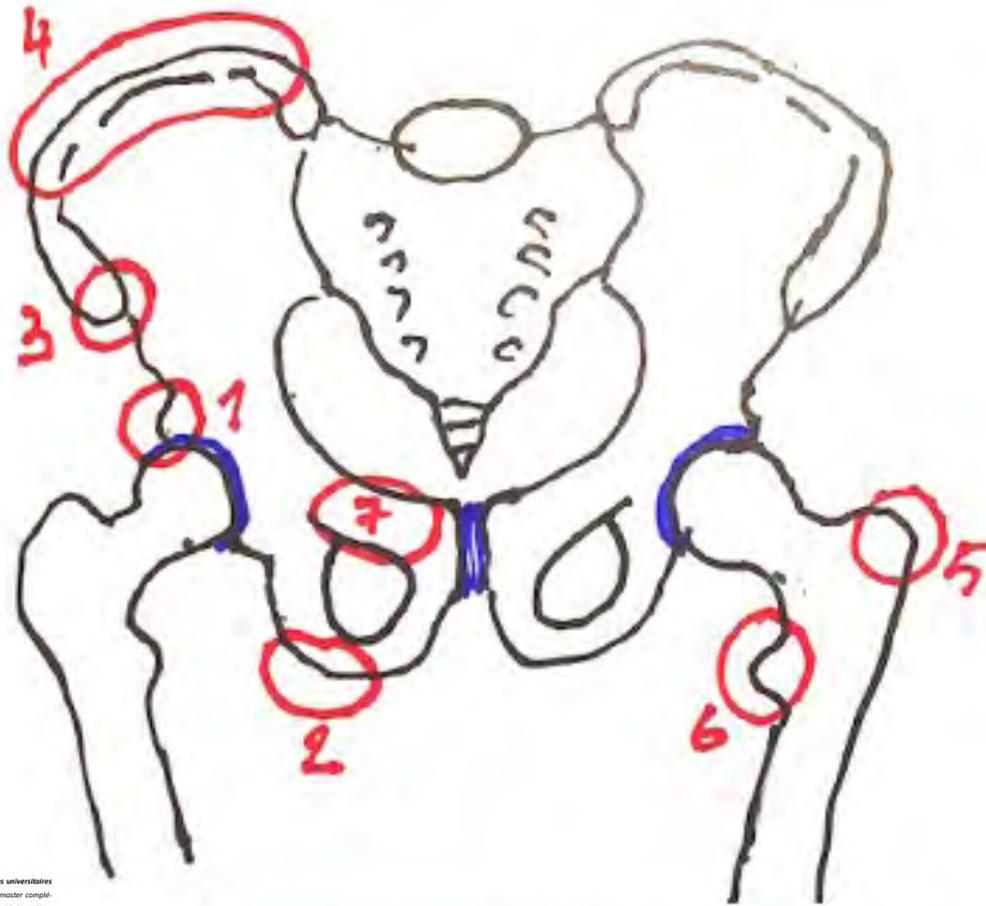


* Muscles du quadriceps fémoral

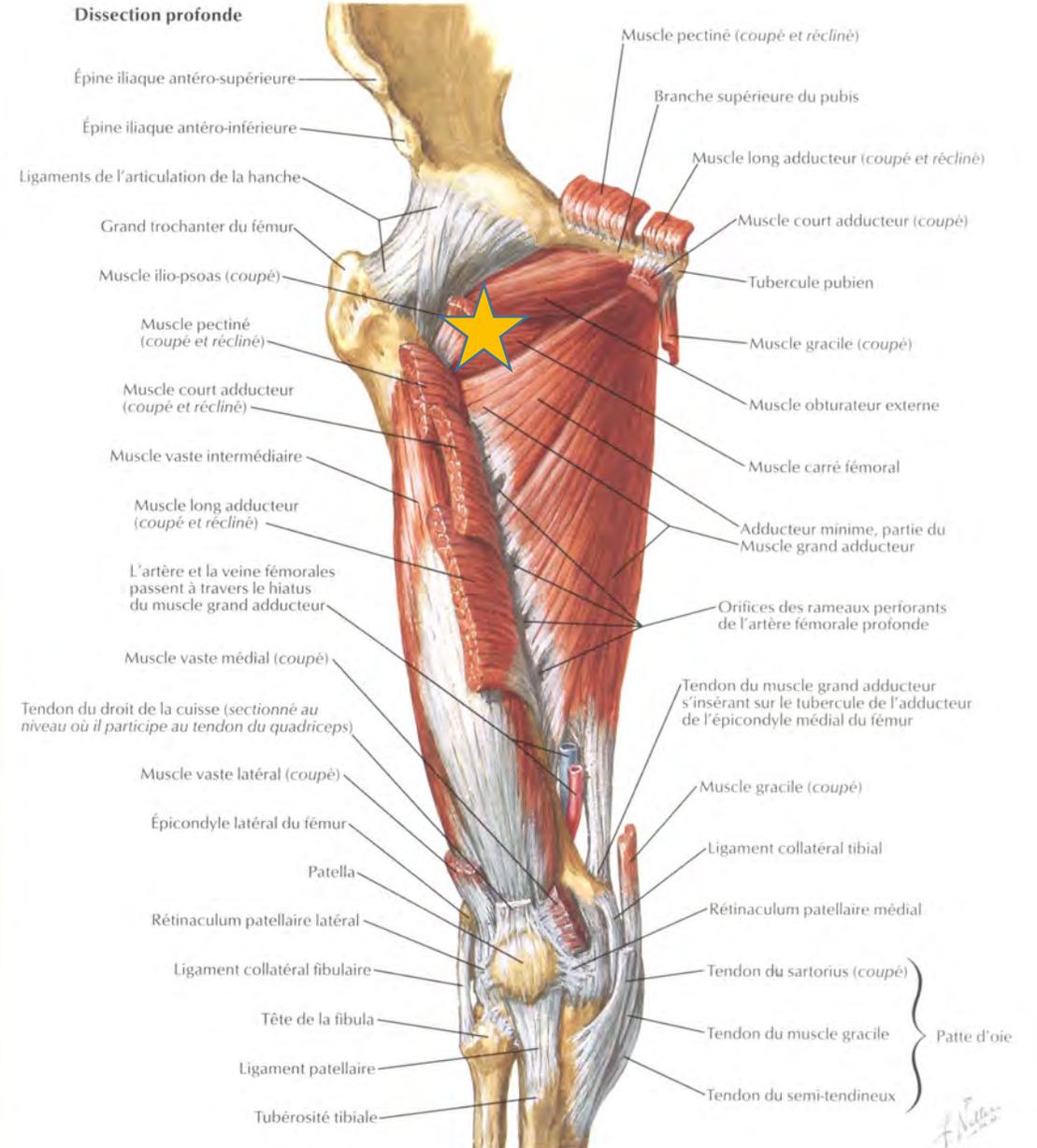
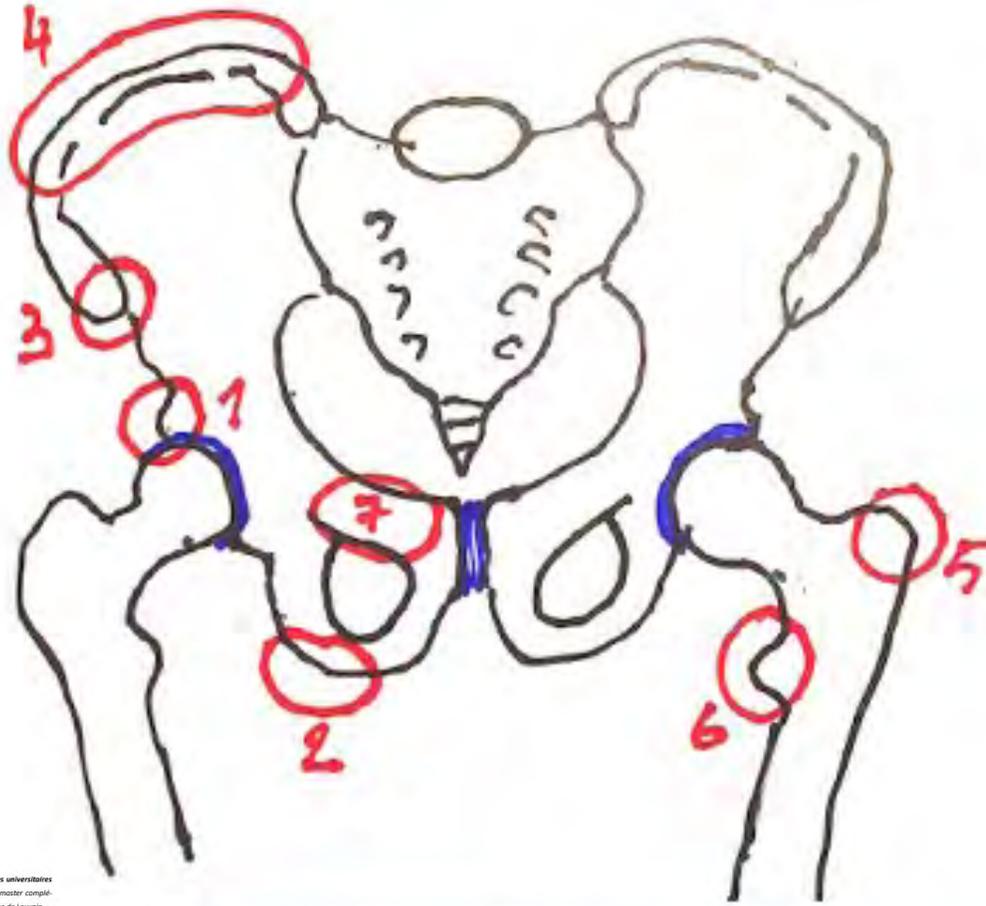
4. Crête iliaque (oblique externe abdomen et moyen fessier)



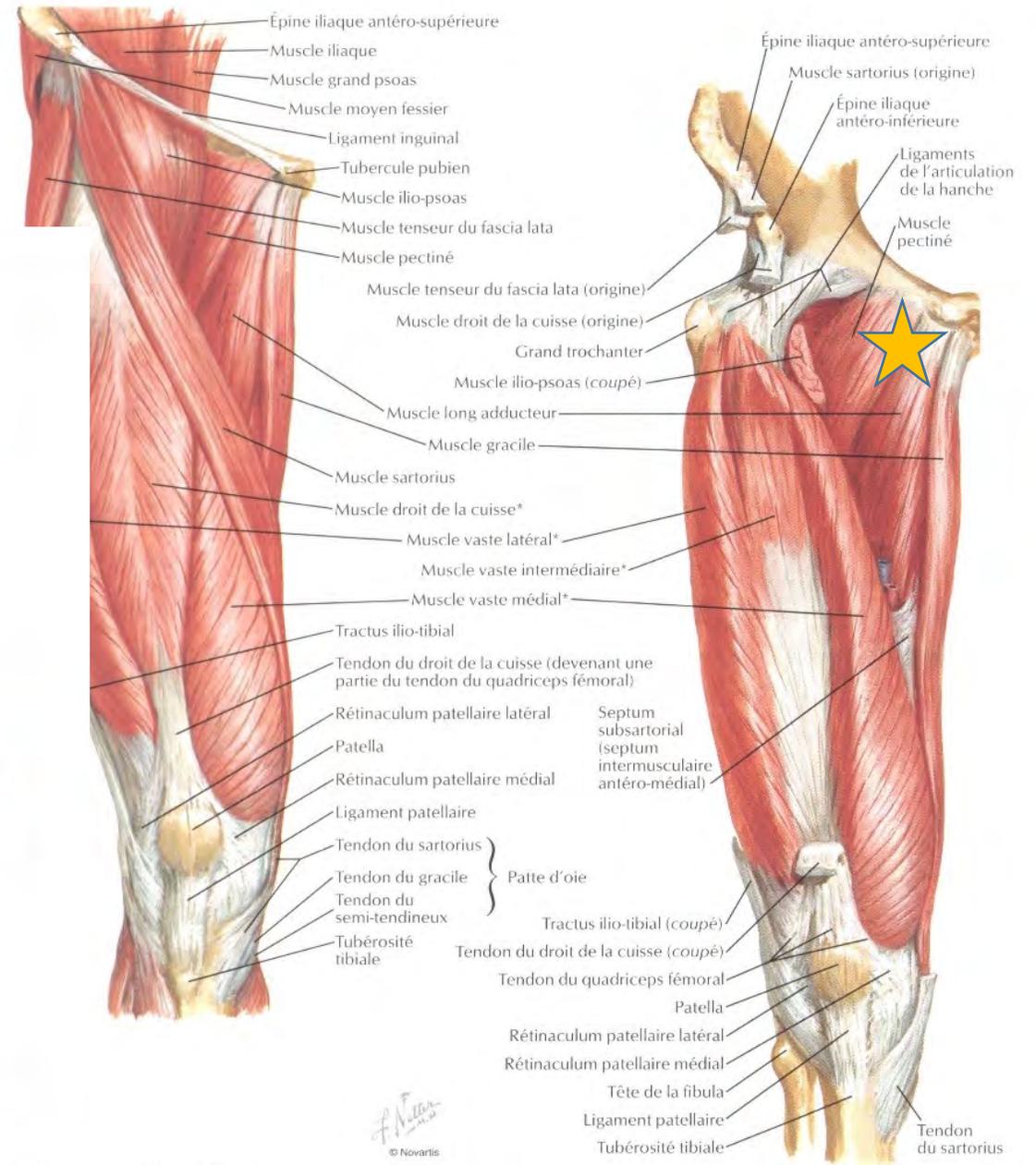
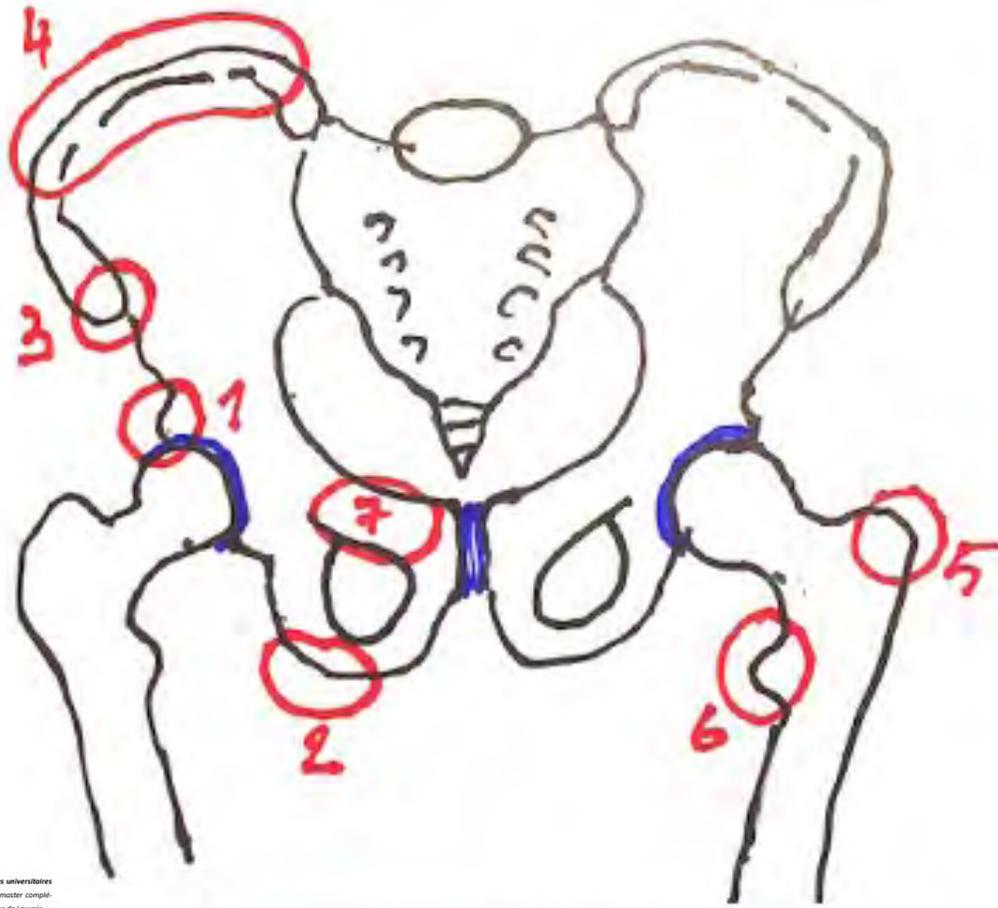
5. Grand trochanter (moyen fessier)



6. Petit trochanter (psoas)



7. Branche pubienne (adducteurs)



* Muscles du quadriceps fémoral

Arrachement de l'épine iliaque antéro-inférieure

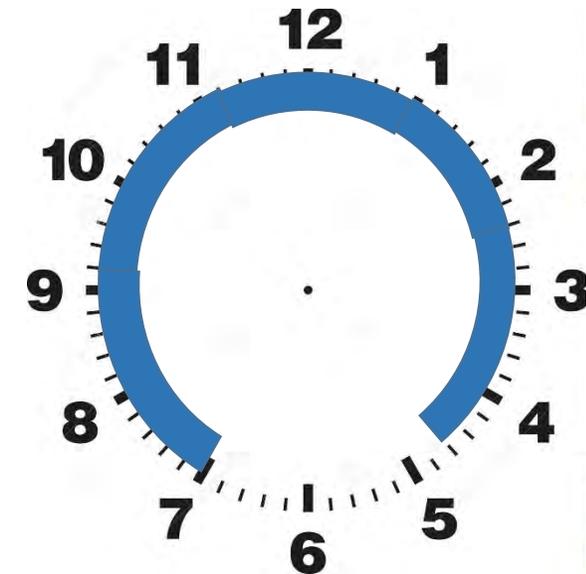
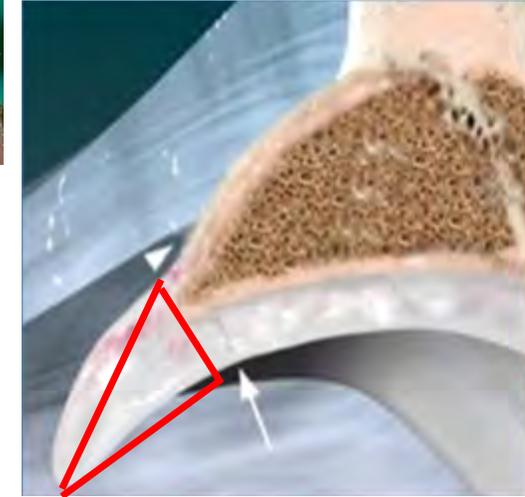
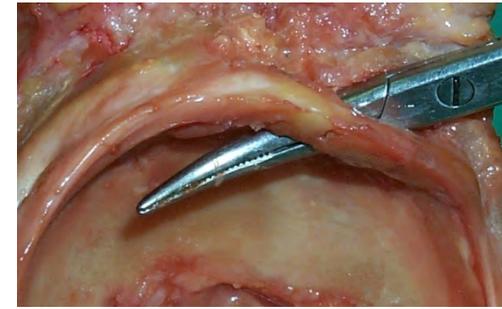
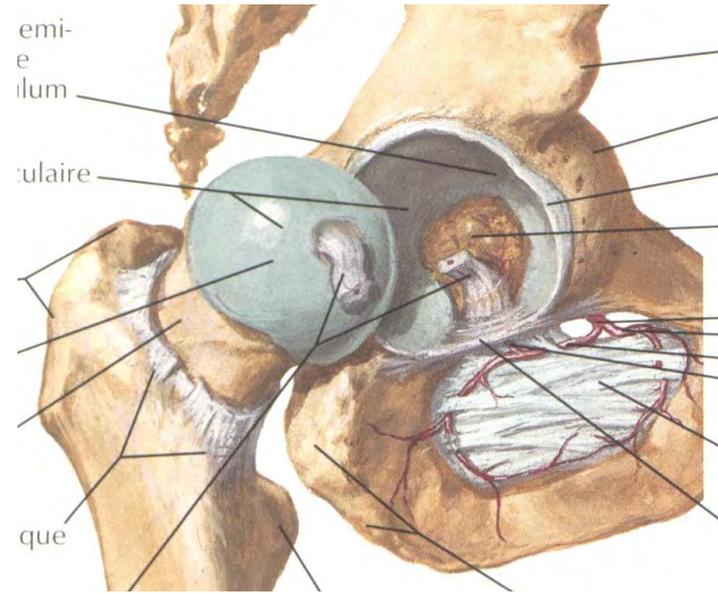


Arrachement de l'épine iliaque antéro-supérieure



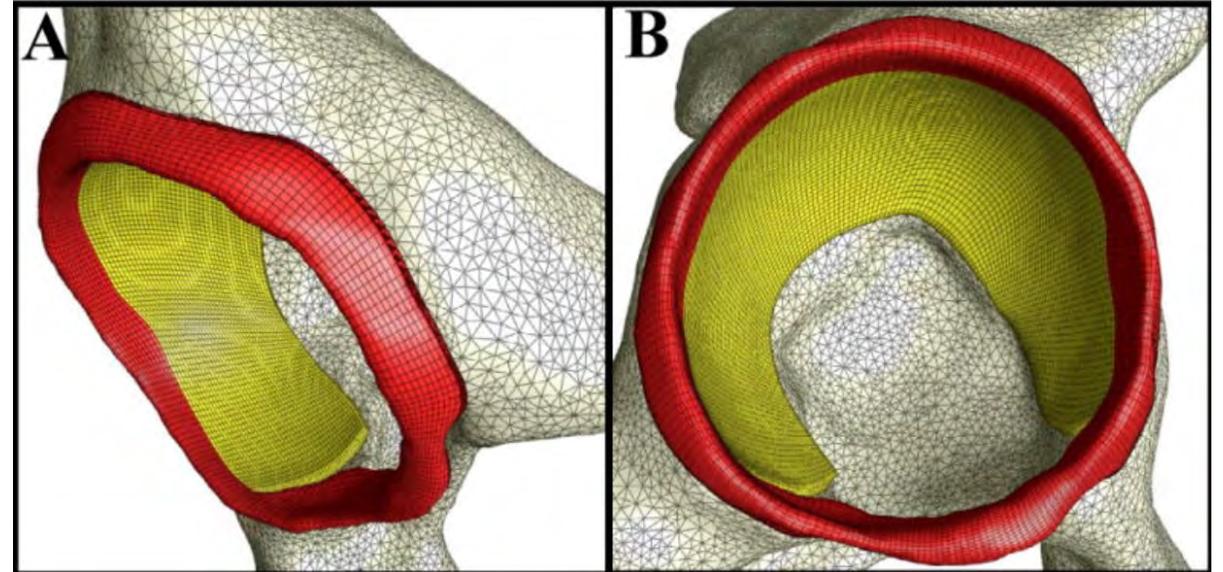
Labrum

- 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



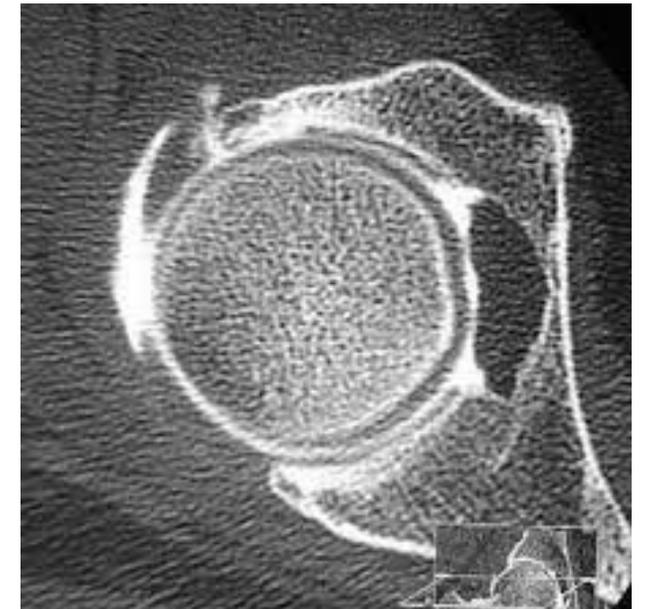
FADRI test :

Flexion, ADduction et Rotation Interne



Lésion du labrum

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



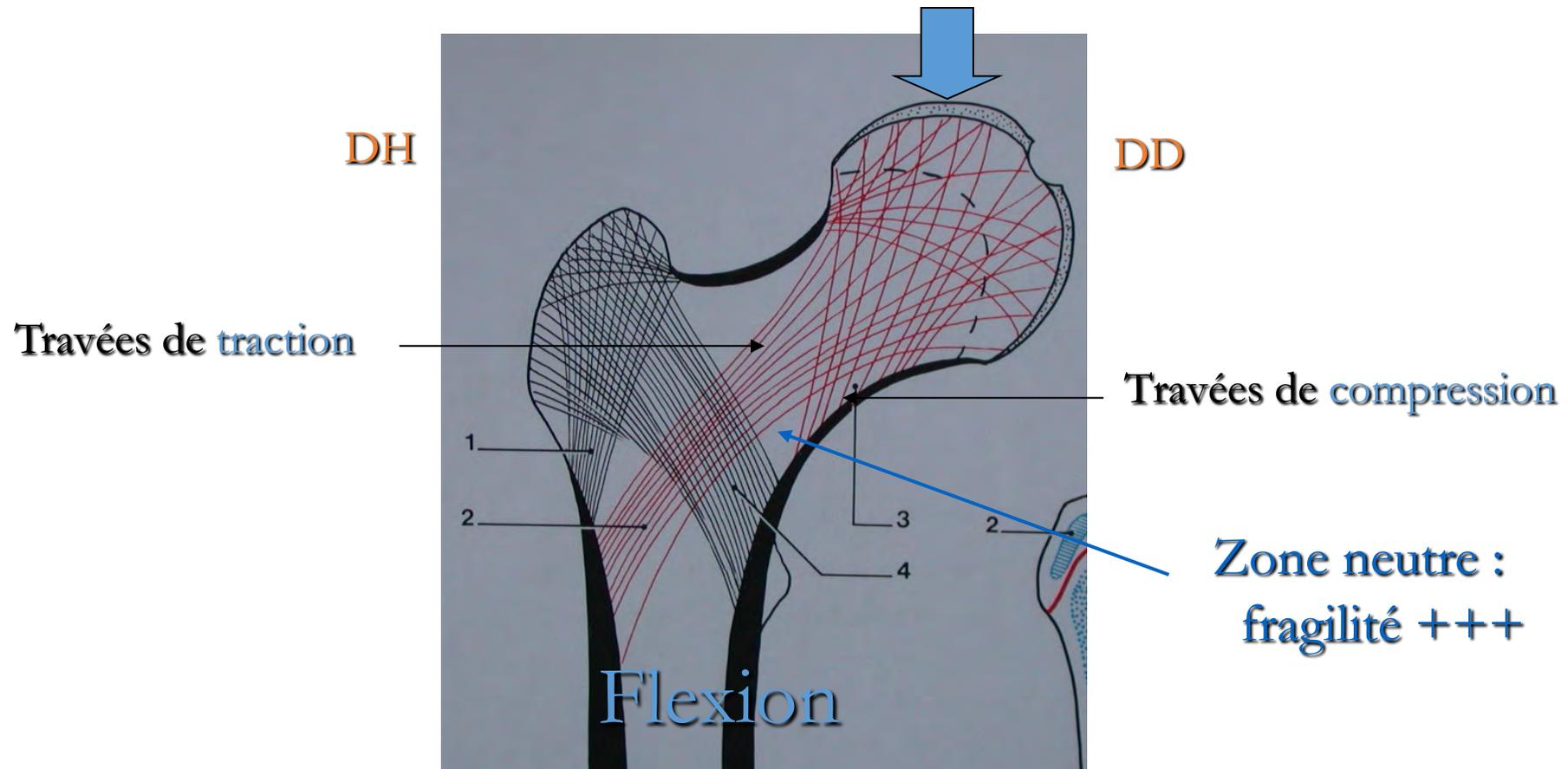


Patient âgé, traumatisme basse énergie

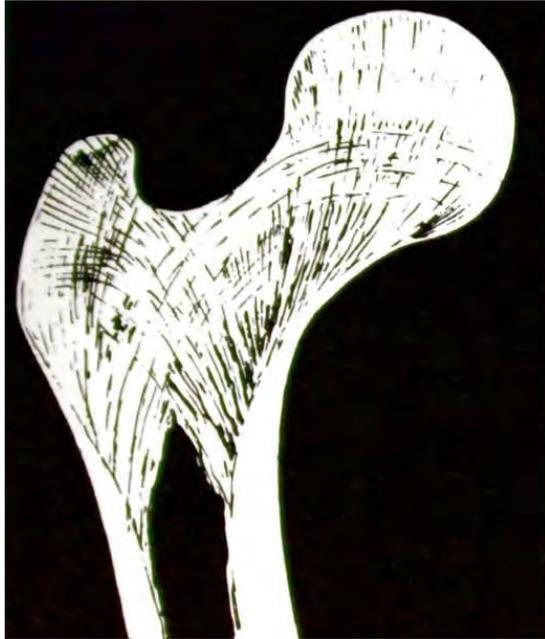
- Se mettre debout
- Marcher
- Tenir la position unipodale
- Hanche mobile et indolore

→ radiographies bassin de face et hanche face et profil

BIOMECHANIQUE



Vieillissement du tissu osseux



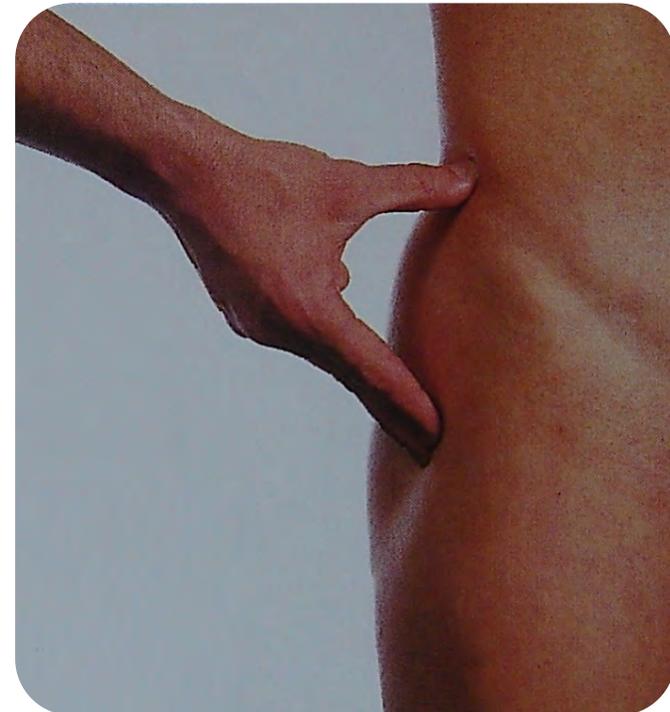
Adulte jeune



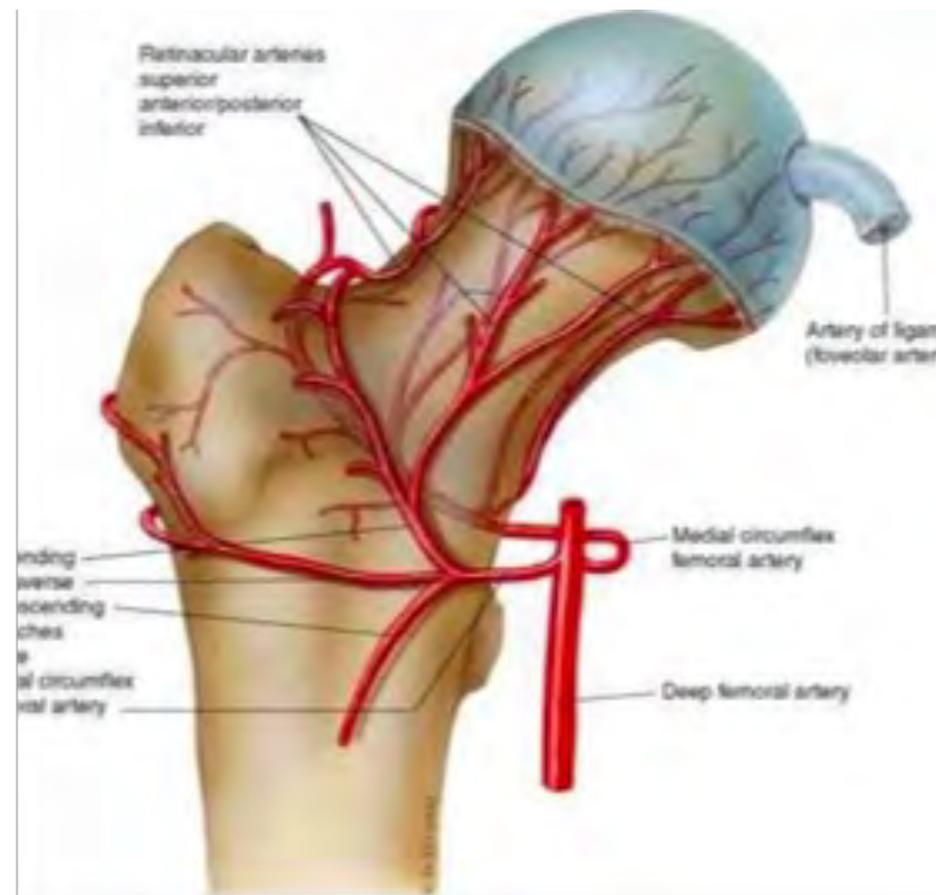
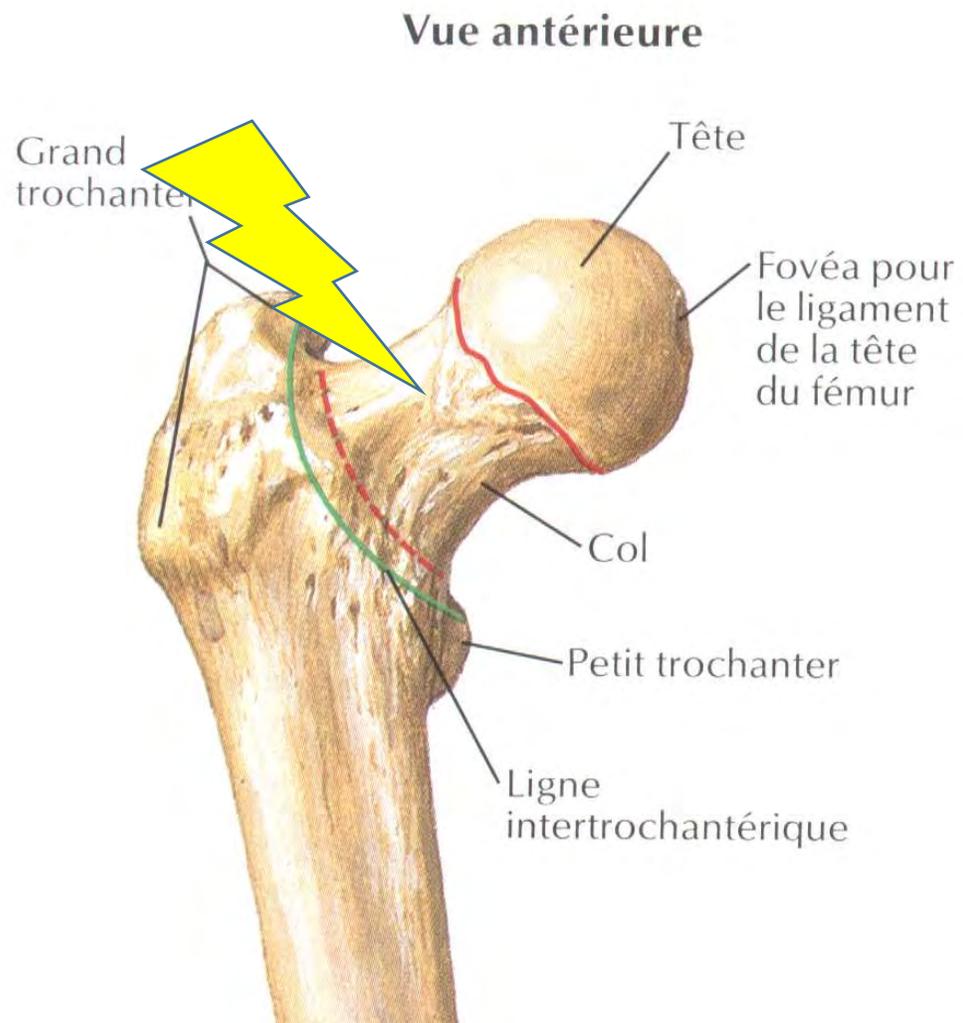
Personne âgée

Fracture de l'extrémité supérieure du fémur

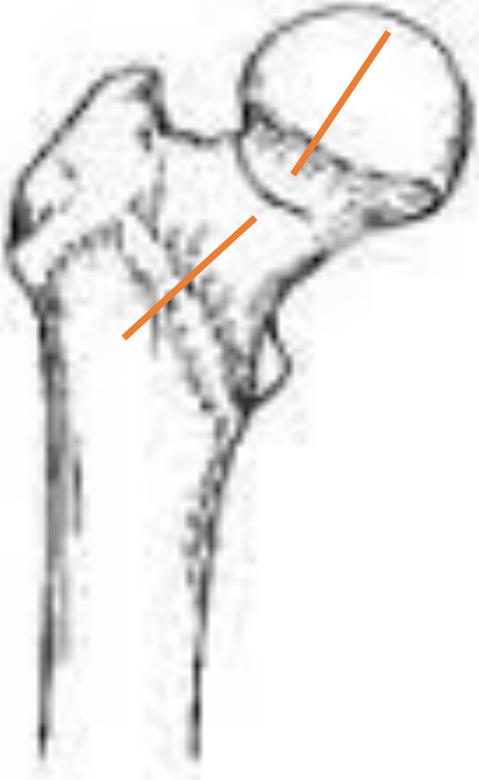
- Déformation du MI en rotation externe, adduction, raccourcissement



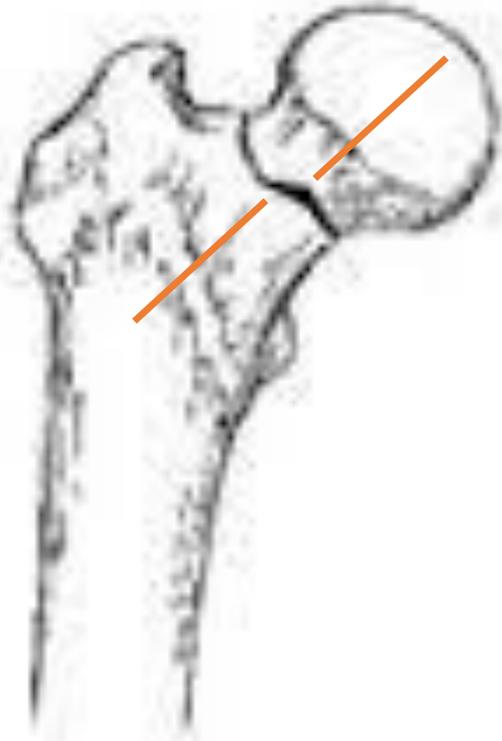
Fracture du col du fémur



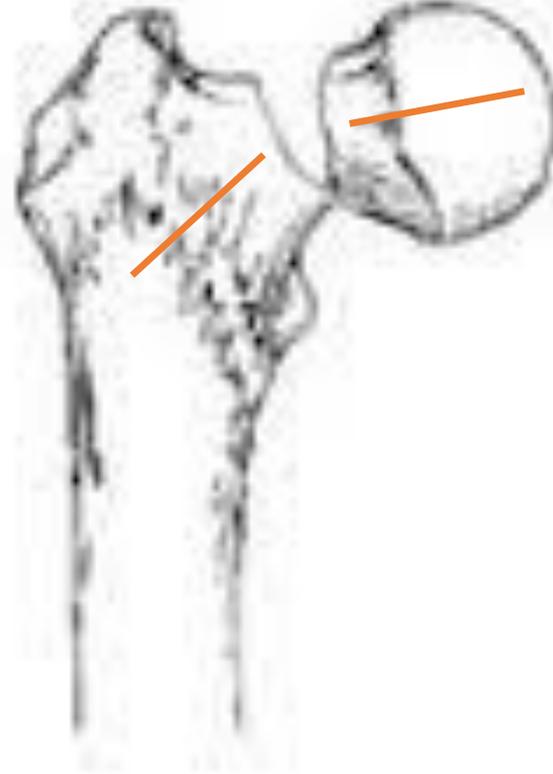
Classification de Garden



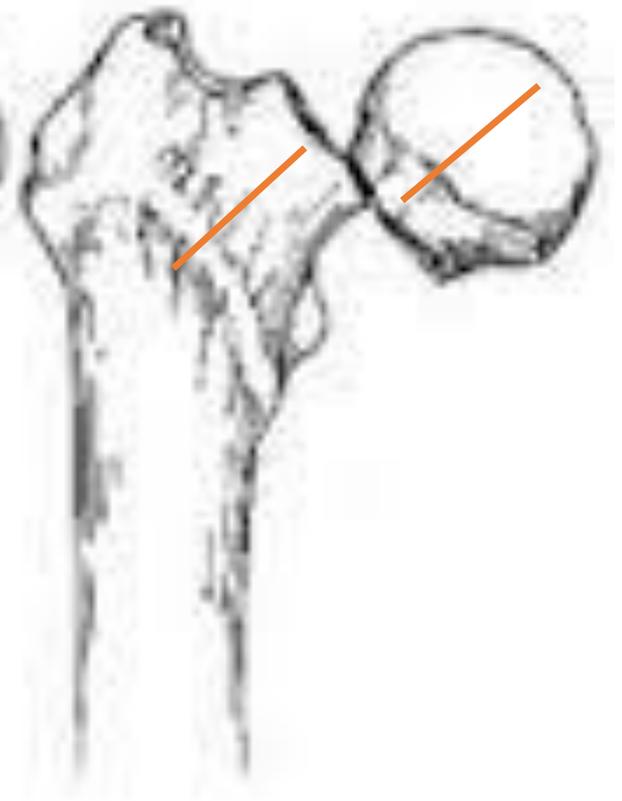
Garden 1



Garden 2



Garden 3



Garden 4



D COUCHE



Traitement

CONSERVATEUR

Fonctionnel / ostéosynthèse



Garden 1



Garden 2

NON CONSERVATEUR

Arthroplastie totale ou partielle



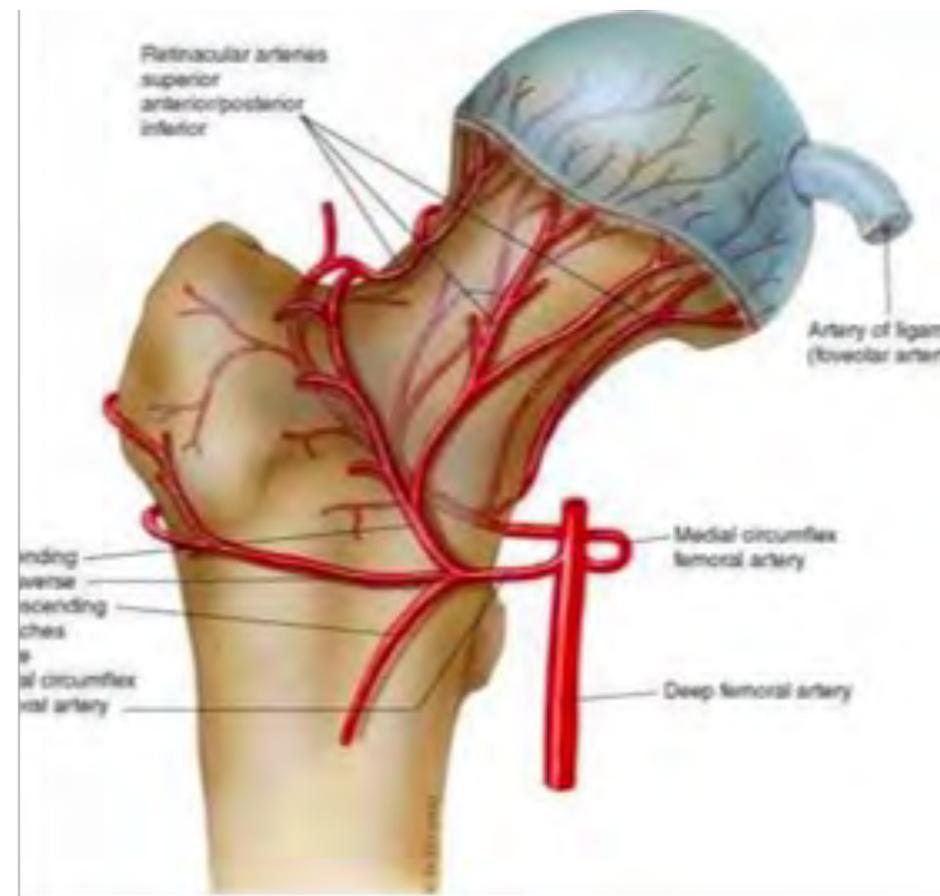
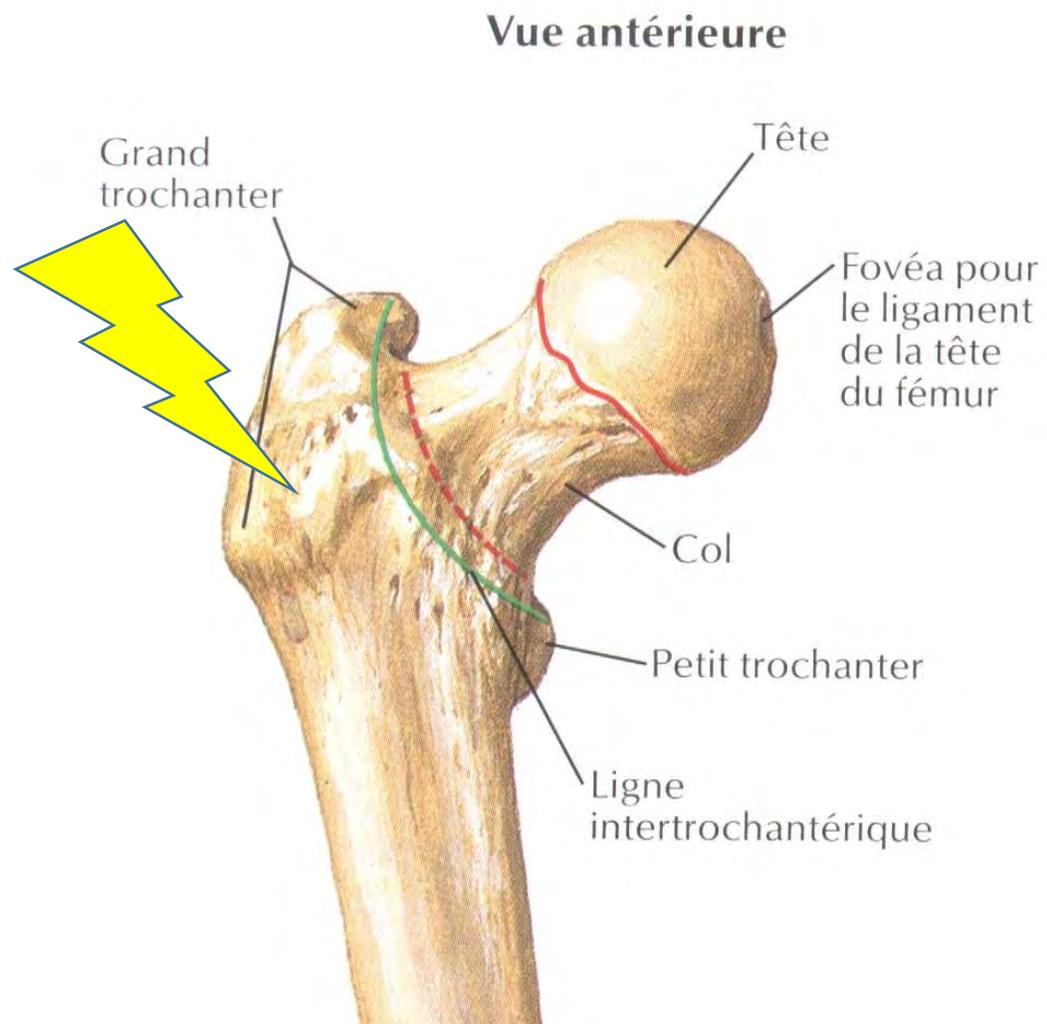
Garden 3



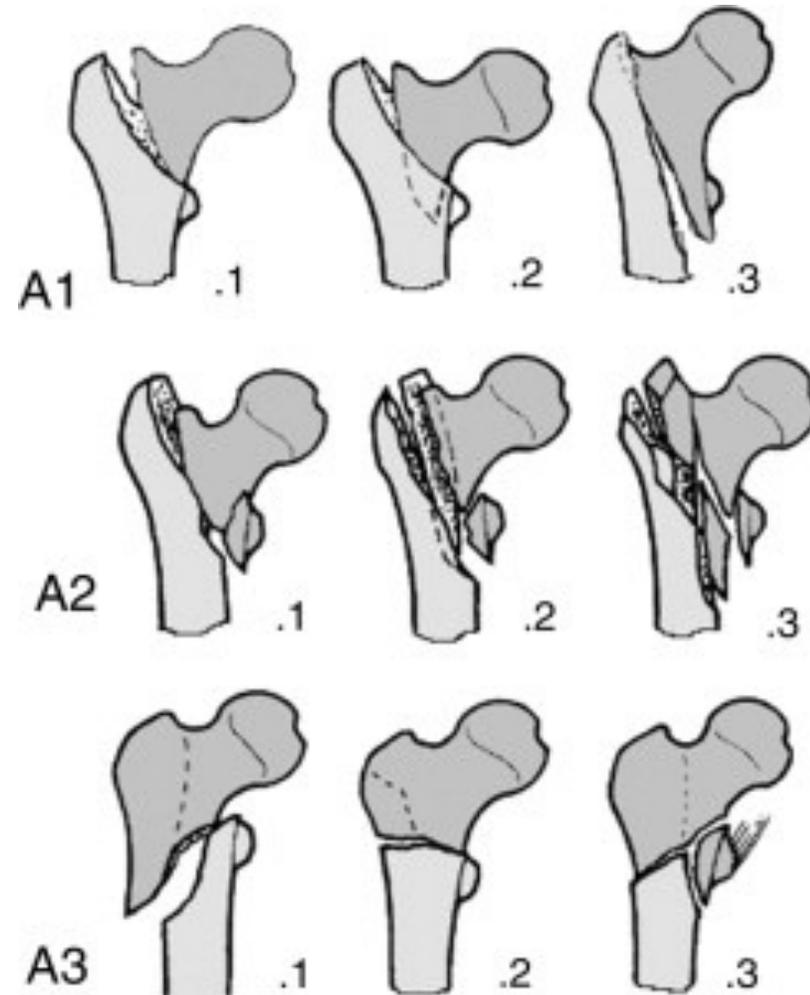
Garden 4



Fracture du massif trochantérien



Fracture du massif trochantérien





G COUCHE

Traitement



Fracture du grand trochanter



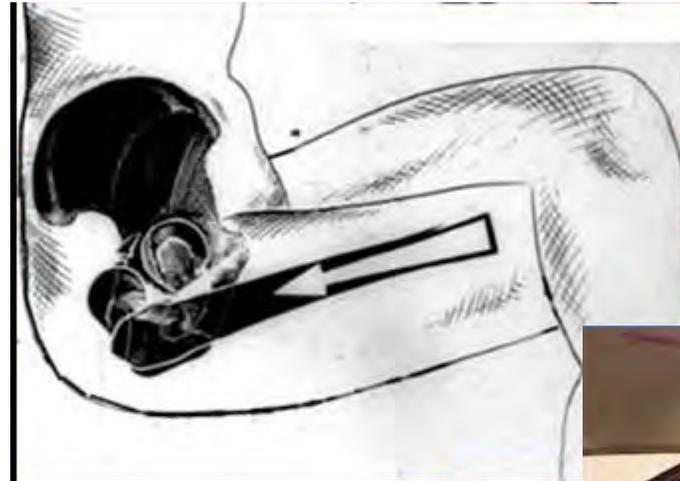


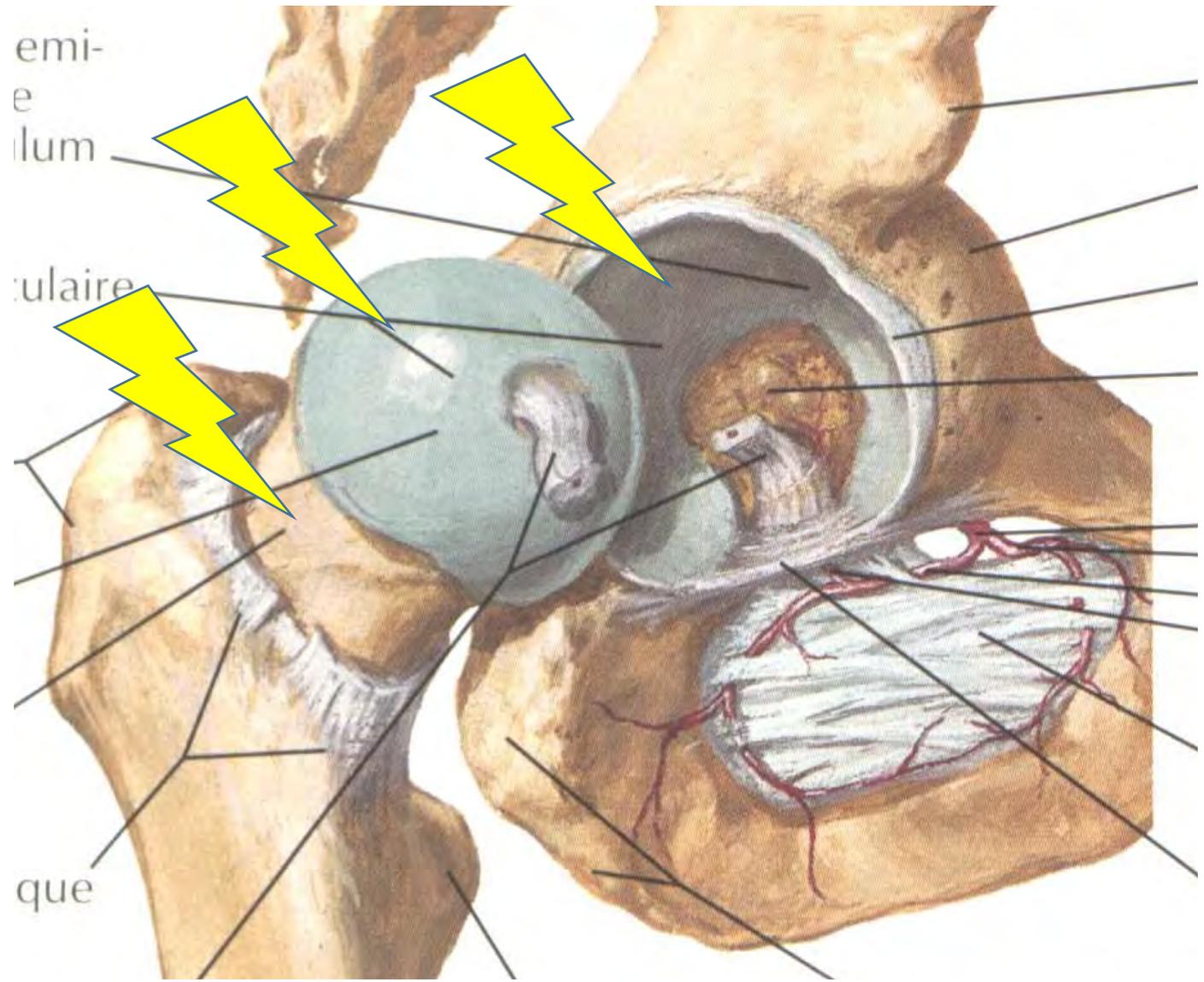
Le patient jeune, accident haute cinétique

- 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

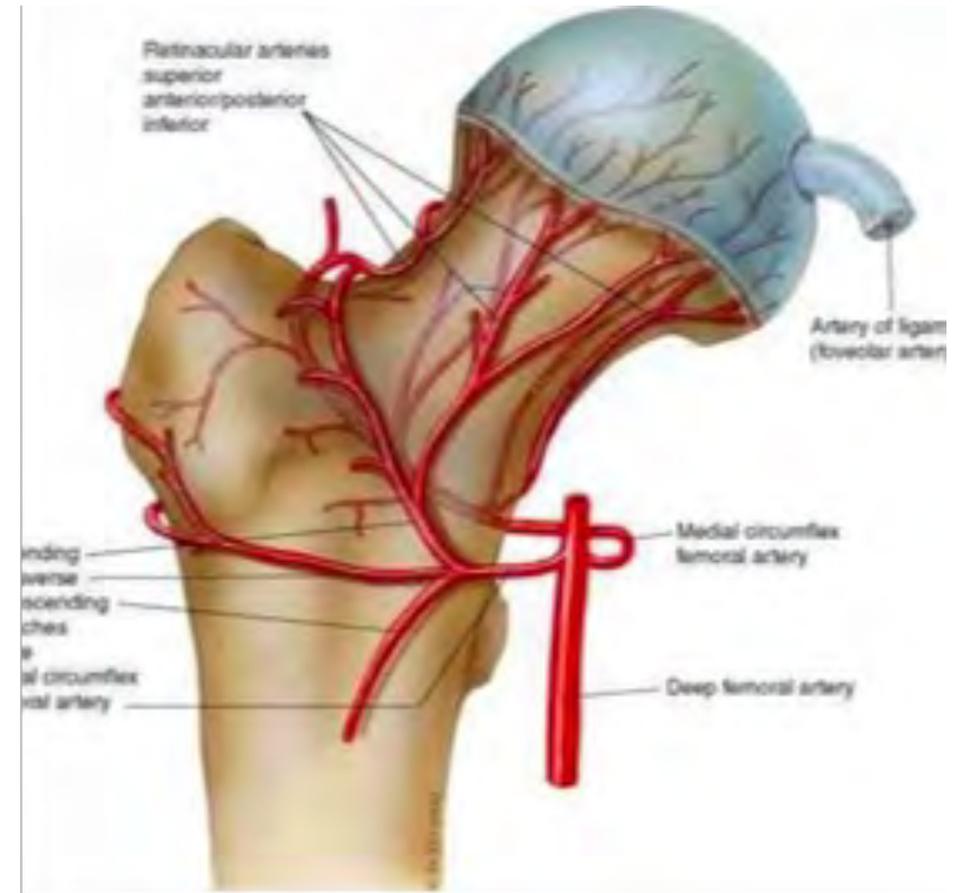


Traitement



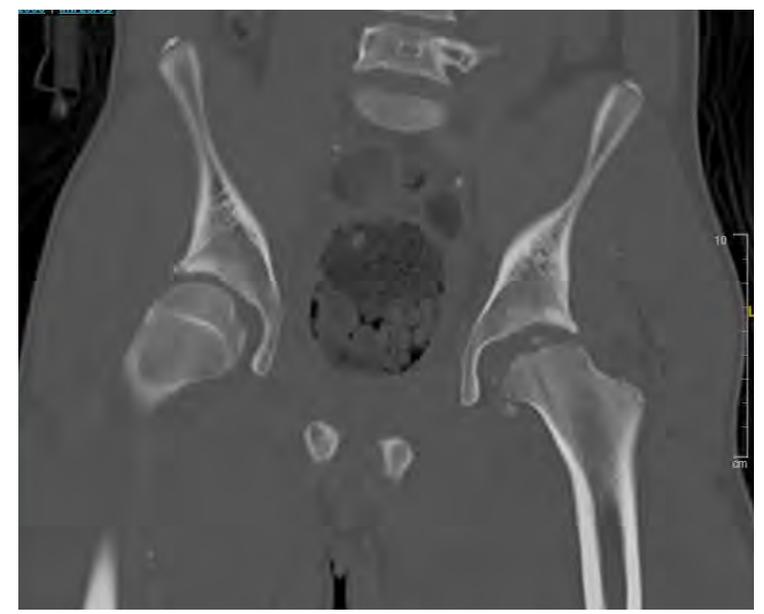
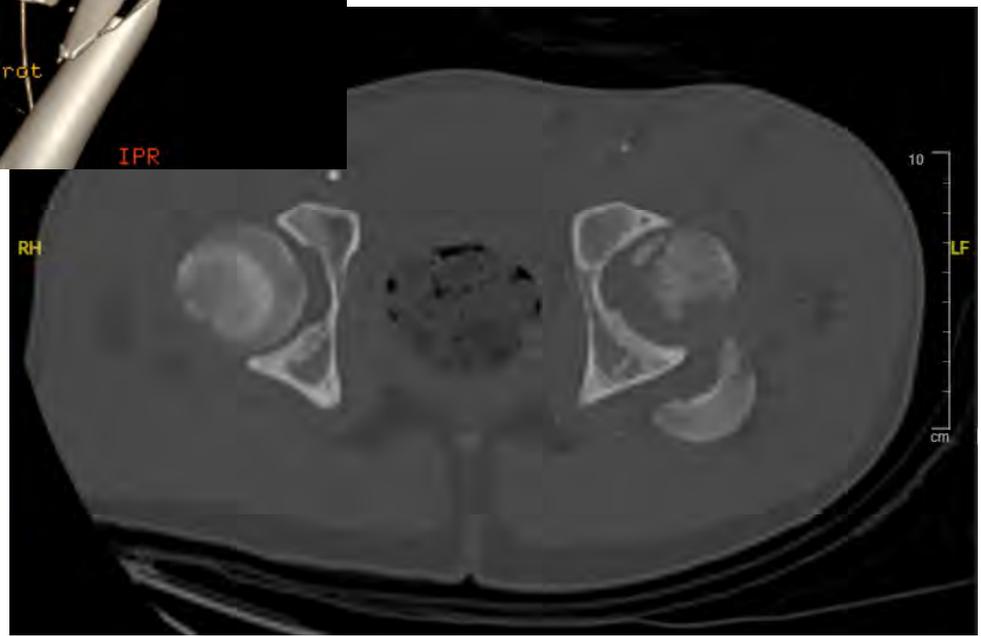
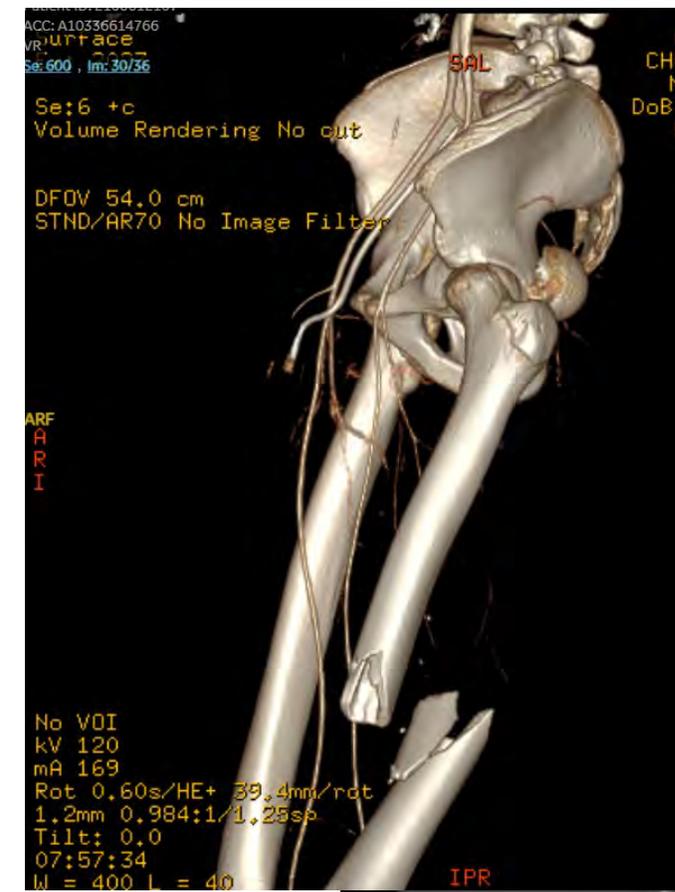
Fracture du col du fémur

Risque de nécrose +++

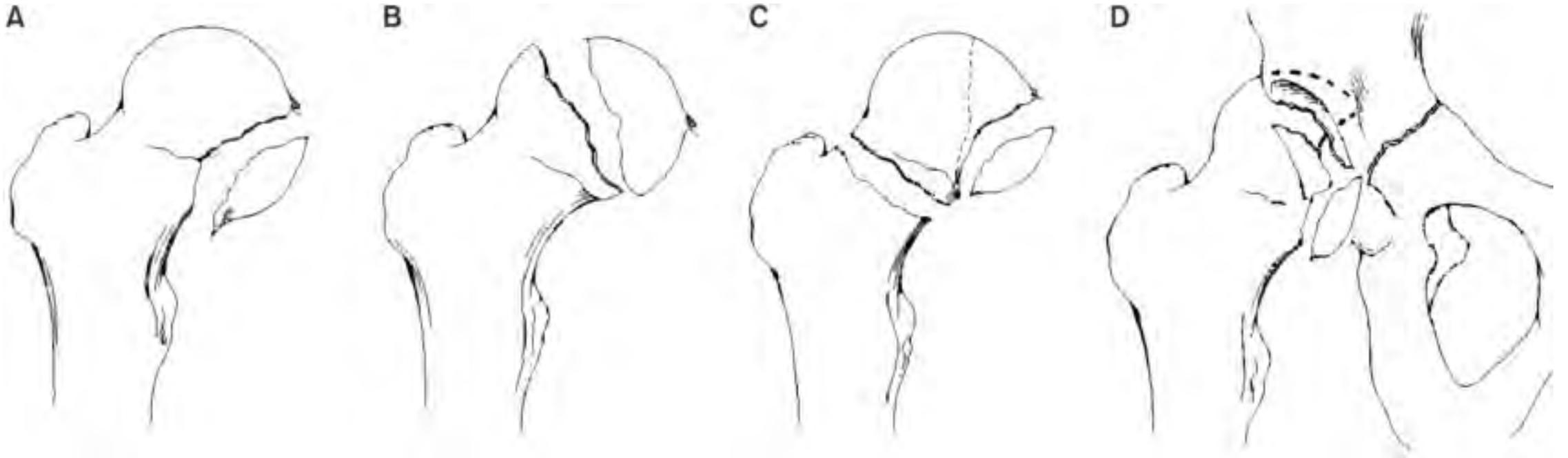


Fracture de la tête fémorale





Classification de Pipkin



Traitement



- Risque de nécrose



Luxation de hanche

- Le plus souvent postérieure
- Nerf sciatique



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



- 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]

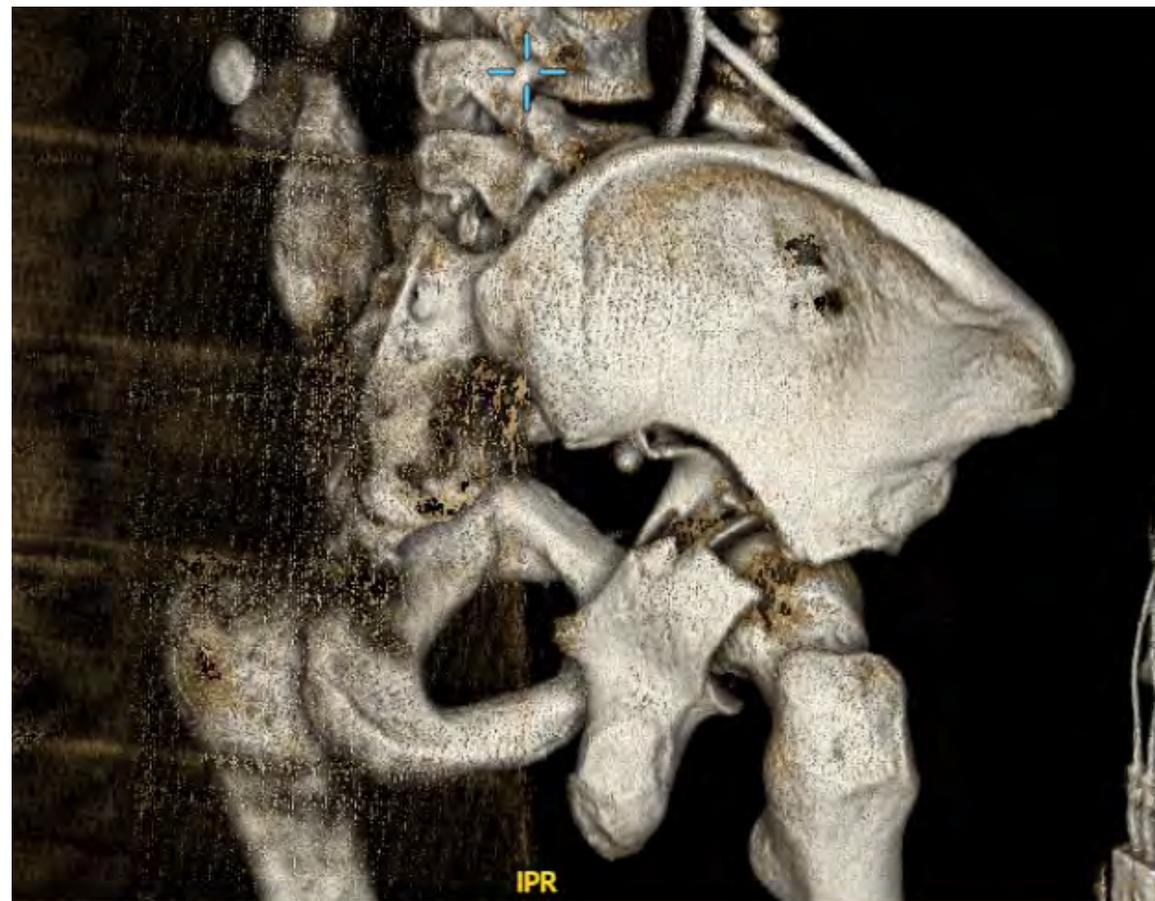
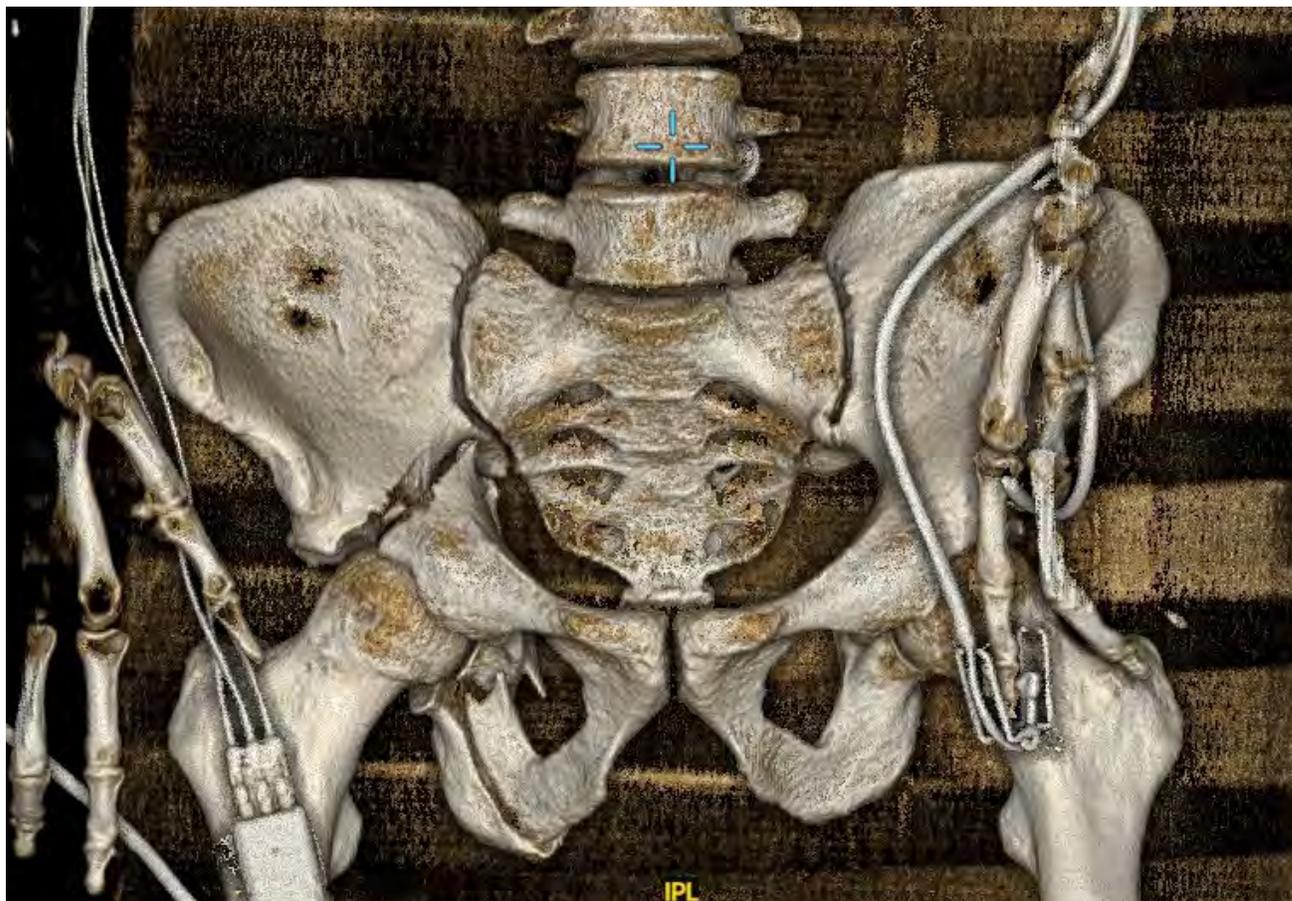
AU LIT





G

AU LIT

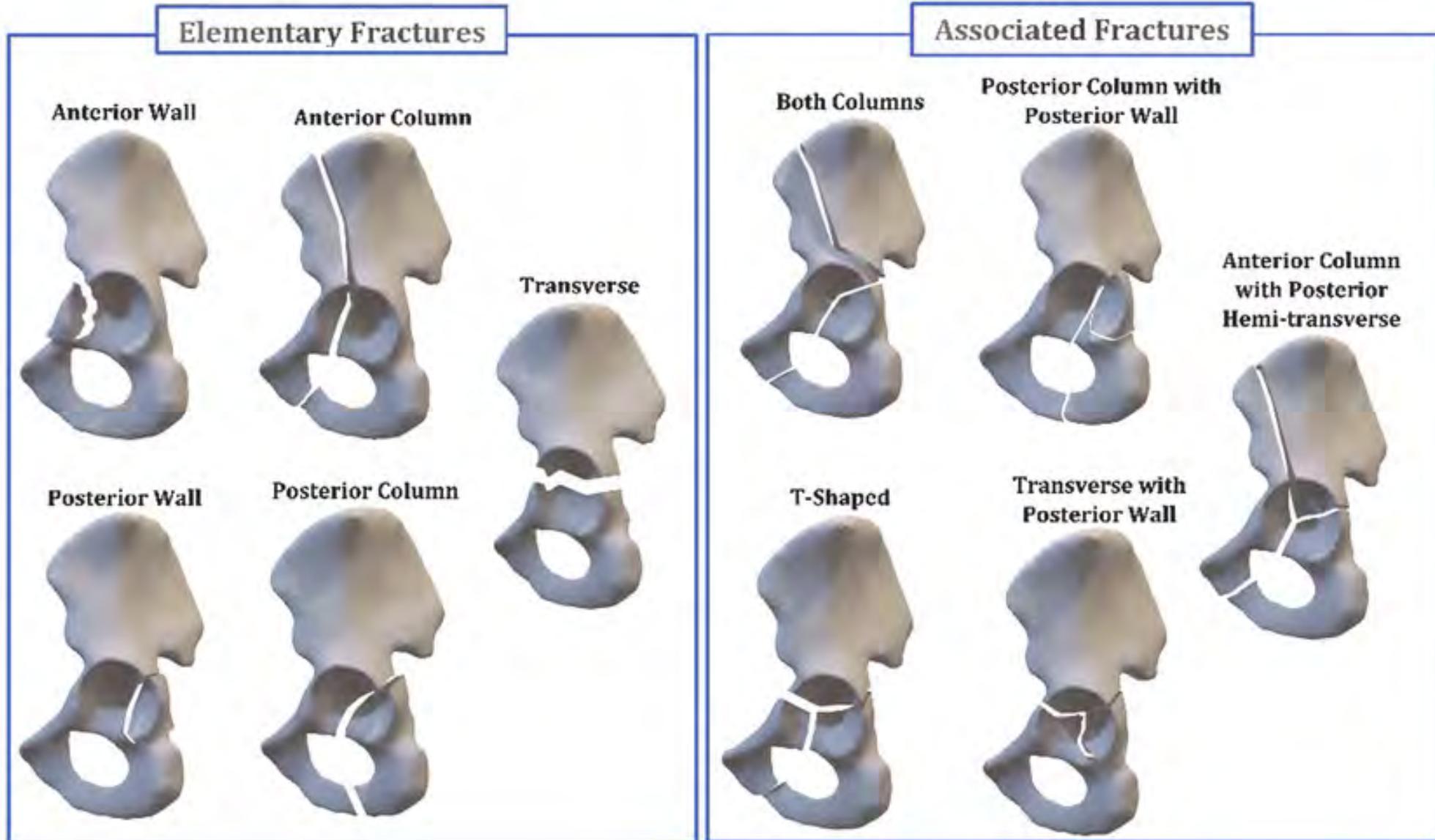




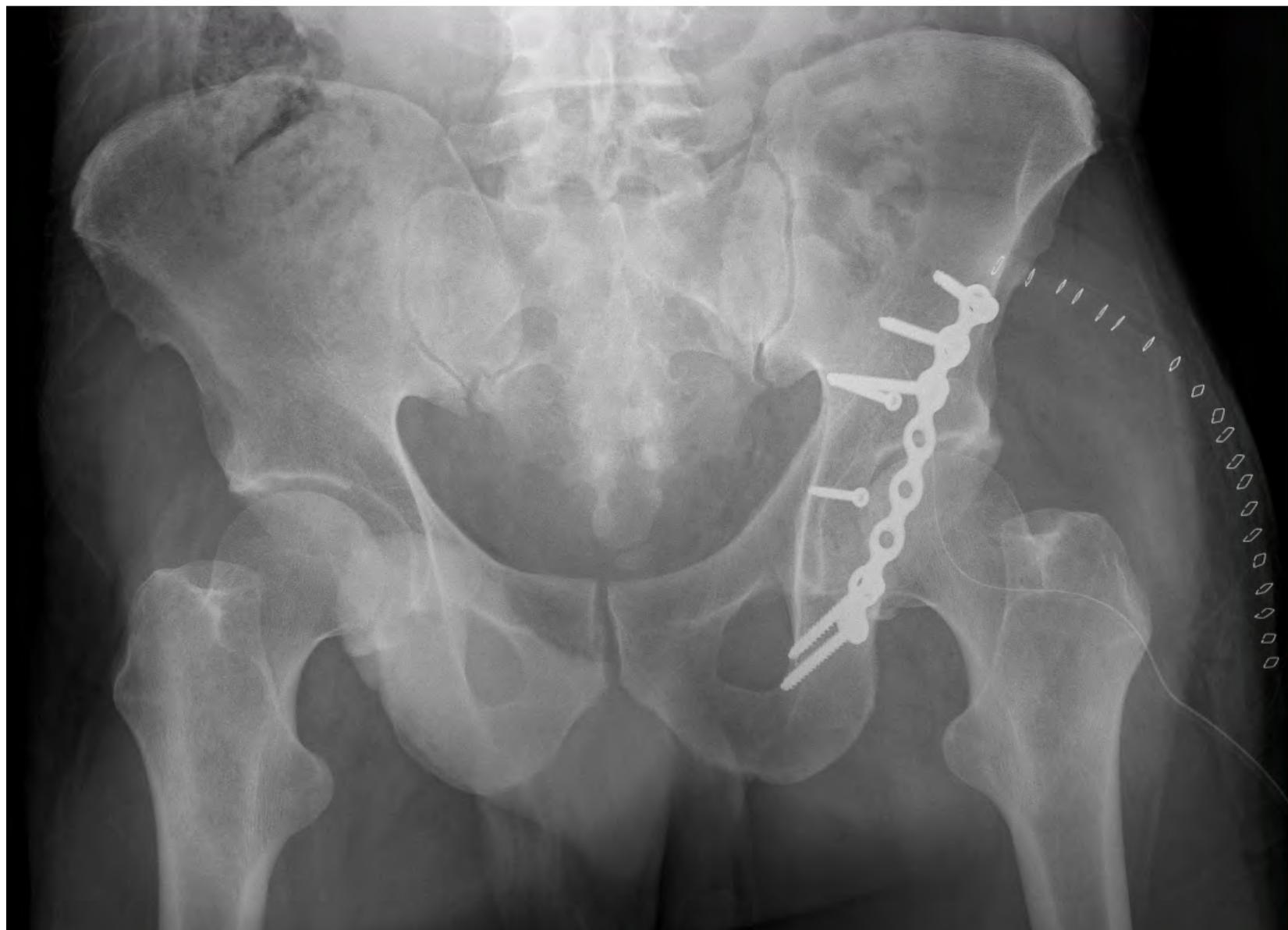
D A U L I T

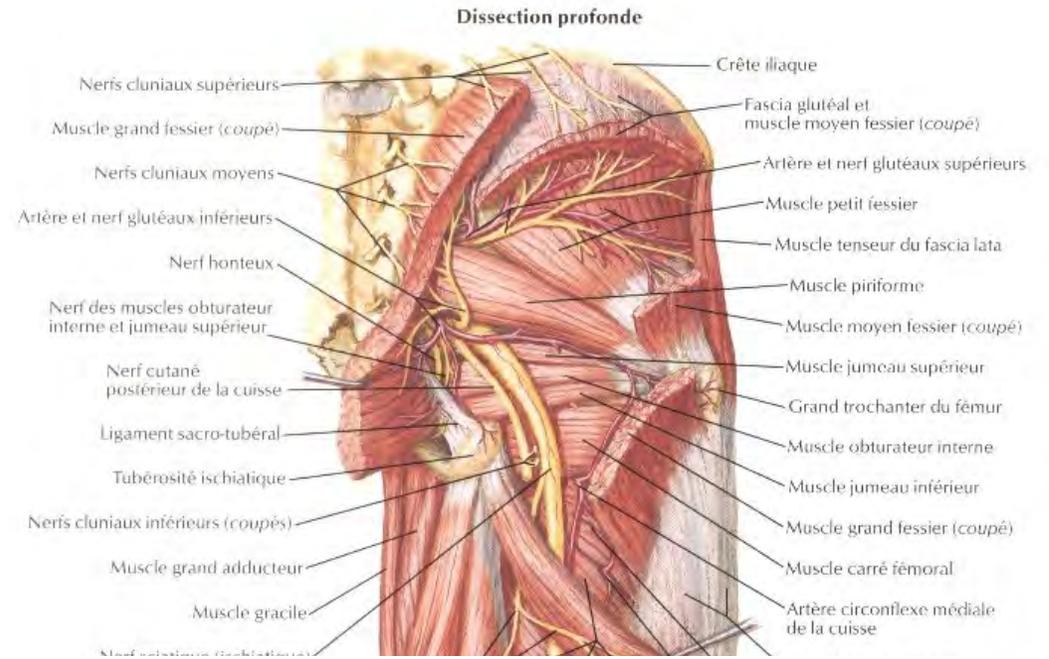
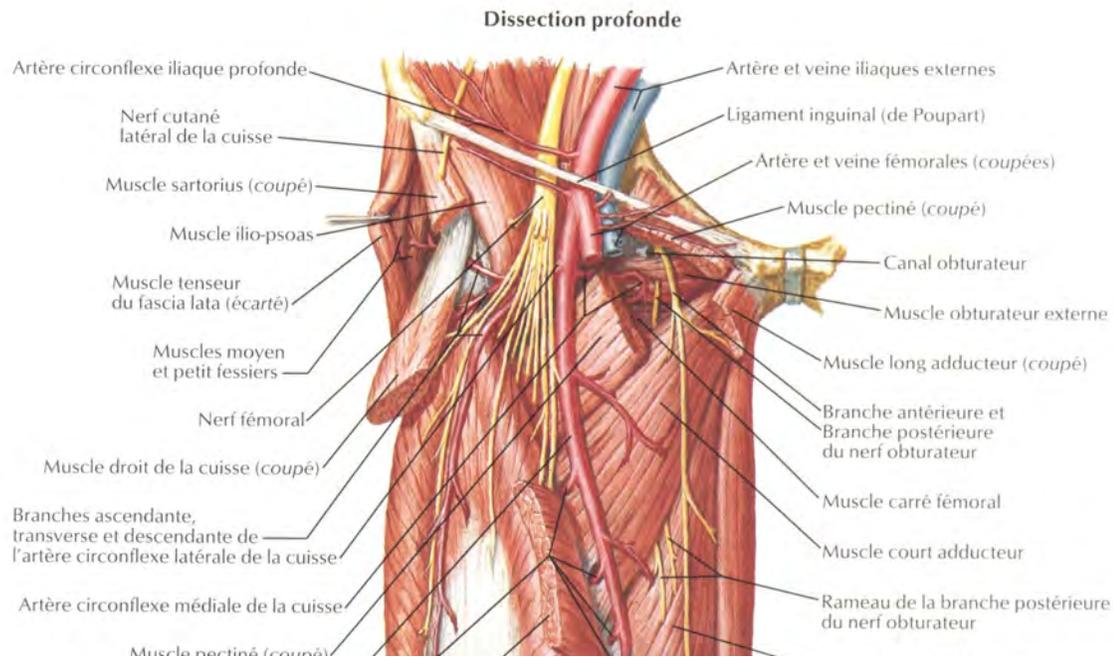


Classification de Letournel



Traitement





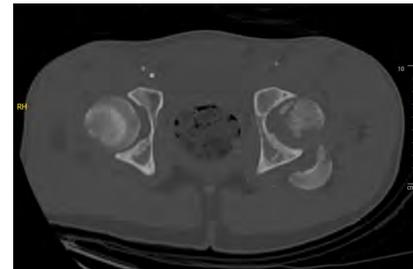
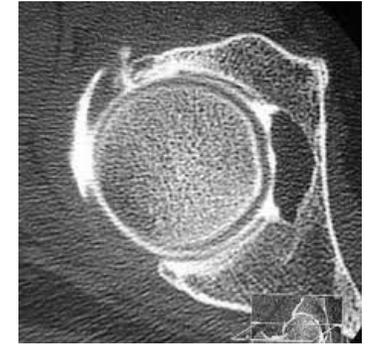
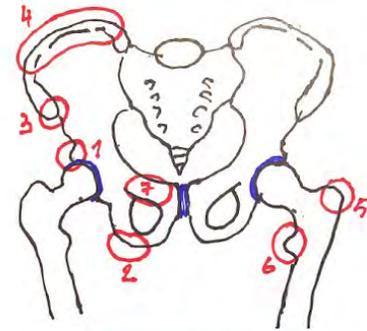
- Recherche de complications cutanées, neurologiques, vasculaires, viscérales, urinaires
- Souvent associées à d'autres lésions pouvant mettre en jeu le pronostic vital

Conclusion



Examen clinique

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



Je vous remercie

