



0196-0644/\$-see front matter

Copyright © 2018 by the American College of Emergency Physicians.

<https://doi.org/10.1016/j.annemergmed.2018.09.013>

Figure 1. Radiograph of the pelvis (anterior-posterior view).

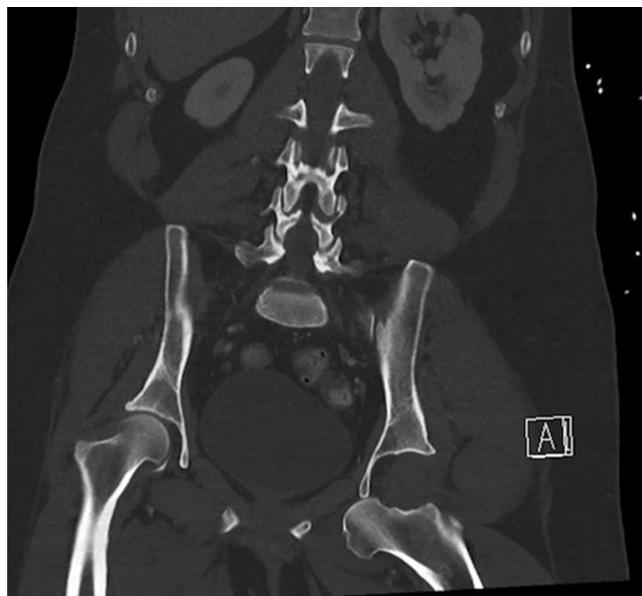


Figure 2. CT of the hip (coronal view).



Figure 3. CT of the hip (coronal view) post procedure.

[Ann Emerg Med. 2019;73:203.]

A 42-year-old woman presented to our emergency department (ED) after a high-speed motor vehicle crash. On arrival, the patient was hemodynamically stable but appeared uncomfortable and was complaining of severe left hip pain. On physical examination, the left lower extremity was neurovascularly intact but the left hip was flexed and the left leg was abducted and externally rotated. Given the history and physical examination findings, a radiograph (Figure 1) and computed tomography (CT) scan of the hip (Figure 2) were obtained.

For the diagnosis and teaching points, see page 205.

To view the entire collection of Images in Emergency Medicine, visit www.annemergmed.com

members. Just as it is not the job of a defense attorney to get struck by a client when the outcome of a trial was not desired. Just as it is not anyone's job to repeatedly suffer unjust accusations, name-calling, and physical assault.

I do things a little differently now when giving bad news. I never go alone. Sometimes I have security stand around the corner. The door always stays open. I know my exits.

I always choose the seat by the door.

I keep my distance.

Isn't that sad? I keep my distance when communicating some of the most personal and devastating news a family member may ever hear. I keep my distance when the right thing to do is to be near.

As a physician, I think it's really sad.

That is not how I want to do my job. That is not the job I signed up for.

Author affiliations: From the Department of Emergency Medicine, University of Massachusetts Medical School, Worcester, MA.

REFERENCES

1. Occupational Safety and Health Administration. *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (OSHA, 3148-04R)*. Washington, DC: OSHA; 2015.
2. Behnam M, Tillotson RD, Davis SM, et al. Violence in the emergency department: a national survey of emergency medicine residents and attending physicians. *J Emerg Med*. 2011;40:565-579.
3. May DD, Grubbs LM. The extent, nature, and precipitating factors of nurse assault among three groups of registered nurses in a regional medical center. *J Emerg Nurs*. 2002;28:11-17.

IMAGES IN EMERGENCY MEDICINE

(continued from p. 203)

DIAGNOSIS:

Inferior hip dislocation. The radiograph (Figure 1) and CT scan (Figure 2) showed an inferior left hip dislocation, a subgroup of anterior hip dislocations. There were no associated fractures or free bodies in the joint space. Given the reassuring imaging, a closed reduction under procedural sedation was performed in the ED with caudal traction, with internal rotation while downward pressure was applied to the ipsilateral anterior superior iliac spine. After successful reduction, a repeated CT scan (Figure 3) was performed and the patient was given a knee immobilizer and a hip abduction pillow.

Inferior hip dislocations are rare, accounting for less than 10% of all hip dislocations.^{1,2} Because traumatic hip dislocations are often associated with additional injury, a postreduction CT should be performed because it is the image modality of choice to assess for associated fractures or intra-articular pathology.^{1,3} Specifically, postreduction CT allows visualization of femoral head fractures, loose bodies in the joint space, and acetabular fractures.⁴

Author affiliations: From the Department of Emergency Medicine, Vanderbilt University Medical Center, Nashville, TN.

REFERENCES

1. Moussa MEH, Tawk C, Hoyek F, et al. Traumatic inferior hip dislocation: a rare adult case with ipsilateral bifocal hip fracture. *J Surg Case Rep*. 2016; <https://doi.org/10.1093/jscr/rjw056>.
2. Steele M, Stubbs AM. Hip and femur injuries. In: Tintinalli JE, Stapczynski J, Ma O, et al, eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 8th ed. New York, NY: McGraw-Hill; 2016. Available at: <http://accessmedicine.mhmedical.com/content.aspx?bookid=1658§ionid=109446902>. Accessed July 31, 2018.
3. Hougaard K, Lindequist S, Nielsen L. Computerised tomography after posterior dislocation of the hip. *J Bone Joint Surg*. 1987;69-B:556-557.
4. Tekin AÇ, Çabuk H, Büyükkurt CD, et al. Inferior hip dislocation after falling from height: a case report. *Int J Surg Case Rep*. 2016;22:62-65.