

Percutaneous Screw In Lateral Compression Fracture Pelvic; Is It Possible?

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INTRODUCTION:

Lateral compression (LC) fracture pelvis; Young and Burgess is the most common pelvis injury comprised of 50-70%. It has 3 type associated with pubic rami fracture anteriorly and sacral fracture posteriorly. It's rotationally unstable except type 3, which is both vertically and rotationally unstable.

MATERIALS & METHODS:

We presented our case 14-year-old girl fall from 3 storey height on attempted suicide and landed on right side of her body. She sustained closed fracture midshaft right femur. On CT scan, there is right sacroiliac joint disruption, right iliac bone, and small right sacral and left superior and inferior pubic rami fracture (LC type 1). No neurovascular involvement. The injuries were fixed on day 4-post trauma. Spanning locking plate of right femur and screw fixation of right sacro iliac joint (SIJ) and screws of ilium to address the fractured bone. The opposite pubic rami were not fixed. Post operatively she recovered well and start ambulating on D3 post operative. She was discharged on the very next day with wheel chair ambulation.

RESULTS:

DISCUSSIONS:

Fixation in lateral compression fracture is necessary and usually done anteriorly and some time requires posterior SIJ screw or screw alone to achieve stable rotation. In our case, doing the posterior screw alone is not possible due to associated ilium fracture. Anterior plating of the ilium is possible in this case. In view of fracture is not displaced, we opted for multiple screw to addresses all the direction of fracture and last fixation was the SIJ screw. Higher amount of exposure for fluoroscopy is the draw back. We used obturator, iliac oblique view to help in screw position of ilium and the inlet and outlet view for the SIJ screw.

Figure 1: 3D CT

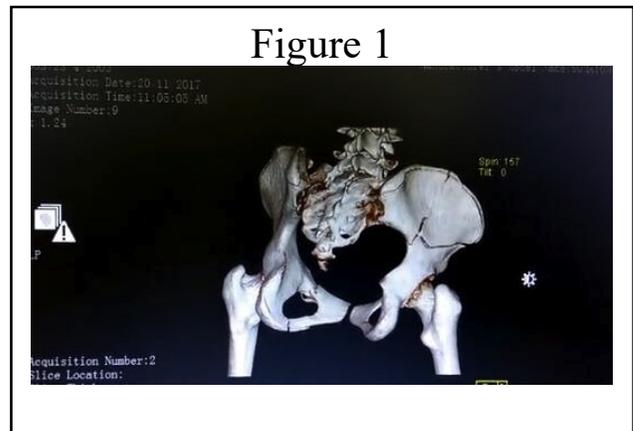
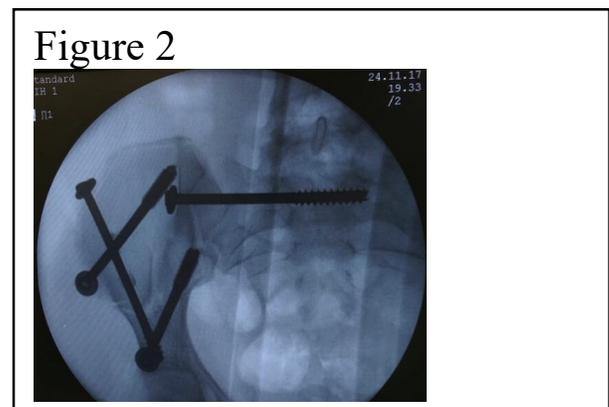


Figure 2: AP pelvis



CONCLUSION:

Percutaneous screw is an option for non-displaced fracture for early ambulation.

REFERENCES:

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