

PELVIC RING INJURY IN DISGUISE: A RARE CASE OF BILATERAL TRANSVERSE ACETABULAR FRACTURES

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Introduction: Bilateral acetabular fracture is a rare entity. To the best of our knowledge, only one case was previously described as bilateral transverse acetabular fractures and sacroiliac(SI) joint disruption without classical anterior pelvic fracture.

Discussion: Case A 22 years old young healthy gentle man was involved in a road traffic accident. Physical examination showed tenderness over left iliac crest region, bilateral hip and right knee without neurological impairment. He was hemodynamically stable throughout the management. Pelvic radiograph showed bilateral acetabular fractures with medialisation of right femoral head and left iliac wing fracture. Computed tomography(CT) of pelvis showed bilateral transverse acetabular fractures with medialisation of right femoral head and vertical fracture of left iliac wing(F3). Right SI joint widening anteriorly represented injury of SI joint complex(F2). Treatment Definitive surgery for the bilateral acetabular fractures was done on day 6 of injury. Right acetabulum open reduction and fixation was done via Kocher-Lagenbeck approach, whereas the left acetabulum and iliac wing fixation were done via Iliofemoral approach. 3.5mm Low profile pelvic non-locking reconstruction plate and 7.3mm partially threaded screw were used in the fixation of the fractures. Right sacroiliac joint was treated non-surgically. Discussion Bilateral transverse acetabular fractures separate pelvis to sacro-iliac and ischiopubic segments respectively. Entire 'floating' ischiopubic lower segment mimicked an anterior pelvic ring fracture without symphysis pubis diathesis or pubic rami fractures. Rotationally unstable pelvis is possible with significant posterior arch injury. Injury pattern was similar to pelvic ring Tile's type B or Young and Burgess anterior-posterior compression(APC) fracture grade 1 or 2.

Conclusion: Pelvic ring injury can be presented as bilateral transverse acetabular fractures. Early stabilisation should be done in the case of unstable pelvis with bilateral acetabular fractures.