

PAEDIATRIC PELVIC FRACTURE: NOT YOUR TYPICAL TYPE FRACTURE

Shanjay Letchumanan¹, ing Jian Loong¹, Manoharan Krishnan¹

¹Hospital Raja Permaisuri Bainun

Introduction: Pelvic fracture in children accounts of 1-2% in all paediatric fracture. The skeletally immature pelvis is usually plastic and flexible; therefore a pelvic fracture suggests significant force with association of concomitant injury. Common concomitant injuries include head injury with possible CNS involvement, visceral injuries, massive hemorrhage and associated acetabular fracture. Compared to adults, children suffer more from accidents and are less involved in falls from heights or crush injuries. The extent of the associated injuries and the complications result in greater morbidity mortality than the fracture itself. Here we are presenting a case of paediatric pelvic fracture in our hospital.

Discussion: A 11 years old boy presented to our Emergency Department after a head on collision with a car resulting him being thrown forward from a pylon rider position. At presentation, patient was fully conscious with stable vital signs. Patient's only complaint was pain over right hip with disability to ambulate. Clinically, pain noted more over suprapubic region with refusal of hip movement. Routine trauma investigation showed a Tile Type B-2 pelvic ring injury. Patient was treated with an anterior symphyseal plating. Right sacroiliac joint was treated conservatively. Post op 2 months well and ambulating independently.

Conclusion: Pelvic fractures are an indicator of multi-system trauma and require a thorough systemic evaluation, especially in pediatric population. Incidences differ from adults in etiology, fracture type and associated injuries. Early identification and aggressive resuscitation is the key to outcome of the patients. As for our patient, he was fortunate to only sustained an isolated pelvic injury after such significant high force trauma. Pelvic fracture treatment also differs from adults. Only a small percentage of the fractures need operative treatment owing to pediatric age group thick periosteum and ability to remodel. Anterior symphyseal plating was warranted to reduce the internal rotation of the right pubic rami.