

TENSION BAND PLATE: AN OPTION FOR SYMPHYSIS PUBIS DISRUPTIONS

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Introduction: Plate fixation for traumatic symphysis pubis disruptions has shown various rates of hardware failure (12 to 31%), loss of reduction (7 to 24%), and revision rates (3 to 9%)¹. We present a case of a patient that was fixed using a 'tension band plate' construct. A 46-year-old gentleman was involved in a RTA. He sustained a Young and Burgess APC II injury. A Pfannenstiel incision was utilised. The symphysis pubis was stabilized using a 3.5mm non-locking recon plate followed by a 1.0mm cerclage wire in a figure-of-8 fashion through both pubic bodies.

Discussion: Partial weight bearing was allowed upon discharge. At 6 weeks, partial to full weight bearing was started. The patient was ambulating independently at 3 months. At 6 months, patient has an excellent Merle d'Aubigne score with no signs of fixation failure.

Conclusion: Tension band plate is advantageous in managing open book pelvic injuries and is an option for obese and noncompliant patients to post-op non-weightbearing regime.