

Minimally Invasive Surgery for Displaced Left Acetabular Fracture in Geriatric Patient Using Cannulated Screws – A Case Report

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INTRODUCTION

Elderly trauma patients have mortality rate up to 3 times more than younger patients and it has been reported that the combined approach by orthopedic and geriatric team improves outcome in elderly hip fracture patients.¹ Osteoporotic bone, articular impaction, fracture comminution, pre-existing hip joint arthritis and multiple comorbidities further complicated the management.² Treatment should be individualized according to fracture characteristic, patient's physiologic age and functional demand along with goal of early ambulation.²



FIGURE 1: Pelvic AP view

REPORT:

83-year-old elderly lady involved in motor vehicle accident. She sustained comminuted left acetabulum anterior column with posterior hemitransverse fracture with extension to left iliac wing. Fortunately, she does not suffer from other injury.

Due to multiple comorbidities, we decided to do minimal invasive surgery using only screw to stabilize the pelvic. Acetabular reduction using only lateral window of ilioinguinal approach to minimize blood lost. For fixation wise, anterior column, posterior column, supracetabular and iliac wing screws planned.

Intraoperatively, reduction of acetabular is quite straight forward with using asymmetrical clamps and multiple K-wires. The surgery takes 3 hour and 15 minutes with blood loss less than 400ml.

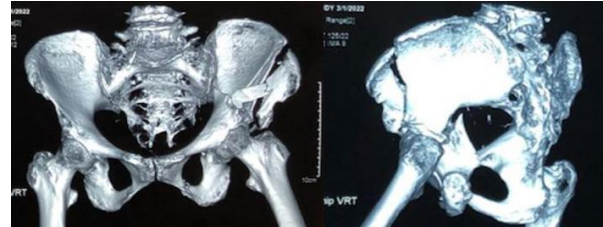


FIGURE 2: Show a 3D reconstruction of patient CT Pelvic

She was discharged on day 4 postoperative after patient able to wheelchair ambulate. She already started to partial weight bear after 6 months postoperative with walking frame.



FIGURE 3: Show postoperative radiograph of her pelvic (AP and Inlet view)

CONCLUSION:

Acetabular fractures in elderly patients present unique challenges for the orthopedic surgeon because of the lack of consensus on the most appropriate treatment. In patients treated nonsurgical, bed-to-chair transfers are recommended as soon as possible. Prolonged traction and bed rest are not recommended.

REFERENCES:

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