

Too Many Injuries! Traction And Plan: Our Experience

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INTRODUCTION:

Pelvic fractures are often result of high energy trauma that can present with varied levels of complexity. It poses a significant and greater challenge for trauma surgeons when there is a concomitant ipsilateral long bone fracture.

REPORT:

A 43-year-old lady involved in motor vehicle accident and sustained combined pelvic injury (right side crescent fracture, right sacroiliac joint (SIJ) dislocation, right anterior column fracture, left acetabular transverse fracture with posterior wall fracture and left hip dislocation), left tibia plateau closed fracture (Figure 1) and degloving wound left foot with open 1st metatarsal bone fracture. Patient underwent emergency surgery for debridement over left foot with subtrochanteric and supracondylar pin insertion over left femur for temporarily immobilisation (Figure 2).

A definitive fixation surgery done at day 4 post trauma. Intraoperatively, in supine position, lateral window was made over right pelvic for right SIJ reduction and trans-sacral screws insertion over S1 and S2 with left tibial plateau plating done via anterolateral approach and one minimal invasive left anterior column screw.

Subsequently, patient repositioned to lateral position for left acetabulum posterior wall plating via posterior approach using 2 plates (Figure 3).

Upon follow up at 6-month, patient was able to ambulate without walking aid with minimal residual left hip pain and no radiography evidence of hip avascular necrosis. Plain radiography of tibia plateau showed signs of union with left knee range of movement of 5-100 degree.

CONCLUSION:

Pre operative planning of surgical approaches and sequence for fixation in complex pelvic fracture with concomitant long bone fracture save operation time and better patient outcome.



Figure 1: Anteroposterior view of pelvis, left knee plain radiograph pre operative



Figure 2: Picture and anteroposterior view of pelvis, left knee plain radiograph after traction



Figure 3: Anteroposterior view of pelvis, Anteroposterior and lateral view left knee plain radiograph post operative

REFERENCES:

1. Abdelrahman, H., El-Menyar, A., Keil, H. *et al.* Patterns, management, and outcomes of traumatic pelvic fracture: insights from a multicenter study. *J Orthop Surg Res* 15, 249 (2020).