

# Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

## ACETABULUM FRACTURES OF PELVIS

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Acetabulum fractures are fractures of pelvis which involve the articular surface of the hip joint. Fractures of the pelvis are uncommon however, accounting for only about 3% of all adult fractures.

Each hip bone contains three bones—the ilium, ischium, and pubis—that are separate during childhood but fuse together as we grow older. These three bones meet to form the acetabulum—the hollow cup that serves as the socket for the ball-and-socket hip joint.

Most pelvic fractures are caused by some type of trauma due to high-impact energy events, like accidents. The pelvis lies in proximity to major blood vessels and organs, hence pelvic fractures may cause extensive bleeding and other injuries that might require urgent treatment. Haemodynamic stabilization forms a major part of treatment within 24 hours and is life saving. Associated

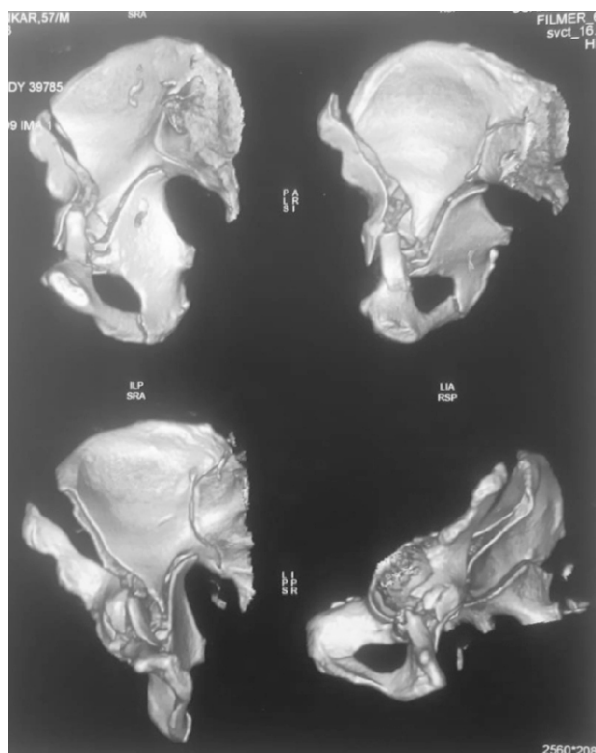
fractures and nerve injuries can compound the problems for the patient. In some cases, a lower-impact event—such as a minor fall—may be enough to cause a pelvic fracture in an older person who has weaker bones.

Treatment for pelvic fractures vary depending on the severity of the injuries. While lower-energy fractures can often be managed conservatively. Treatment for high-impact pelvic fractures involves surgery to reconstruct the pelvis and reconstruct the hip joint to restore stability so that patients can resume their daily activities.

Within a span of six months three cases of acetabulum fractures were admitted and operated at BRS Hospital. Two cases were approached from anterior (ilio inguinal approach) and one posterior gluteal approach. All three patients had sustained injury to the pelvis due to road traffic accident.

## Case - I

The first patient had a comminuted fracture of acetabulum extending into iliac crest and into quadrilateral plate. Through anterior ilio inguinal approach, both fractures were approached, exposed, reduced and fixed with a long screw and plate for iliac crest and separate long screw and a long plate for quadrilateral plate of pelvis. After 4 months of follow up, the patient is ambulant without walker support.



**Picture: 1**



**Picture: 2**

Picture 1 and 2 shows pre-operative CT-images of fractured acetabulum in Case I



**Picture 3: Post-operative radiographic image of acetabulum in Case I**

## Case - II

The second case was a comminuted fracture of the acetabulum and a fracture of quadrilateral plate of pelvis. This fracture was approached through posterior Kocher Langenbeck approach and 2 separate plates, one for posterior acetabulum wall and another for quadrilateral plate of pelvis were done. After 3 months follow up patient is walking with walker support.



**Picture 1**

Picture 1 shows pre-operative radiographic image of fractured acetabulum in Case II

### Case - III

The third case was a severely comminuted fracture of the acetabulum and extension into iliac crest and quadrilateral plate of pelvis in a 65 year old gentleman. Through an ilio inguinal Stoppa approach the fractures were approached and fixed with a special triangular plate for quadrilateral plate of pelvis and another long reconstruction plate was contoured and shaped for the superior pubic ramus fracture and quadrilateral plate fracture of pelvis. After 2 months follow up the patient is still in bed rest and non-weight bearing walker supported mobilisation.

All three patients have recovered and are progressing well after initial haemo-dynamic stabilization, surgery and good post-operative care



Picture: 2



Picture: 3

Picture 2 and 3 shows post-operative images of acetabulum in Case II



Picture -1: Pre-operative CT image of fractured acetabulum in Case III



Picture 2: Post-operative radiological image of Case III



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