



Immediate X-ray plate after trauma



3-D reconstruction CT scan of pelvis



1st post operative x-ray



2nd post operative x-ray

FUNCTIONAL OUTCOME OF A COMPLEX FRACTURE PELVIS - A CASE REPORT

Hemant Sharma, a 38 years, male, presented to us with complex pelvic fracture with morbid obesity. Though he had the accident 2 days ago, at the time of admission he was still in a state of hypovolumic shock. His x-ray revealed wide separation of fractured left pubic rami and ipsilateral sacral ala fracture with disruption of contralateral S-I joint. As per ATLS (Advance Trauma Life Support) protocol a pelvic binder was applied immediately at Emergency Room (ER) to control persistent bleed along with volume expanders to correct hypovolemia. He had an indwelling Foleys catheter which was inserted at the primary health center and did not reveal any sign of bladder or bowel injury. Patient was shifted to ICU after primary stabilization in the ER and subsequently shifted to ward after two days of stabilization.

CT Scan of pelvis with 3-D reconstruction was done for pre-operative planning and to evaluate the fracture pattern.

Considering complexity of fracture and morbid obesity it was decided to operate him in two stages. First surgery was done after 7 days of injury. In the first stage via a modified Stoppa approach a 14 hole plate was used for stabilization of anterior part of pelvic ring.

After 5 days of first operation ,fixation of posterior ring (right S-I joint and left sacrum) was done through posterior approach. With patient in prone position, posterior pelvic ring was stabilized by trans -iliac contoured bridge plate.

Staples were removed after 14 days of surgery. His post operative period was uneventful except some serous discharge from posterior wound for few days which healed with regular dressing .

He was allowed to do ankle mobilization with static quadriceps exercises from day after surgery and knee and hip mobilization after 3 weeks of last surgery but was on non weight bearing until 3 months of surgery. DVT prophylaxis was stopped after 4 weeks. After 3 months he was allowed to walk with help of a pair of axillary crutches. Gradually he was shifted to full weight bearing within one month. Now, he is ambulatory with full weight bearing and can perform all his regular activities.



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