

TABLE 36-3.
SURGICAL APPROACHES TO FRACTURES OF THE PELVIC RING

APPROACH	FRACTURE TYPES	RISKS
Anterior (Ilioinguinal)	<ul style="list-style-type: none"> • Anterior wall and anterior column • Both columns • Posterior hemitransverse 	<ul style="list-style-type: none"> • Nerve injuries <ul style="list-style-type: none"> ◦ Femoral ◦ Lateral femoral cutaneous • Vascular injuries <ul style="list-style-type: none"> ◦ Femoral vessels ◦ Corona mortis
Anterior intrapelvic (Stoppa)	<ul style="list-style-type: none"> • Anterior wall and anterior column • Quadrilateral plate • Roof impaction 	<ul style="list-style-type: none"> • Obturator nerve and vessels • External and internal iliac vessels
Posterior (Kocher-Langenbeck)	<ul style="list-style-type: none"> • Posterior wall and posterior column • Some transverse and T type 	<ul style="list-style-type: none"> • Injury to medial femoral circumflex artery and sciatic nerve
Extensile (Iliofemoral)	<ul style="list-style-type: none"> • Both column fractures • Some transverse and T type 	<ul style="list-style-type: none"> • Abductor muscle necrosis • Wound dehiscence • Heterotopic ossification

Acetabular Fractures

- Acute open reduction internal fixation (ORIF)
 - Prerequisites for ORIF are as follows:
 - Ability to achieve an anatomic reduction with a congruent hip joint
 - The absence of injury to the femoral head
 - The absence of extensive intra-articular comminution
 - The absence of pre-existing degenerative arthritis
 - The absence of severe osteopenia
 - An anatomic reduction becomes difficult to achieve 10 to 14 days postinjury; therefore, early referral to a specialist center is recommended.
 - Functional results of acute ORIF in the elderly are worse than in younger patients. Best results are obtained when surgery is performed by an experienced surgeon.
 - Surgical approaches and ORIF techniques are dependent on fracture configurations with a tendency to use MIS techniques where possible.
 - In selected cases, acetabular screw fixation with cannulated cancellous screws using either a percutaneous technique or through a limited surgical approach (iliac window) has shown promising results (Table 36-3).