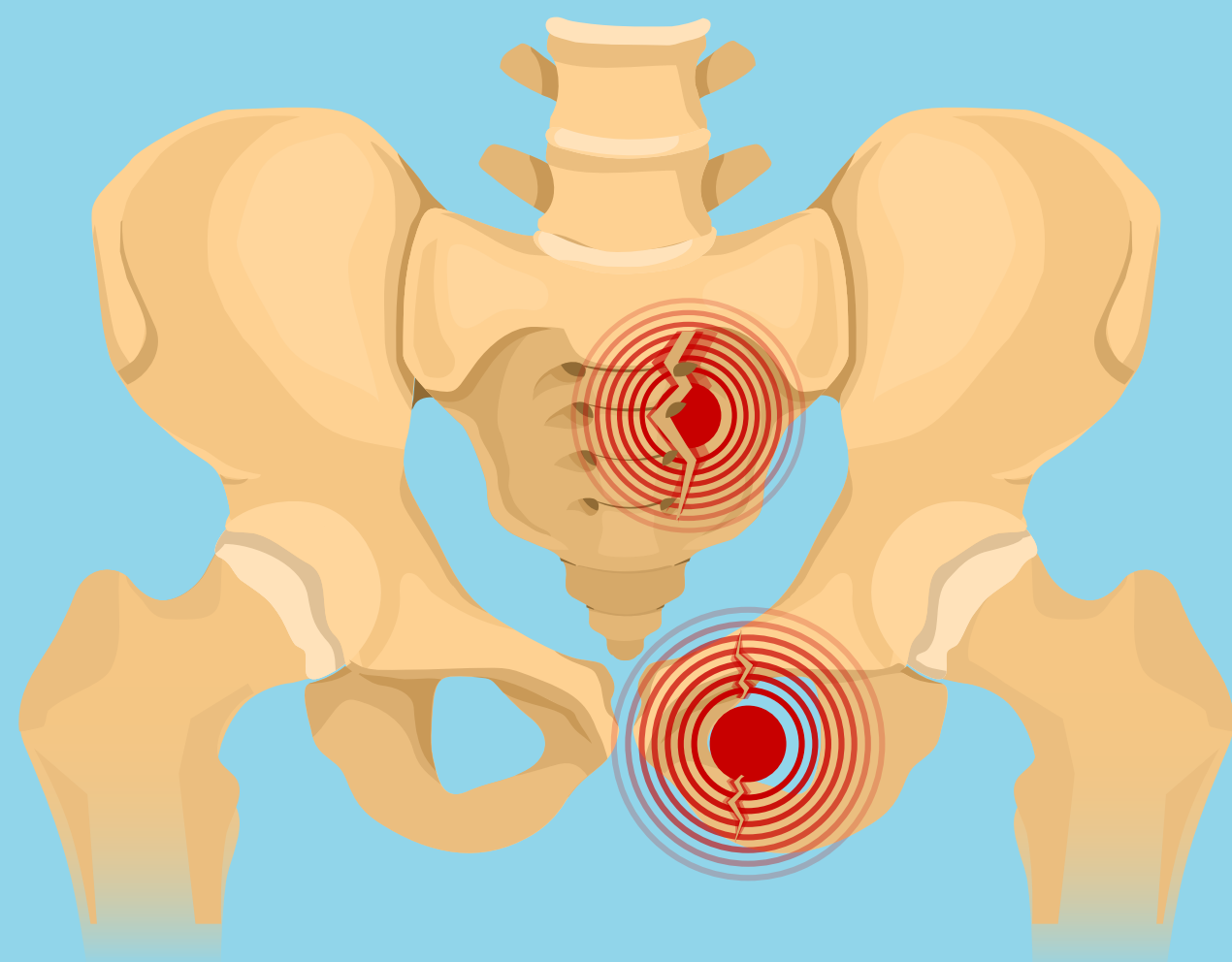


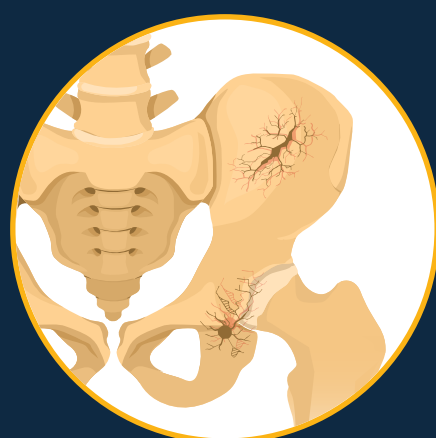
Fracture Patterns in Lateral Compression Type-1 Pelvic Fracture Displacement

Operative management is a preferred approach for displaced lateral compression type-1 (LC1) pelvic fractures



However, the treatment choice for minimally displaced LC1 pelvic ring injuries lacks consensus

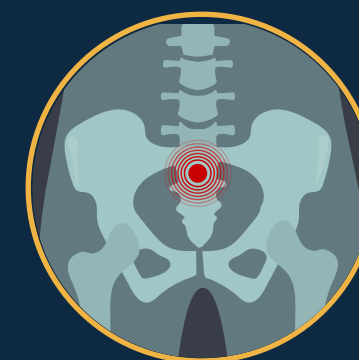
Understanding the influence of fracture patterns on secondary displacement following nonoperative management of LC1 fractures could aid decision-making



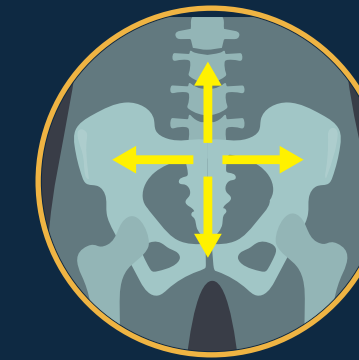
Retrospective analysis from the registry of a level-I trauma center



- 273 patients treated with nonoperative approaches for:
- A high-energy LC1 pelvic ring fracture
 - <5 mm of sacral displacement



Assessment of fracture patterns from computed tomography scans and radiographs

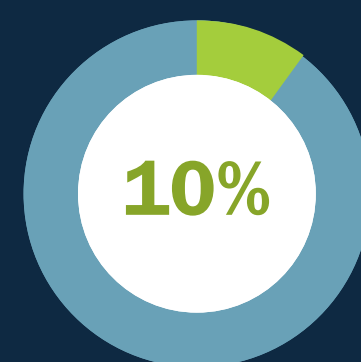


Quantification of absolute and interval pelvic ring displacement

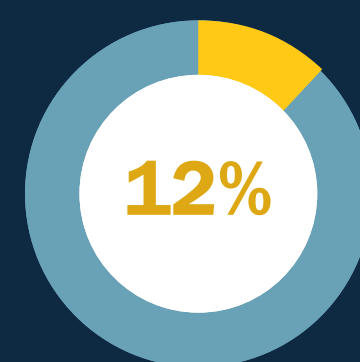
Displacement of pelvic ring injuries

13% (n = 35)

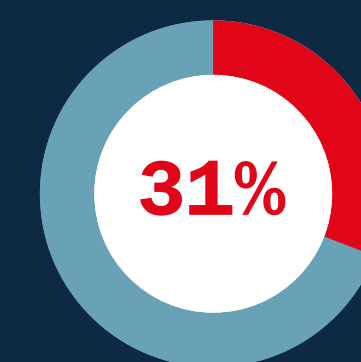
Rate of displacement based on LC1 injury pattern



Incomplete sacral fracture and bilateral ramus fractures

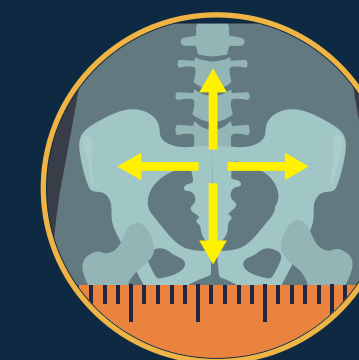


Complete sacral fracture and a unilateral ramus fracture

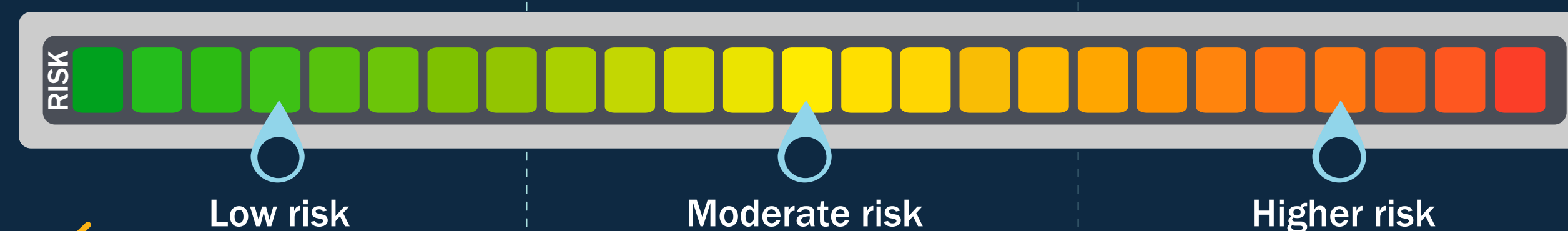


Complete sacral fracture and bilateral ramus fractures

Magnitude of displacement



- Average interval displacement: 4.2 mm
- Final displacement 9.9 mm ± 4.2 mm



Fracture patterns could help predict displacement likelihood following the nonsurgical management of minimally displaced LC1 fractures, although the average displacement is relatively small in size

Does Fracture Pattern Really Predict Displacement of LC1 Sacral Fractures?

Livesey et al. (2024) | DOI: 10.2106/JBJS.23.00614

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