

## **PELVIC RING OR ACETABULAR FRACTURE WITH IPSILATERAL LOWER LIMB FRACTURE: THE SEREMBAN EXPERIENCE**

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**Introduction:** Pelvic and acetabular trauma often presents in the context of polytrauma and may cause life threatening and haemodynamic instability. The complexity becomes a challenge to the trauma surgeon in deciding the best treatment for patient who had pelvic ring or acetabular fracture with ipsilateral lower limb fracture.

**Discussion:** Advanced trauma team in Hospital Tuanku Ja'afar reviewed eight patients who had pelvic ring or acetabular fracture with ipsilateral lower limb fracture fixation from 2016 to 2019. Patient's age ranged between 20 to 40 years. There were 7 males and 1 female in this series. 3 cases were pelvic ring fracture with ipsilateral femur fracture, while the other 5 cases were acetabular fracture with ipsilateral femur fracture. All cases underwent operation in single stage of operation which fracture of lower limb were fixed first before proceed with pelvic or acetabular fixation. The fixed lower limb was used as lever arm or traction during acetabular or pelvic fixation. A surgical approach for pelvic or acetabular fixation determined which implant (interlocking nails or plating) is suitable to be used for femur fixation. Table 1: Acetabular fracture (Subjects) (Approach & position) (Femur fixation) (A) (Supine, anterior approach) (Interlocking) (B) (Supine, anterior approach) (Interlocking) (C) (Supine) (Interlocking) (D) (Supine, anterior approach) (Plating) (E) (Lateral, Posterior approach) (Plating) Table 2: Pelvic Ring fracture: (Subjects) (Approach & position) (Femur fixation) (F) (Lateral window anterior approach) (Interlocking) (G) (Supine & anterior approach) (Plating) (H) (Supine & prone) (Plating)

**Conclusion:** Surgical approach and patient position during pelvic or acetabular fixation determines implants (interlocking or plating) to be use for ipsilateral femur fixation.