

POSTERIOR PLATE WITH ANTERIOR COLUMN SCREW FROM A SINGLE APPROACH: MINIMISING COMPLICATIONS

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Introduction: As an associated type (Letournel and Judet), the transverse posterior wall acetabular fracture has one of the poorer clinical outcomes. We present a case of a transverse with posterior wall acetabular fracture treated with a single posterior plate and an anterior column lag screw in lateral position in an attempt to reduce intraoperative time and morbidity. A 31 year old gentleman was involved in a RTA. Radiographs and a CT scan after hip reduction revealed a transverse-posterior wall acetabulum fracture. The Kocher-Langenbeck approach was performed in the lateral position. The posterior column was first reduced followed by the posterior wall fragments and stabilised with a 3.5mm recon plate. The anterior column reduction was performed via the greater sciatic notch using an angled reduction forceps. Under image intensifier, a 7.3mm screw was inserted percutaneously into the anterior column in the lateral position.

Discussion: The patient was discharged with non-weight-bearing crutches. Partial weight-bearing was allowed after 6 weeks, and full weight bearing at 12 weeks. At 6 months, patient has an excellent Merle d'Aubigne score with no signs of fixation failure or avascular necrosis of the femur head

Conclusion: A single posterior plate with anterior column screw is a feasible method for transverse posterior wall fractures with reduced morbidity. It is vital that this procedure be performed in a centre trained in pelvic-acetabular surgery to achieve the best results.