

Dysmorphic Sacrum Fixation Treatment with the Curvafix® IM System

Amir Matityahu, MD | University of California, San Francisco

CASE PRESENTATION

A 24-year-old female with a right sacral fracture and a dysmorphic upper sacral segment.

DIAGNOSIS

Superior and inferior ramus fractures, right zone 2 sacral fracture, and dysmorphism of the S1 corridor.

STEERABLE GUIDEWIRE PLACEMENT

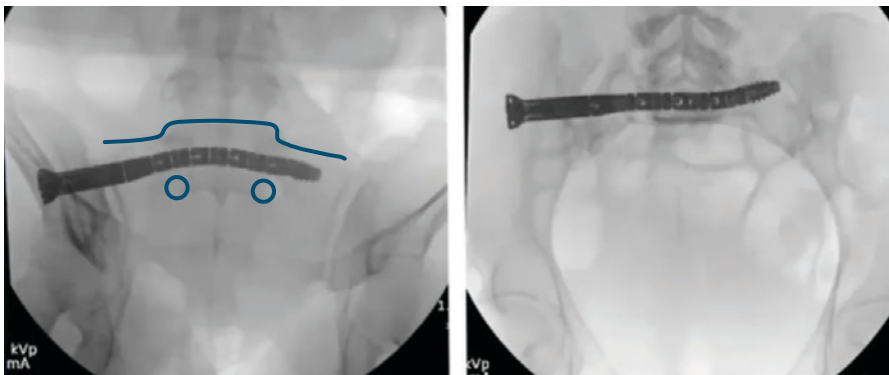
The steerable guidewire was guided to stay within the dysmorphic upper sacral segment cortical corridor.

CURVED IMPLANT INSERTION

During insertion, the CurvaFix IM Implant curved to stay within the bone in the outlet view. It curved to stay within the cortical corridor posteriorly as can be seen in the inlet view in of this patient with dysmorphic anatomy.

CASE COMPLETION IMAGING

The CurvaFix IM Implant (110 mm in length) curved to be in the correct position in the outlet view. In the inlet view, the CurvaFix IM Implant curved posteriorly to stay within the sacrum.



Outlet view

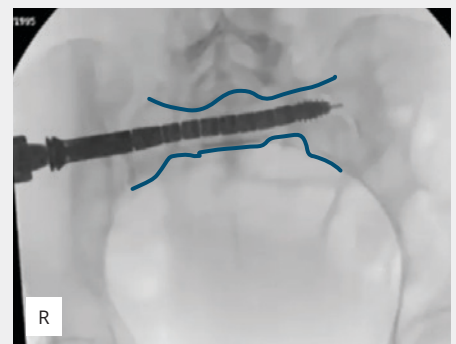
Inlet view



Outlet view



Outlet view



Inlet view

KEY POINTS

- A single curved implant can stay within the bone in dysmorphic anatomy to provide stable fixation.
- In many dysmorphic sacra, there is not a safe straight pathway in S1 available for cannulated screw fixation.