

High Energy Pelvic Trauma in a Geriatric Patient Treatment with the Curvafix® IM System

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CASE PRESENTATION

A 78-year-old female driver was t-boned by a truck traveling at approximately 55 mph. The patient presented with:

- A lateral compression type 2 pelvis
- A transverse fracture of the left acetabulum
- A displaced right pubic rort fracture

Other injuries were a splenic laceration and fractured ribs.

The patient exhibited slight dysmorphism that precluded facile use of a straight screw.

CASE PLANNING

Intention to place three CurvaFix® IM Implants: one in S1 and one in each of the left and right anterior columns.

PELVIC FIXATION

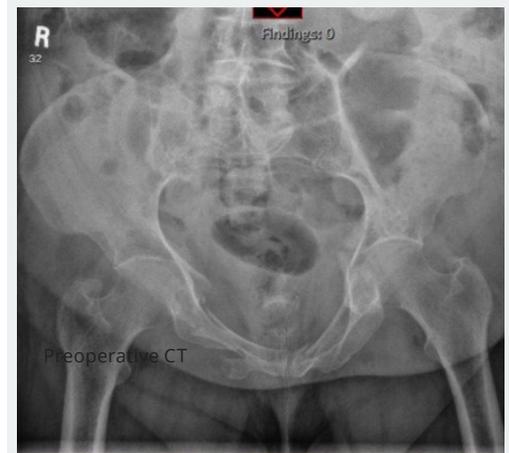
A CurvaFix® IM Implant was placed in S1. A second CurvaFix® IM Implant was placed in the right anterior column. Upon reaming the left anterior column, the reamer obliterated the inferior cortex of the pubic root. The bone quality was bad and the wire ended up in the pelvis, unfortunately precluding placement of a third implant.

FOLLOW-UP

- On postoperative day 3, the patient was able to stand and shift weight from one foot to the other.
- On postoperative day 8, the patient walked 22 feet.
- On postoperative day 25, the patient did well with stairs.
- At 3 months, the patient returned to clinic and had no complaints, was ready to return to gardening, and was using a walker only some of the time.

KEY POINTS

- Within a month of the operation, a patient who may not have been able to ambulate was doing well with stairs.
- Lesson learned. In a geriatric patient with poor bone quality, will not ream up to 8.5 mm. Will get the first reamer in and then insert the implant.



Postoperative CT



Postoperative CT



3-month follow-up