

골반골의 수직 불안정성 골절과 동반된 고관절의 전방 탈구 - 1예 보고 -

김갑중·김하용·양대석·최원식

을지대학교 의과대학 정형외과학교실

골반골 골절은 고 에너지에 의한 손상이 대부분이며 타 장기 및 다른 부위의 손상을 종종 동반한다. 그러나, 골반골의 수직 불안정성 골절과 고관절의 전방 탈구가 동반되는 경우는 매우 드문 손상이며, 고관절 탈구는 대퇴골 두의 혈류 공급이 적어 정형외과적으로 응급에 해당되어 신속한 정복이 필요하다. 저자들은 골반골 수직 불안정성 골절과 고관절의 전방 탈구에 대해 신속한 도수 정복과 함께 골반골에 대해 수술적 치료를 시행한 환자 1예를 경험하였기에 문헌 고찰과 함께 보고하는 바이다.

색인 단어: 골반골, 고관절, 전방 탈구, 수직 불안정성

Vertically Unstable Fracture of the Pelvis Combined with Anterior Dislocation of the Hip Joint - A Case Report -

Kap Jung Kim, M.D., Ha Yong Kim, M.D., Dae Suk Yang, M.D., Won Sik Choy, M.D.

Department of Orthopaedic Surgery, School of Medicine, Eulji University, Daejeon, Korea

Pelvic fractures result from high energy trauma and often associated with concomitant injuries. But, vertically unstable pelvic fractures combined with anterior dislocation of the hip is far less common. The traumatic dislocation of the hip is a true orthopedic emergency and it should be considered that a femoral head can be exposed to deteriorized vascularity. We report a case of vertically unstable pelvic fractures combined with traumatic anterior dislocation of the hip joint with the review of the literature.

Key Words: Pelvic bone, Hip joint, Anterior dislocation, Vertical compression

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통신저자 : 김 갑 중

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Tel : 042-611-3279 · Fax : 042-259-1289
E-mail : oskkj@eulji.ac.kr

Address reprint requests to : Kap Jung Kim, M.D.
Department of Orthopaedic Surgery, Eulji University Hospital, 1306,
Dunsan-dong, Seo-gu, Daejeon 302-799, Korea
Tel : 82-42-611-3279 · Fax : 82-42-259-1289
E-mail : oskkj@eulji.ac.kr

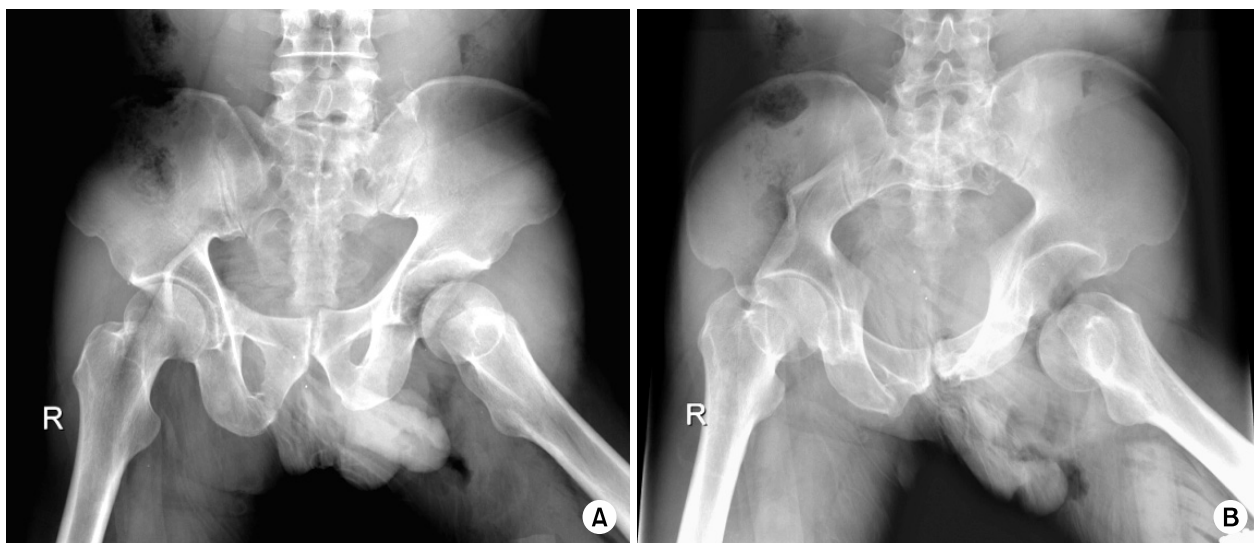


Fig. 1. Initial pelvis AP (A) and inlet view (B) show anteroinferior dislocation of left femoral head, right pubic fracture and sacral fracture.

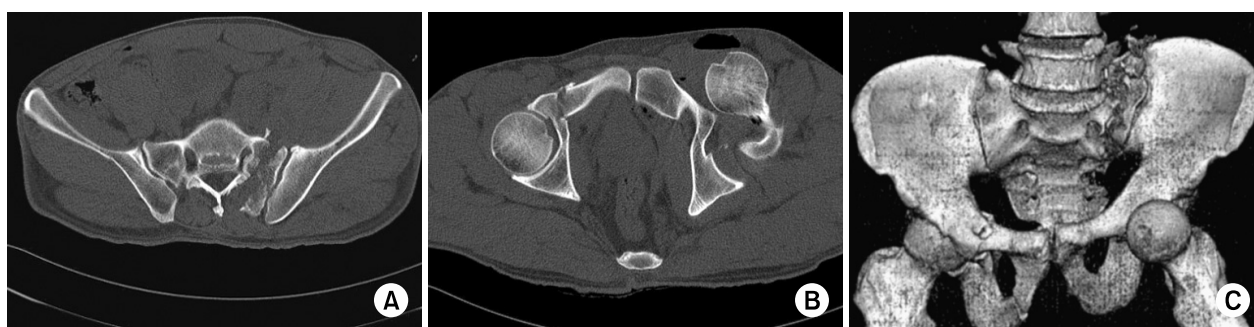


Fig. 2. Pelvis CT shows sacral fracture (Type I) (A), anteroinferior dislocation of left femoral head and right pubic fractures (B, C).

view) (Fig. 1) (inlet (Fig. 3). 가

(Fig. 2). 1 cm (Fig. 3). 가 (Fig. 3).

(Epstein Type IIA).

2, 3, 4 5 3

Young⁸⁾ (Fig. 5). 6.5 mm

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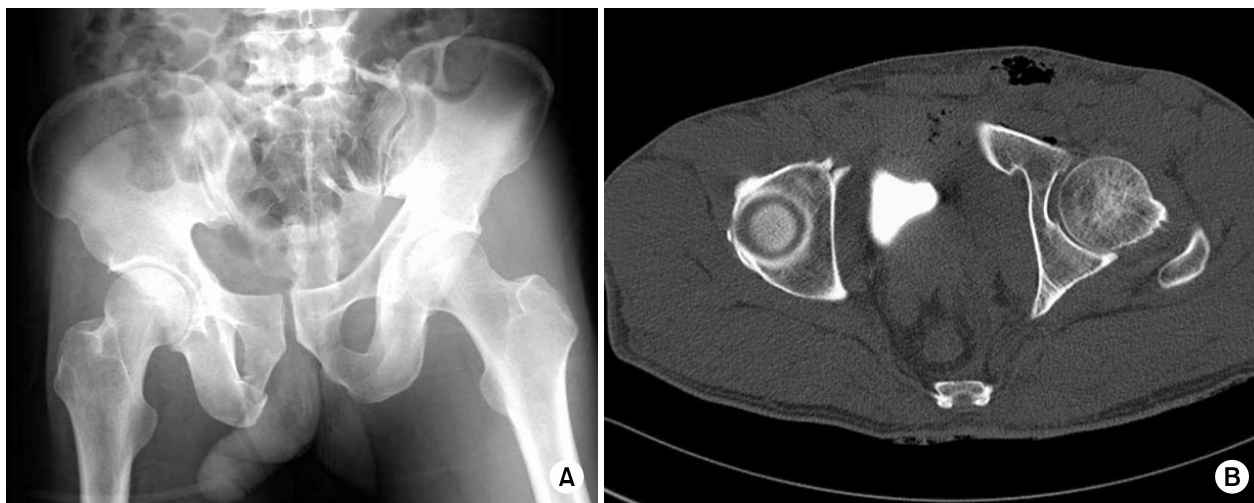


Fig. 3. Post reduction pelvis AP radiograph and pelvis CT show concentric reduction of left femoral head (A, B). Concentric reduction was maintained by skeletal traction (A).

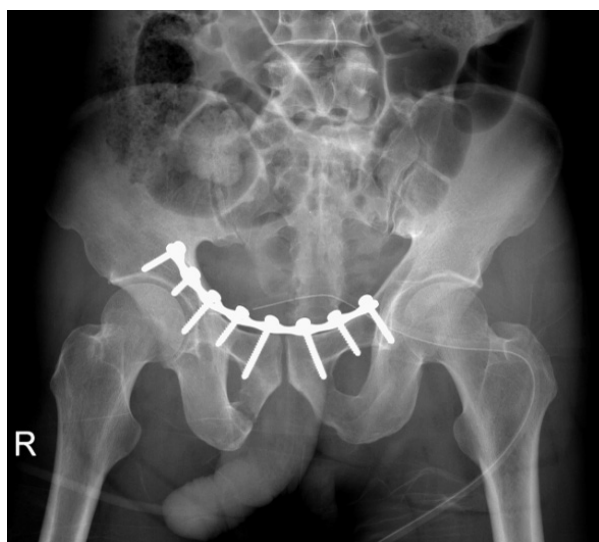


Fig. 4. The first postoperative radiograph shows open reduction and internal fixation of the anterior ring of the pelvis by modified Stoppa approach.



Fig. 5. The second postoperative radiograph shows percutaneous iliosacral screw fixation under the CT guided for sacral fracture.

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(Fig. 6).

고 찰

Tile⁷⁾ C1, Young⁸⁾
CM (combination of other injury patterns)

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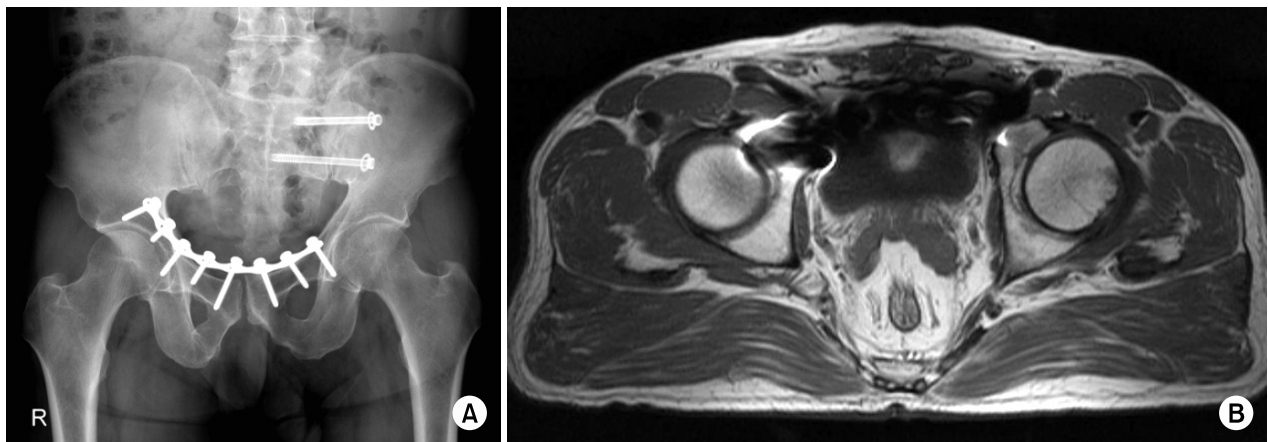


Fig. 6. Complete union of pelvic fractures (A) and no visible evidence of avascular necrosis of left femoral head (B) at the time of final follow-up, postoperative 2 years.

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