

15, 1, 2002 1

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10)

10%

1)

가

10)

15

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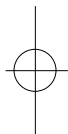
62

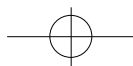
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TEL : 02-3779-1192

FAX : 02-783-0252

E-mail : cmcos@cmc.cuk.ac.kr





78 • / 15 1

41

가1

2

70/40mmHg-120 /min-25 /min-39 ℃ .

가
1

120/80mmHg . ,



450cc

(Fig.1).

500cc

15,000/mm³(93%),
30.7%

10.7g/dl,

(Fig.2A, 2B)

가

(Fig. 3A, 3B).

Fig 1. Clinical photograph of abdomen, inguinal area and thigh. At the time of 4 weeks later after trauma, incisions were done at left low abdomen and left anterior medial thigh. Ruptured bullae were noted in left inguinal area, also, radiographs show reduction with interfrag-mentary screws and Ilizarov external fixator.

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(Fig.3C)

Fig 2. A. Anteroposterior radiograph of the pelvis. At the time of initial posttraumatic state, there is fracture of superior and inferior rami of left pubis.
B. Inlet view of the pelvis shows superior and medial displacement of superior and inferior rami of left pubis.

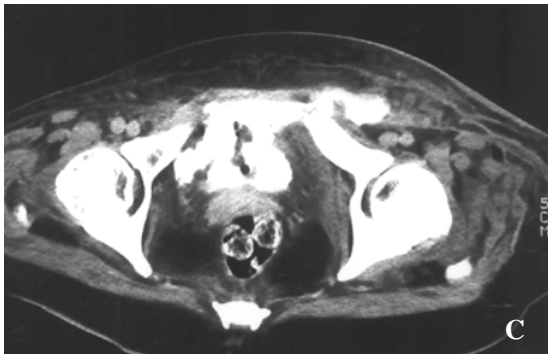
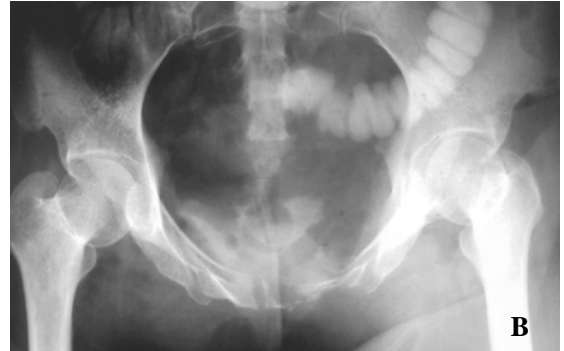
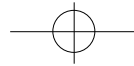


Fig 3-A. Anteroposterior radiograph of the pelvis.

At the time of 4 weeks later after trauma, osteolysis is noted around the fracture site of superior and inferior rami of left pubis and there is no further displacement.

B. Inlet view of the pelvis shows the same finding of anteroposterior radiograph.

C. Pelvic bone computerized tomography shows extravasation of contrast to the extraperitoneal space.

Escherichia coli

가 , 3 cephalosporin
aminoglycoside

4

, 6

7

가 가

15

가 35.6%,

30.4%

가

72%가

가 ¹⁰⁾ Hartmann

가

8%

7).

3%

5-20%

, Hochberg

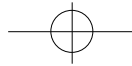
가 60-88% , 가

12-30%

¹⁰⁾.

1

가

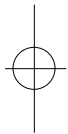


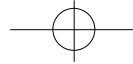
80 • / 15 1

가 1% , 2 3 가 12%
 , 4 가 40% 가 가
 ,
 (anterior arch)
⁸⁾.
 ,
 가 ,
⁹⁾.
 .
 94-98%
 가 , 가
 45-54% ⁸⁾. Cass
 417 13
 가 , 12
 (<50 RBC/HPF)⁹⁾.
 , (retrograde
 cystography) ⁵⁾.
 가
 (retrograde CT cystography) 1 ⁶⁾.
 (Intravenous pyelogram)
 ,
²⁾.
 ,
 catheter
 가 ,
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²⁾.
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REFERENCE

- 1) **Antoci JP and Schiff M**: Bladder and Urethral injuries in patients with pelvic fractures. J Urol, 128:25-26, 1982.
- 2) **Carroll PR and McAninch JW**: Major bladder trauma : the accuracy of cystography. J Urol, 130:887, 1983.
- 3) **Cass AS and Luxenberg M**: Features of 164 bladder ruptures. J Urol, 138:743, 1987.
- 4) **Clark SS and Prudensio RF**: Lower urinary tract injury associated pelvic fracture: diagnosis and management. Surg Clin North Am, 52:187, 1972.
- 5) **Fallon B, Went JC and Hawtrey CE**: Urological injuries and assessment in patients with fractures pelvis. J Urol, 131:713, 1984.
- 6) **Festini G, Gregorutti S, Reina G and Bellis GB**: Isolated intraperitoneal bladder rupture in patient alcohol intoxication and minor trauma. Ann Emerg Med, 20:1372, 1991.
- 7) **Hartmann and Kurt**: Blasen und Harnrohrenverletzungen bei: Beckenbrüchen, arch. F. Klin, Chir, 282:943, 1955.
- 8) **Hochberg E and Stone NN**: Bladder rupture associated pelvic fracture due to blunt trauma. Urology, 41:531, 1993.
- 9) **Pokony M, Pontes JE and Pierce JM Jr**: Urological injuries associated with pelvic trauma. J Urol, 121:455, 1989.
- 10) **Wright DG, Taitsman L and Laughlin RT**: Pelvic and bladder trauma : A case report and subject review. J Orthop Trauma, 10(5):351-4, 1996.





Abstract

Traumatic Bladder Rupture in Pelvic Fracture - Case Report -

Soon-yong Kwon, M.D., Woung-Kyun Woo, M.D., Hwa-Sung Lee, M.D.,
Jong-Chul Kim, M.D., Yong-Sik Kim, M.D.

*Department of Orthopedic Surgery, ST. Mary 's Hospital,
The Catholic University of Korea, Seoul, Korea*

Pelvic fracture and bladder rupture resulted in bladder wall entrapment in the fracture site of a patient involved in a fall down accident. Although hematuria and bladder rupture are known to occur after fracture of the pelvis, our literature review showed no reports of this type injury or management. Abscess was drained and sepsis was managed with fluid and antibiotics treatment. Bladder extravasation was managed with primary repair and surgical extraction of catheter drainage. We report a case of a patient who presented with traumatic bladder rupture in pelvic fracture.

Key Words : Pelvic fracture, bladder rupture, abscess