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: 1996 1 2002 12

21 가 16 ,

5 , 24 12 (15) 21

18 , 3

Tile 가

· , , 3 ·

: 17

(80.9%) 6.4 ,

가 2 , 2

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가 ·

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:
330-715, 16-5

: (041) 550-3950, Fax: (041) 556-3238
e-mail: myungho@isdmc.co.kr

18 68 20~30 가 13
(61.9%) 가 (Table 1).

2.

가 14 (66.6%) 가
5 (23.8%),
가 2 (9.5%) (Table 2).

8~19% , 3.

5,6,7,12,13),
1998 1 2002 12
Tile¹⁴⁾
, Type

B2
가 가 21

1998 1 2002 12 5
455

12 가 가 21
12 24
15 Tile
, C3
1.

21 가 16 가 5

Table 1. Age and sex distribution

Age / Sex	Male	Female	Total (%)
17~20	3	2	5 (28.6)
21~30	6	1	7 (33.3)
31~40	2	2	4 (19.0)
41~50	2	0	2 (9.5)
50~70	3	0	3 (14.2)
Total (%)	16 (71.4)	5 (28.6)	21 (100)

가 14 (66.6%) 가
5 (23.8%),
가 2 (9.5%) (Table 2).

3.

20 (95.2%)
5 , 3 ,
3 , 7 , 2
(Table 3).

4.

21
17
3
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S-pin

Table 2. Causes

Causes	No. of cases (%)
Traffic accident	14 (66.7)
Fall from a height	5 (28.6)
Others	2 (9.5)
Total	21 (100)

Table 3. Associated injuries

Injuries	No. of cases
Genitonrunary	5
Abdominal	3
Head trauma	3
Upper & lower extremity fracture	7
Spine fracture	2
Total	20 (95.2%)

Table 5. Results

Results/ Fracture type	Type B2	Type C1	Type C2	Total
Good	4	6		10 (47.6%)
Fair	2	3	2	7 (33.3%)
Poor		2	2	4 (19.1%)
Total	6	11	4	21 (100%)

2. 가 10, 7

(Table 5).

3.

2

가 2

1

30

Type C1

(Fig. 1-A, B, C).

3

6

(Fig. 1-D).

7

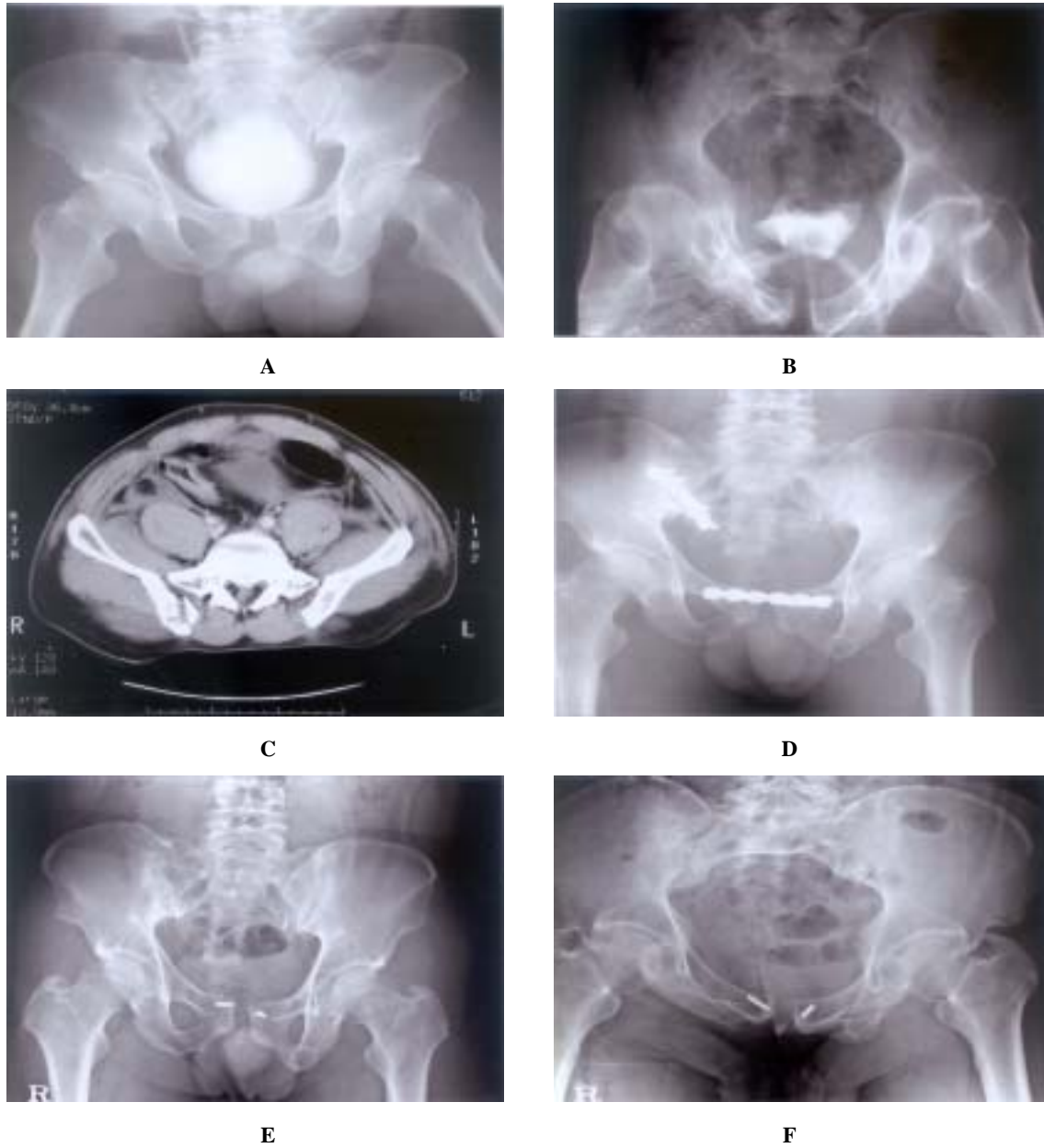


Fig. 1. A 30-year-old male patient who was injured by traffic accident, he had a right SI joints fracture and dislocation and symphysis pubis separation. In simple pelvis AP (A) and inlet view (B), there were SI joint widening, symphysis pubis separation and left inferior ramus fracture. Computed tomography (C) shows ilium fracture and right SI joint widening. Reduction and internal fixation was done, pelvis AP (D). Post operation 24months, pelvis AP (E) and inlet (F) view show good reduction.



A



B



C

Fig. 2. A 18-year-old male patient who was injured by traffic accident, he had a left SI joints fracture and dislocation. In simple pelvis AP (A), there was severe superior migration of left pelvis and right superior and inferior ramus fracture. Computed tomography (B) show sacral fracture and left SI joint widening. Reduction and screw fixation was done but left SI joint and symphysis pubis displacement still remained in post operation pelvis AP (C)

2
18
Type C1
(Fig. 2-A, B).
16
(Fig. 2-C).
6
14 1 cm
3%
5~20%
9,11)
가
가
19 90.5%
major
minor , Huittinen Slati³⁾
Pennal¹¹⁾
Tile¹⁴⁾
Type B2
Type C3
가 가
가 가

가

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. Kellan⁴⁾

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21 19

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Hesp²⁾ 111

21.8%,

8.3%

가 . Goldstein¹⁾

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6

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9)

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8,12)

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Abstract**Surgical Treatment of Unstable Pelvic Bone Fracture Involving Sacroiliac Joint**

Myung-Ho Kim, M.D., Hee-Gon Park, M.D., Moon-jib Yoo, M.D., Jin-Woo An, M.D.

Department of Orthopedic Surgery College of Medicine, Dankook University, Chunan, Korea

Purpose: To evaluate the results of surgical method using plate and screws in the treatment of unstable pelvic bone fracture involving Sacroiliac Joint.

Materials and Method: Authors reviewed 21 patients treated by surgical method from 1998 to 2002. Mean follow-up period was 15 months (12~24 month). Male were 16 and female were 5. We used plate and screws in 18 cases, just screws in 3 cases. We classified the type of fracture by Tile's classification and evaluated the results with Moon's criteria that based on reduction state in simple x-ray and patient's subjective satisfaction.

Results: We got the bony union in all cases. By Moon's criteria, 10 cases were good, 7 cases were fair and 4 cases were poor. In 17 cases (80.9%), we got the results over fair. Mean weight bearing exercise periods were 6.4 weeks. There were 2 infection and 2 sacroiliac arthritis after operation.

Conclusion: As a method of surgical treatment on unstable pelvic bone fracture involving sacroiliac joint, we recommend open reduction and internal fixation with plate and screws and it may has particular advantages in early ambulation and satisfactory functional outcome.

Key Words: Sacroiliac joint, Unstable pelvic bone fracture, Open reduction and internal fixation

Address reprint requests to _____

Myung-Ho Kim

Department of Orthopaedic Surgery, Dankook University Hospital

16-5 Anseo-dong Chonan, Choongnam 330-715, Rep. of Korea

Tel : +82-41-550-3950, Fax : +82-41-556-3238

E-mail : myungho@isdmc.co.kr