

Diagnosis

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Radiograph Examination of a plain radiograph of the pelvis requires an understanding of the mechanism of injury and a decision on the stability of the pelvic rim. It is important to note that the vast majority of patients with suspected pelvic fractures may have a pelvic binder in place and hence plain radiograph findings may be normal. FAST may be unreliable as it does not localise intra-abdominal bleeding in these patients. CT is the diagnostic modality of choice in the physiologically helpful in providing details of both the anatomy of the fracture and the origin of the bleeding (venous or arterial). An open book-type mechanism causes one or both ilia to - rotate externally (opening, like a book). A lateral compression mechanism causes the pelvis to collapse. An 'open book fracture' is seen as a widening of the pubic symphysis or widening at the site of a fracture in the pubic ramus. Not only is there disruption of the bony pelvis, but also tearing of the pelvic floor and thus the pelvic venous plexus is at risk. The more unstable the pelvis, the more likely the structures are to be damaged. When the pelvis collapses from a lateral compression injury, the pubic bones usually fracture. Displacement of the anterior pelvis by greater than 2 cm indicates at least partial instability. A vertical shear disruption of the sacroiliac joint with apparent shortening of the limb on the affected side implies significant energy of injury.

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Revision #1

Created 2025-12-31 15:12:30 UTC by Omar Ayman

Updated 2025-12-31 15:12:30 UTC by Omar Ayman