Disruptions of the Pelvic Ring: An Update

Editorial Comment

Berton R. Moed MD, Mark S. Vrahas MD

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For more than three decades, since the publication of the first pelvic symposium in *Clinical Orthopaedics and Related Research* in 1980, much progress has been made in the evaluation and treatment of disruptions of the pelvic ring. Despite this progress, many questions remain unanswered and new ones have been raised. This symposium attempts to address a number of these unresolved issues. Its content should be of interest and value to all those involved in the management of patients sustaining an injury to the pelvic ring.

An injury to the pelvic ring often results from a high-energy traumatic event, such as a motor vehicle accident. Therefore, these high-energy pelvic ring disruptions are frequently accompanied by additional musculoskeletal or other system injuries. With the advent of Advanced Trauma Life Support protocols and the stratification of medical centers based on their ability to evaluate and treat those who sustain high-energy trauma, patient survival has dramatically improved. However, patients continue to die from these injuries. What are the risk factors that predispose the demise of these patients and how can we better train surgeons to be competent in managing severely injured patients?

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B. R. Moed (✉)
Department of Orthopaedic Surgery, Saint Louis University
School of Medicine, 3635 Vista Avenue, 7th Floor
Desloge Towers, St Louis, MO 63110, USA
e-mail: moedbr@slu.edu; moedbr@gmail.com

M. S. Vrahas
Department of Orthopaedic Surgery, Massachusetts General
Hospital, Harvard Medical School, Boston, MA, USA

Fig. 1 Dr. Berton R. Moed is shown.

Fig. 2 Dr. Mark S. Vrahas is shown.

After the patient has been evaluated and initially stabilized, the appropriate definitive management must be determined. Due to the importance of this topic and the recent introduction of alternative methods, a major portion of the symposium is devoted to definitive pelvic ring fixation. Is the anterior internal fixator a reasonable—or better—alternative to standard anterior fixation techniques? What happens when symphyseal plates fail? And does overconcern and misperception concerning the risk of infection cloud our decision-making process, favoring the use of closed techniques when open reduction might prove superior? These are some of the timely, focused topics of the papers in the middle section of this symposium.

This symposium includes new information regarding perhaps the most important aspect of pelvic ring injury care, namely the eventual function of the patient. No different from the care of any patient with an injury to the

musculoskeletal system, the ultimate goal is to return patients with pelvic ring injuries to their preinjury level of function. Over the years, the pendulum of conventional wisdom has swung wildly between “they all do well” to “they all do poorly” and all points in between. It is of the utmost importance to avoid the dogma and focus on what is actually going on with our individual patients, thereby providing appropriate care and realistic expectations.

We would like to thank all of the authors for contributing their excellent work to this symposium. The topics are timely and add important information to the continually growing body of knowledge in the field of pelvic ring injury care. We would also like to thank all the reviewers who assisted us in the evaluation and vetting process. It is our sincere belief and expectation that the material presented will both inform and stimulate those involved in the care of the patient with a disruption of the pelvic ring.