

Radiology of spinal and pelvic trauma

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Pelvic trauma

Acetabular fractures

- Mostly due to indirect injury to foot, knee or greater trochanter
- Signs of capsular distension
 - Displacement of obturator internus muscle (obturator internus sign)
 - Widening of tear drop space
 - Distorted fascial planes over psoas and gluteus medius



Pelvic trauma

Acetabular fractures

- Four types
 - Posterior rim (Dashboard) #
- Blow to knee while in flexion+adduction
 - \pm Posterior dislocation of hip
- Simple posterior column #
- Uncommon
- Iliioischial line displaced medially



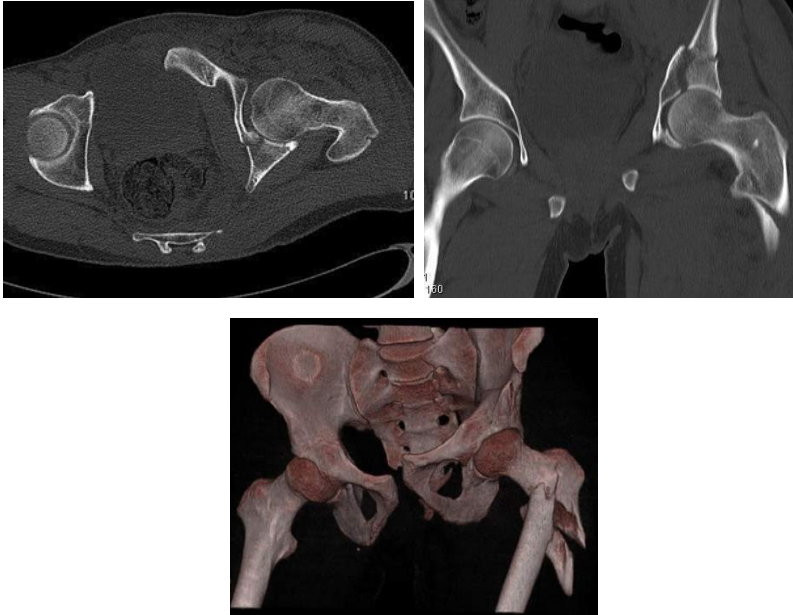
Pelvic trauma

Acetabular fractures

- Central acetabular (explosion) #
- Most common
- Divides innominate bone into superior and inferior halves
- In transverse type, # line bisects ischial spine
- In oblique #, extends posterosuperiorly to sacrospinous notch
- \pm Central dislocation of femoral head – Simple anterior column #
- May terminate anywhere along pubis or ischiopubic junction
- Loss of continuity of iliopubic line and medial displacement of teardrop

Pelvic trauma

Acetabular fractures



Conclusion

- MDCT has a major role in acute spinal trauma
- Role of MRI in acute spinal trauma is evolving indicated in specific conditions
- Radiologist should try to differentiate between stable and unstable fractures
- Interventional radiology has a role in pelvic trauma