KSSS 2025
The 42nd International Congress of Korean Society of Spine Surgery

Unraveling Spinopelvic Dissociation: Insights from 7 Cases Treated in a Year at Malacca General Hospital

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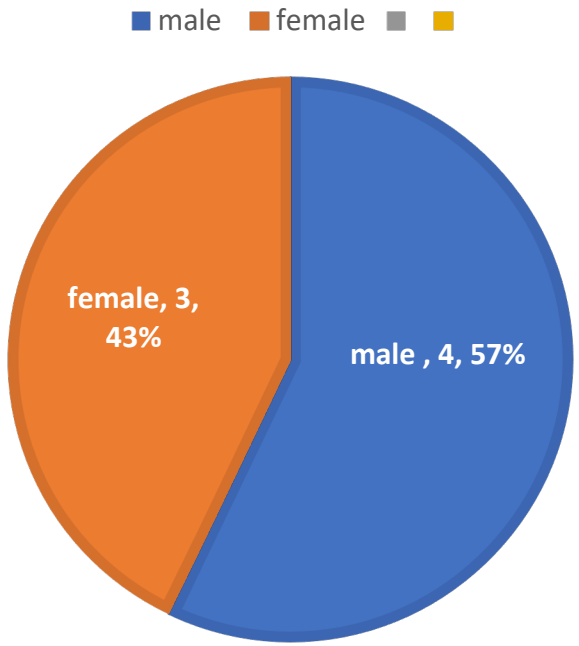
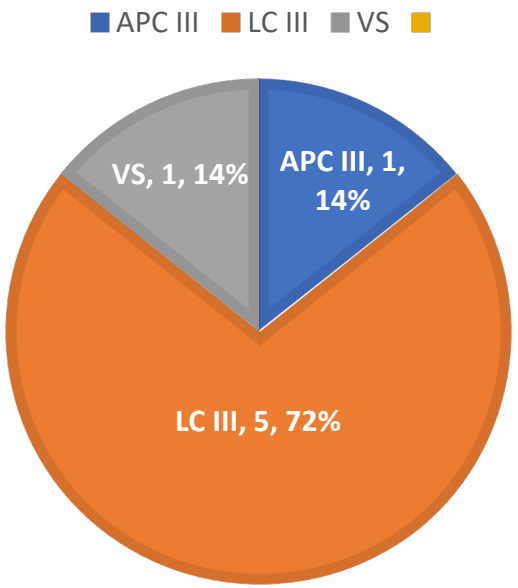
- Malacca General Hospital – non subspecialty centre
- Spinopelvic dissociations are a relatively rare injury and associated with intra-abdominal, vascular, neurological and other long bone fractures.
- Total of 7 patients treated in our hospital for spinopelvic dissociation in a year
- Our preferred construct provide less technical demanding while maintain good stability for early mobilization and comparative outcome.

GENDER

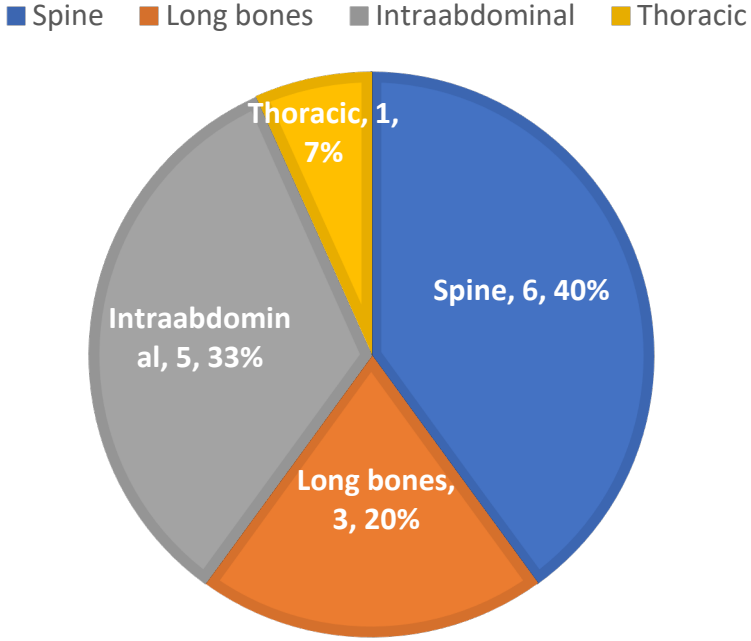


Mean age: 23.4

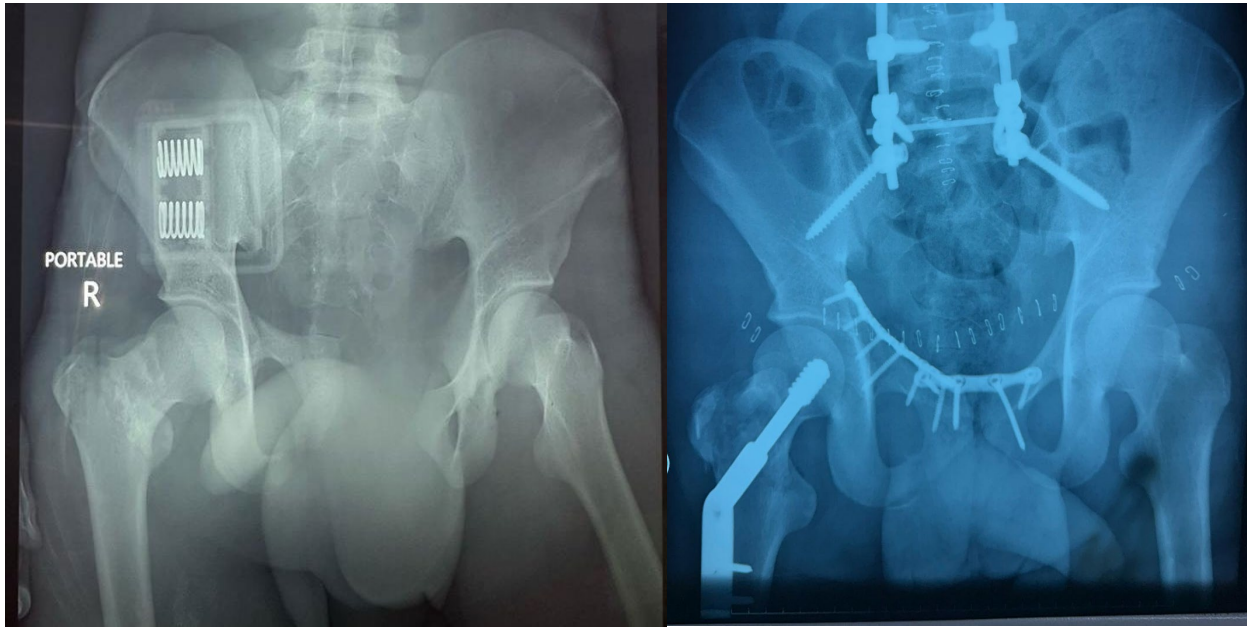
YOUNG AND BURGESS CLASSIFICATION



ASSOCIATED INJURY



Preferred strategies



- Initial Damage Control Orthopedic to stabilize pelvic ring: Supraacetabular External fixation.
- Restoring the pelvic ring:
- Destruction of anterior and posterior: Fix anterior first
- Address associated injury prior to repositioning
- Spinopelvic fixation
- Open reduction and internal fixation of the symphysis pubis using reconstruction plates were carried out in 4 patients.

Spinopelvic fixation

- Aim
  - Create a linear path for rod insertion- reduce the use of iliac connector
- Preferred option
  - Definite: subcrestal screw
    - Add 10mm for realignment
  - Optional: S1A2
    - Dual iliac screw provide stronger construct for unstable fracture

- All patients able to ambulate without aid by a mean time of 2.1 months mostly due to associated injury
- Conclusion: Spinopelvic fixation provides a stable construct in handling such injuries, leading to comparable functional outcomes.
- Our preferred construct:
  - Less technical demanding
  - Cost effective
  - Maybe adopted in non subspecialty center