Nonoperative Management of Minimally Displaced Lateral Compression Type 1 (LC1) Injuries with Comminuted Rami Fractures is Associated with Late Displacement

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INTRODUCTION: The management of minimally displaced (<1 cm) lateral compression type 1 (LC1) pelvic ring injuries is controversial. Potential benefits of operative management for injuries with dynamic displacement of ≥1 cm include improved pain control, mobilization, hospital length of stay, and ability to clear physical therapy (PT) with discharge home. In two recent studies (Hadeed et al. and Ellis et al.), rami comminution was found to be predictive of LC injury instability on examination under anesthesia (EUA) and lateral stress radiographs (LSR). The purpose of this study was to evaluate how rami comminution and subsequent operative vs. nonoperative management impacts the late displacement of these iniuries.

METHODS: Retrospective review of a prospectively collected LC1 database was performed to identify all patients with minimally displaced LC1 injuries and follow-up radiographs over a four-year period (n=125). Groups were separated based on the presence of rami comminution and subsequent management, including rami comminution/operative (n=49), rami comminution/nonoperative (n=54), and no comminution/nonoperative (control group, n=22). The primary outcome was late fracture displacement, analyzed as both a continuous variable and as late displacement ≥5 mm.

RESULTS: Patients were similar in all demographic and injury characteristics with the exception of a greater proportion of complete sacral fractures in the comminution/operative group, consistent with this criterion as a historic operative indication. As a continuous variable, late fracture displacement was lower in the comminuted rami/operative group as compared to the comminuted rami/nonoperative group (PD: -3.0 mm, CI: -4.8 to -1.6 mm, p=0.0002) and statistically nondifferent from control. Late displacement ≥5 mm was significantly more prevalent in the comminuted rami/nonoperative group than in the comminuted rami/operative and no comminution/nonoperative groups (control)(PD: -33.9%, CI: -49.0% to -16.1%, p=0.0002 and PD: -30.0%, CI: -48.2% to -6.5%, p=0.02, respectively).

DISCUSSION AND CONCLUSION: Late fracture displacement, as both a continuous and categorical variable, was greatest in the group with rami comminution/nonoperative management. Rami comminution, which has been previously associated with dynamic displacement on EUA and LSR, is also associated with a higher incidence of late displacement when

managed nonoperatively.





	Comminution, Operative (no.05)	Comminution, Homoperative (no.64)	Ha Commination, Honoperative Inc221	Produce
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				9.26
				930
	1 (2.06)	1(1.00)	10480	
Search Commitmetion				0.56
Aracture Displacement at Follow- tip Genet	2210.410.420	45(1898.0)	3.8(3.3%4.6)	0.0007***
25 mm Fracture Stiplacement at Notice 39 ASS, American Society of Americans	7 (14.38)	Schwind	4 (18.2%)	6-0004**