Case study 1 – Pelvic Xray

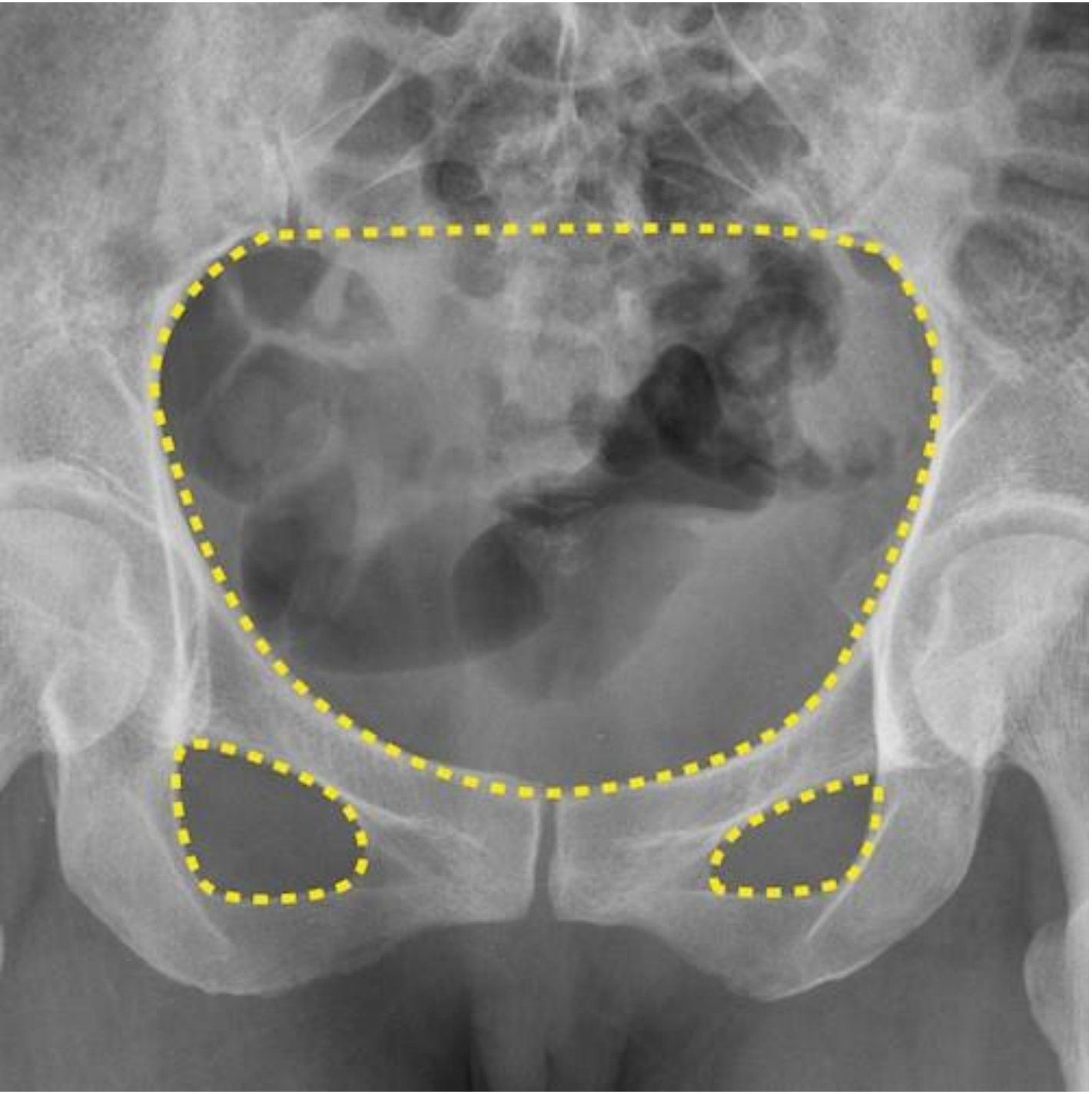
Case courtesy of Dr Andrew Dixon, Radiopaedia.org, rID: 31610.

Case study 2 – Pelvic Xray

Case courtesy of Dr Gagandeep Singh, Radiopaedia.org, rID: 6611.

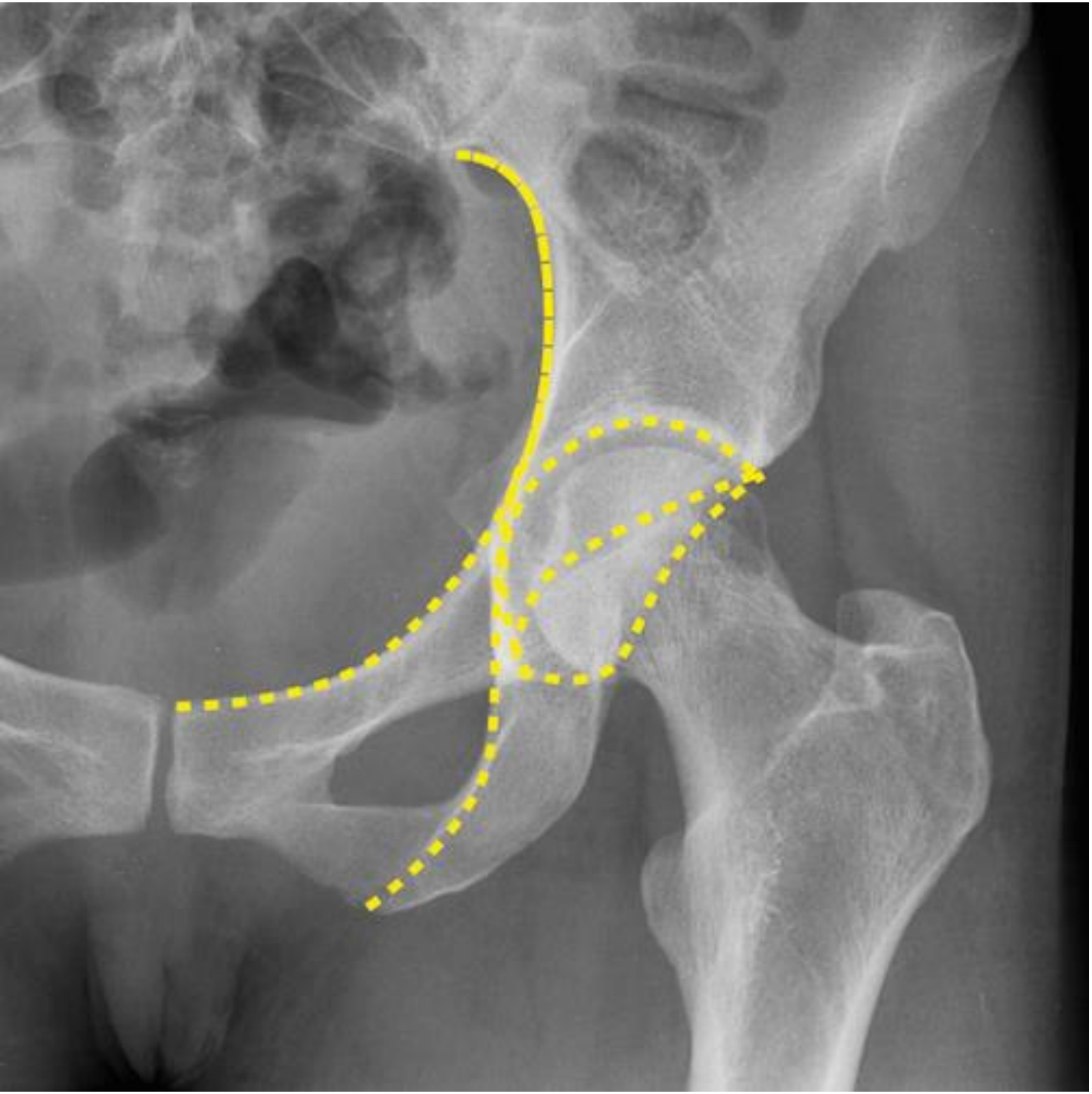
Case study 3 – Pelvic Xray

Pelvic Xray – Three rings



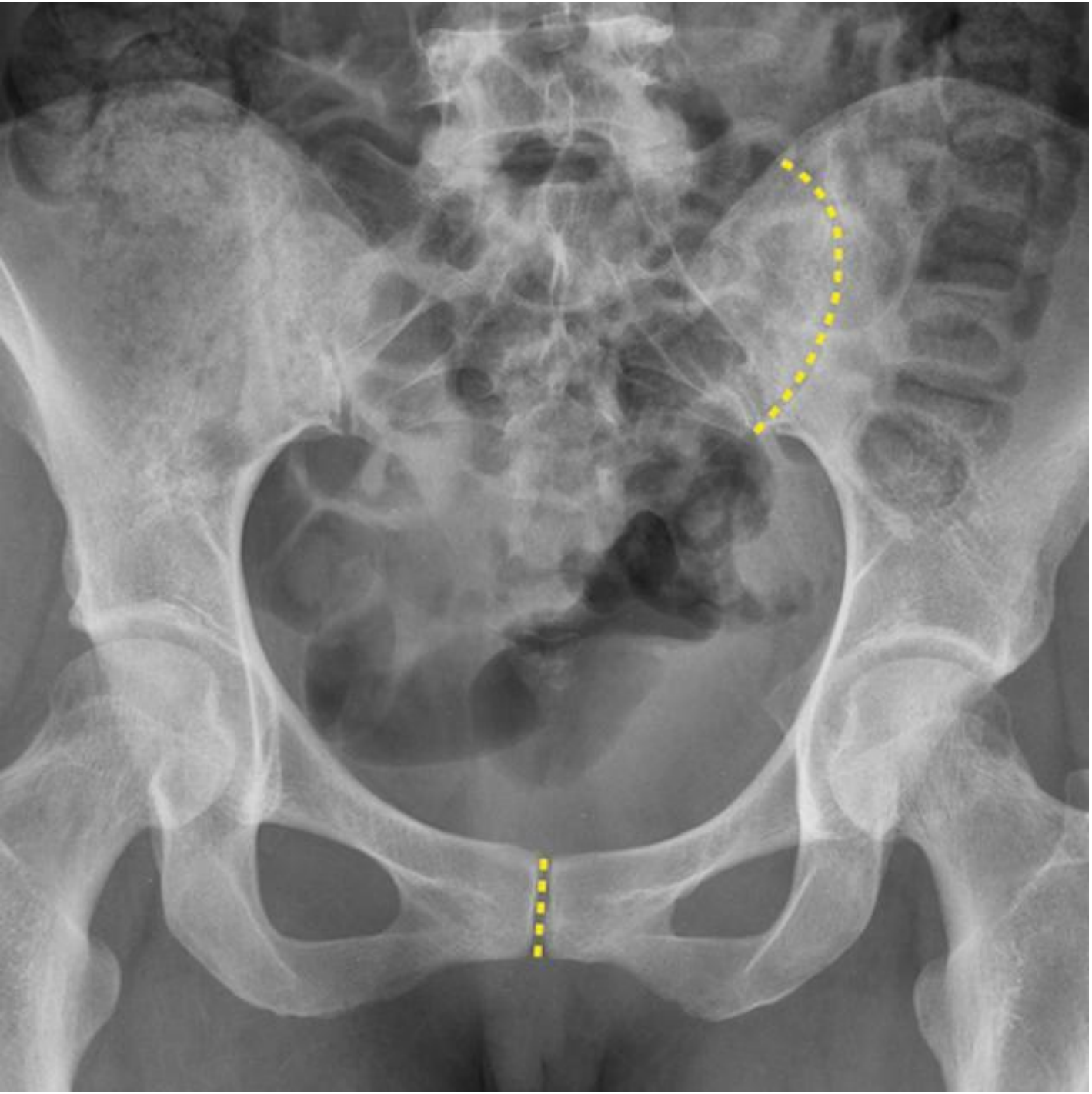
Case courtesy of Dr Jeremy Jones, Radiopaedia.org, rID: 28928.

Pelvic Xray – Acetabular lines



Case courtesy of Dr Jeremy Jones, Radiopaedia.org, rID: 28928.

Pelvic Xray – Joint spaces



Case courtesy of Dr Jeremy Jones, Radiopaedia.org, rID: 28928.

Pelvic ring fracture classification

Courtesy of https://www.orthobullets.com/trauma/1030/pelvic-ring-fractures

- **Tile classification**

Tile classification		
A: Stable		
	A1: fracture not involving the ring (avulsion or iliac wing fracture)	
	A2: stable or minimally displaced fracture of the ring	
	A3: transverse sacral fracture (Denis zone III sacral fracture)	
B: Rotationally unstable, vertically stable		
	B1: open book injury (external rotation)	
	B2: lateral compression injury (internal rotation)	
	B2-1: with anterior ring rotation/displacement through ipsilateral rami	
	B2-2-with anterior ring rotation/displacement through contralateral rami (bucket-handle injury)	
	B3: bilateral	
C: Rotationally and vertically unstable		
	C1: unilateral	
	C1-1: iliac fracture	
	C1-2: sacroiliac fracture-dislocation	
	C1-3: sacral fracture	
	C2: bilateral with one side type B and one side type C	
	C3: bilateral with both sides type C	

- **Young-Burgess Classification**

Anterior Posterior Compression (APC)		
APC I	Symphysis widening < 2.5 cm	
APC II	Symphysis widening > 2.5 cm. Anterior SI joint diastasis. Posterior SI ligaments are intact. Disruption of sacrospinous and sacrotuberous ligaments.	
APC III	Disruption of anterior and posterior SI ligaments (SI dislocation). Disruption of sacrospinous and sacrotuberous ligaments. APCIII associated with vascular injury	

Lateral Compression (LC)		
LC I	Oblique or transverse ramus fracture and ipsilateral anterior sacral ala compression fracture.	
LC II	Rami fracture and ipsilateral posterior ilium fracture dislocation (crescent fracture).	
LC III	Ipsilateral lateral compression and contralateral APC (windswept pelvis). Common mechanism is rollover vehicle accident or pedestrian vs auto.	

Vertical Shear (VS)		
Vertical shear	Posterior and superior directed force. Associated with the highest risk of hypovolemic shock (63%); mortality rate up to 25%	