

VAQ 2010.1.2 (XR)

A 25 year old man sustains a pelvic injury in a high speed motorcycle accident. An X-ray including a retrograde cystogram is performed.



Describe and interpret his X-ray (100%)

Major pelvic fracture with left superior and inferior pubic rami fractures, pubic symphysis diastasis, and left sacral fracture. Cystogram demonstrated indistinct edge to dome of bladder raising possibility of bladder rupture.

Minimal information required included superior and inferior Pubic rami fractures, Sacral #, and contrast in bladder with indistinct superior border.

This radiograph shows a severe and potentially life threatening vertical shear pelvic fracture with significant disruption of the pelvic ring, involving the left sacral ala and the left superior and inferior pubic rami, left acetabulum, and pubic symphysis. A retrograde cystogram has been performed through a catheter with an ill-defined upper margin consistent with intraperitoneal bladder rupture. He requires emergent trauma team assessment and treatment and consideration of pelvic stabilisation/embolisation and laparotomy if stable. A pelvic binder should be placed if not already sheet-wrapped.

XR pelvis

Significant pelvic fracture with displacement involving

left sacrum

left inferior pubic ramus

left superior pubic ramus

left acetabulum

pubic symphysis

Superior displacement of left hemipelvis consistent with vertical shear injury

this is a severe injury with the **potential to cause exsanguinating haemorrhage**

no pelvic binder seen

Contrast in urinary bladder

filling defect suggestive of catheter balloon

ill defined superior margin

consistent with intraperitoneal bladder rupture

Radiodensity between legs likely to be artefact from contrast injection apparatus/medical equipment

Expectation of haemodynamic compromise in this patient who may be multiply injured.