Pelvic Ring: Percutaneous Screw Placement

Paul Toogood, MD
UCSF Department of Orthopaedic Surgery
Orthopaedic Trauma Institute
San Francisco General Hospital

The Fundamentals

- Reduced sacrum or SI joint
- Anatomy: Normal vs Dysmorphic Sacrum
- Fluoroscopic image interpretation
- Pre-op Planning
 - Corridor size
 - Screw length
 - Inlet/Outlet angles

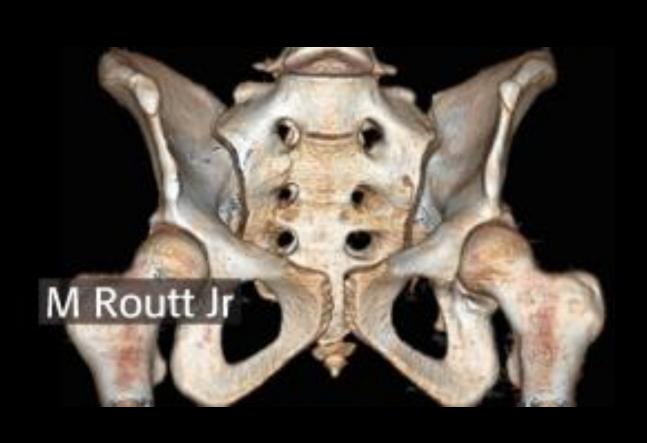
Normal Sacrum

- Sacrum is recessed into pelvis
- No residual disc
- S1 foramina are round
- S1 between posterior ilium/SI joints

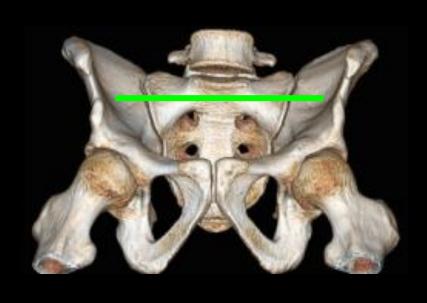


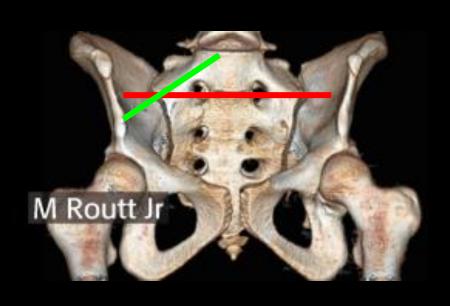
Dysmorphic Sacrum

- Top of sacrum co-linear with tops of ilium
- Residual disc between S1/S2
- S1 foramina are oval
- Mamillary processes
- S1 NOT between posterior ilium/SI joints
 - Sacral Ala slopped
 - S1 positioned forward and cephalad



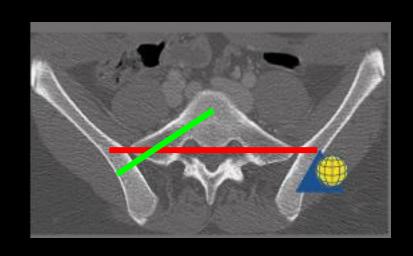
DYSMORPHIC





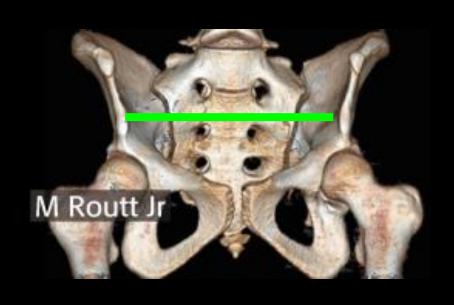


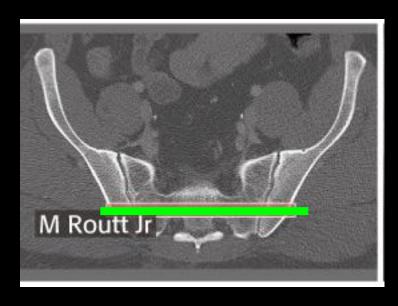




DYSMORPHIC











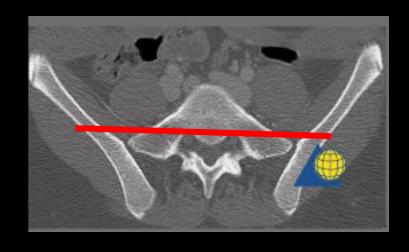


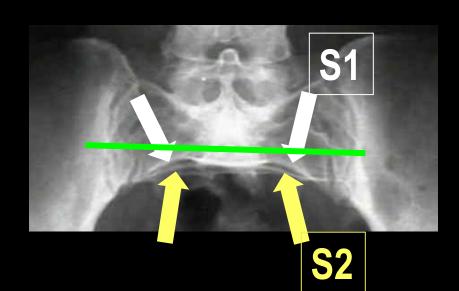


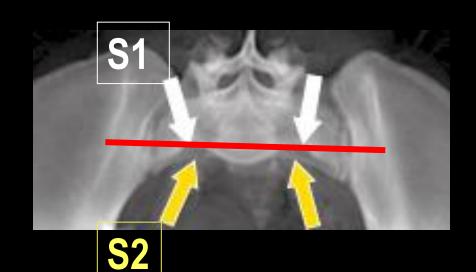
DYSMORPHIC



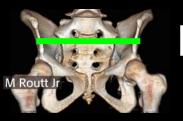
S1









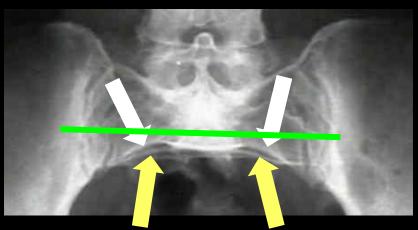


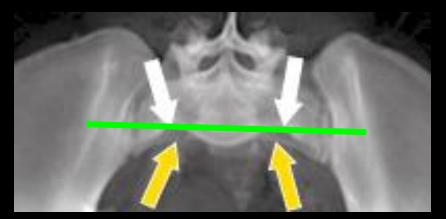
DYSMORPHIC

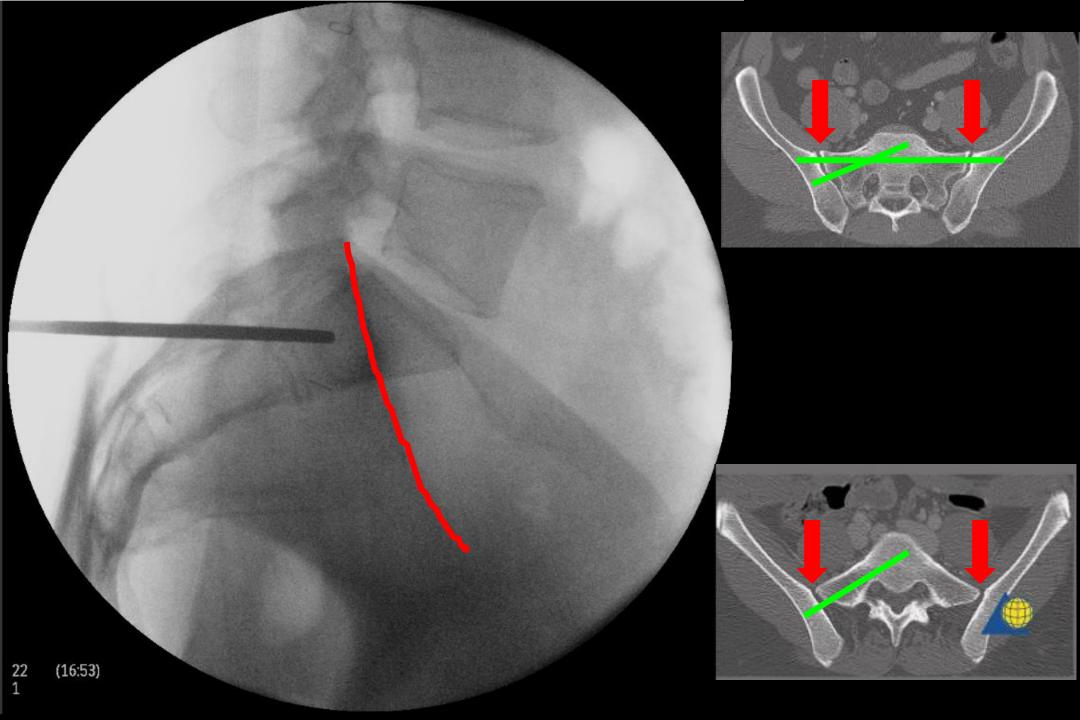


S2

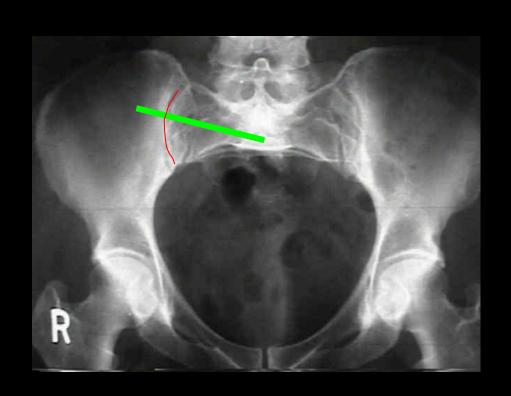


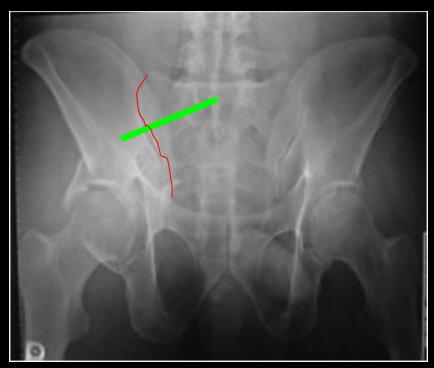






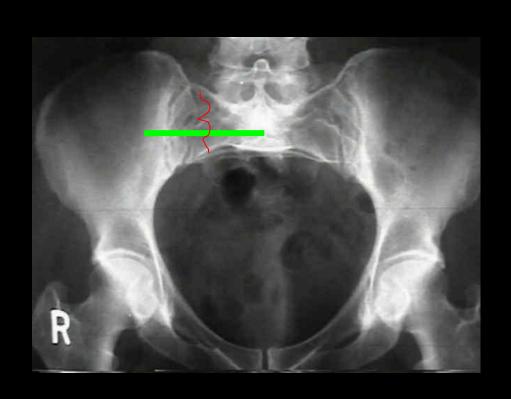
Screw Trajectory: SI joint Injury

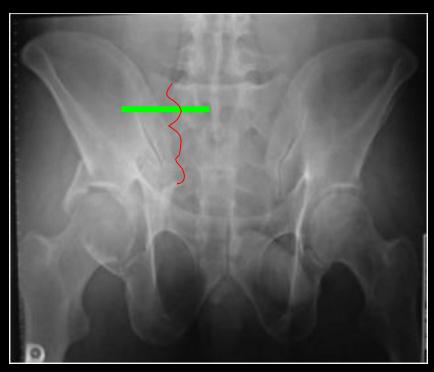




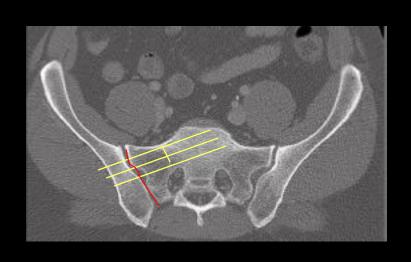
Inlet Outlet

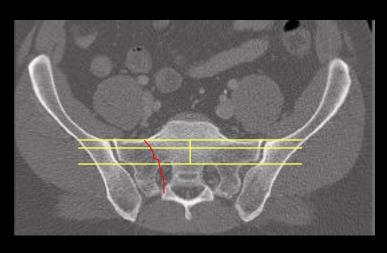
Screw Trajectory: Sacral Fracture





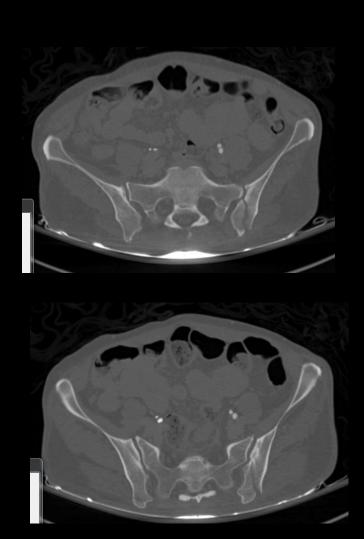
Pre-Op Planning





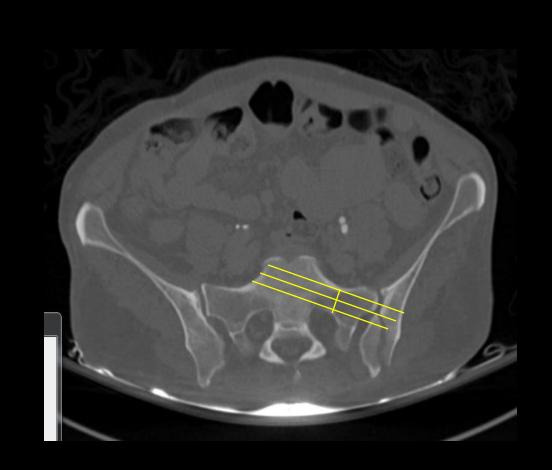






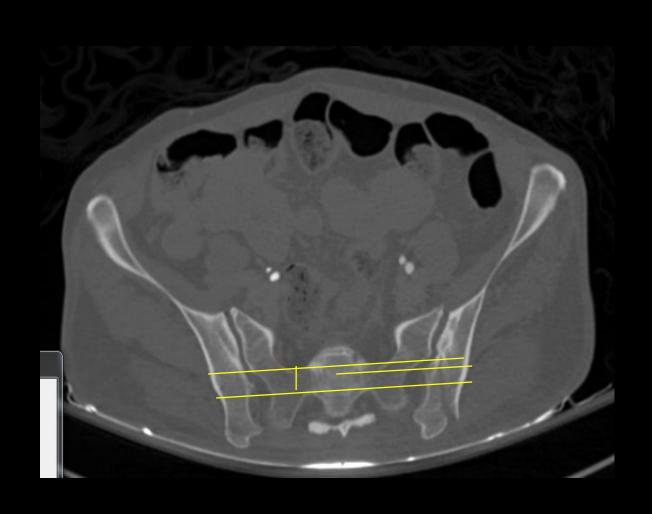
19mm

85mm



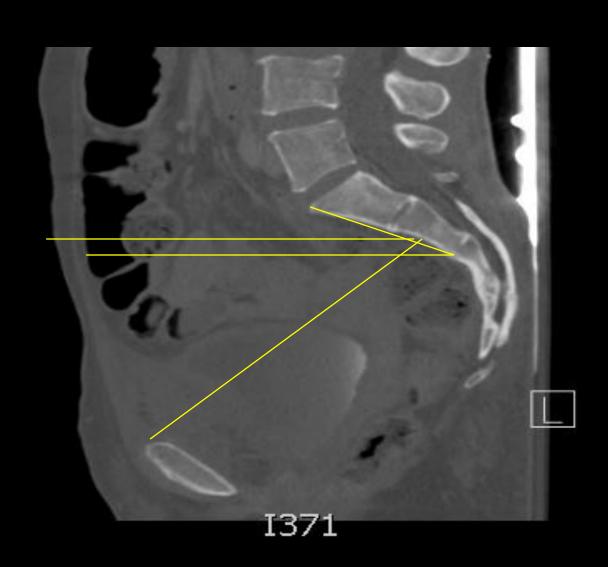
13mm

95mm



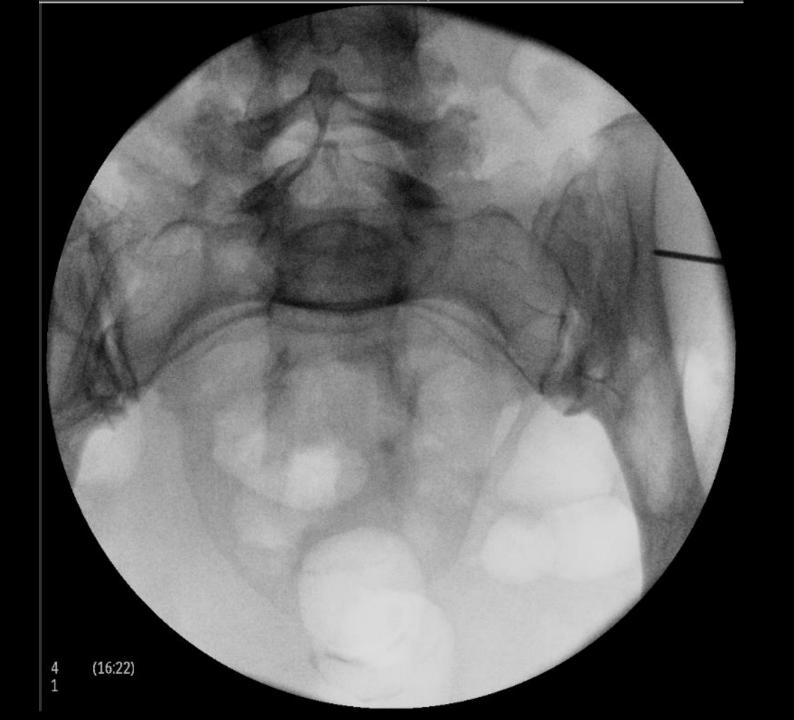
INLET: 10

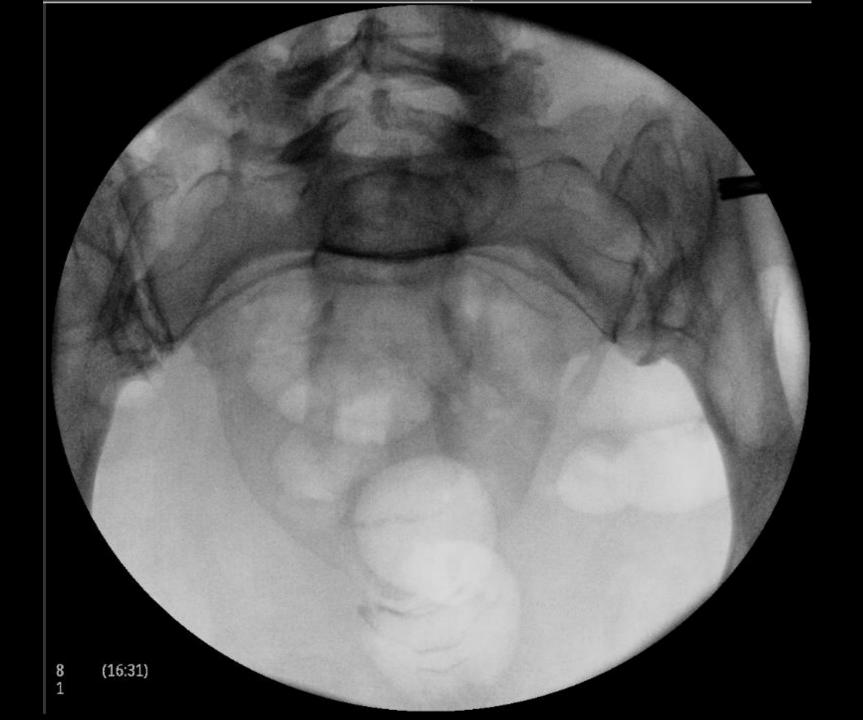
OUTLET: 40







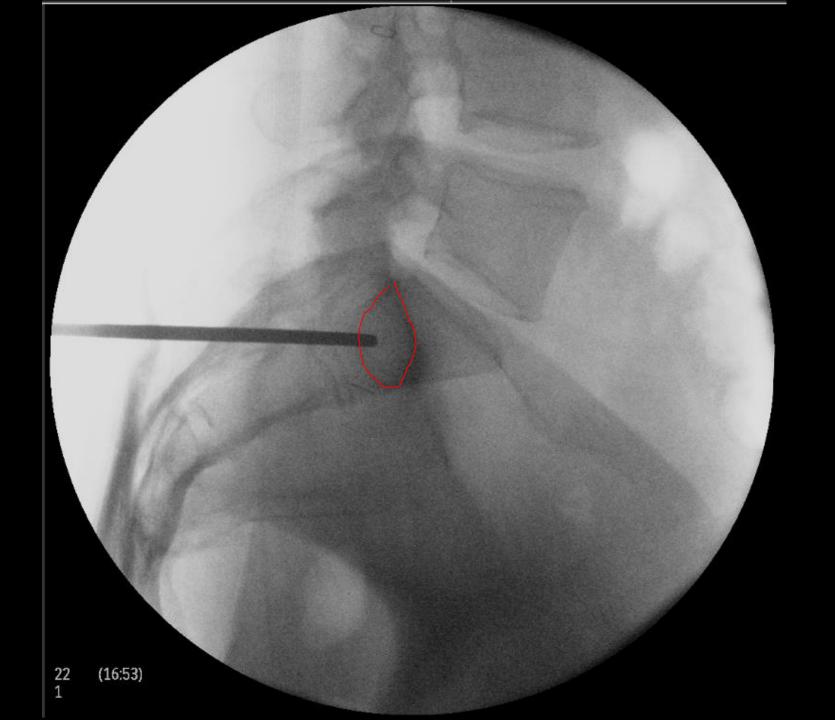


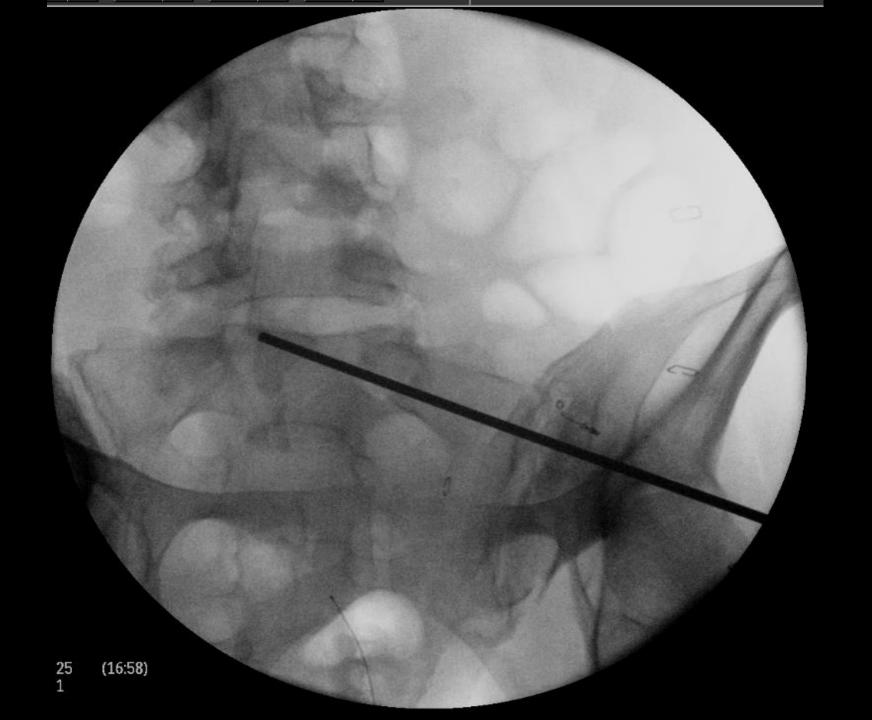


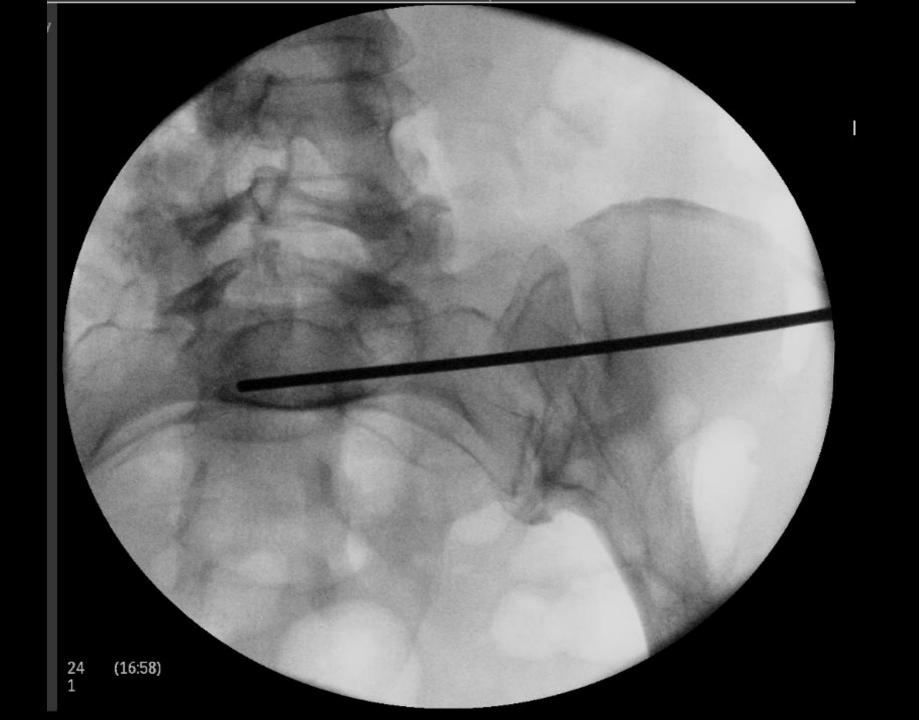


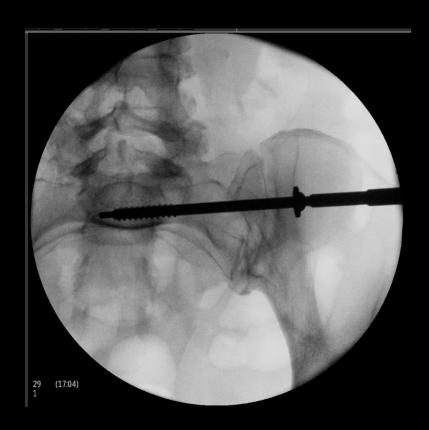




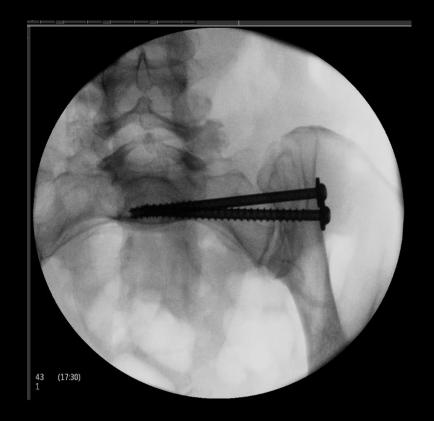


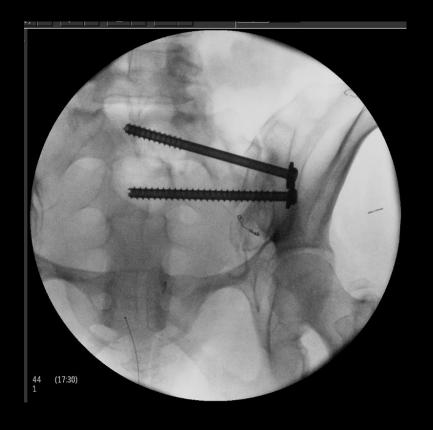


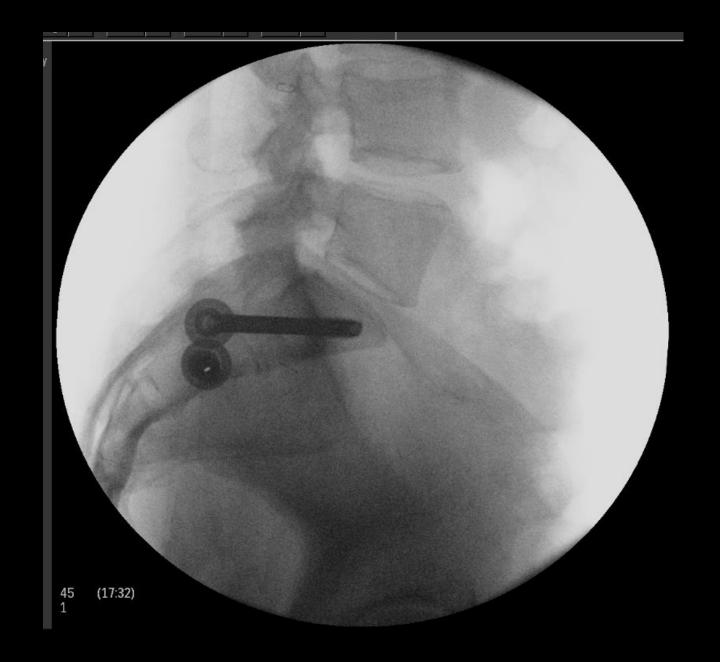














Thank You