# Sacroiliac Fixation: Safely navigating the dysmorphic sacrum

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# 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

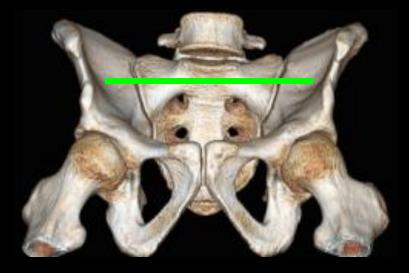
S1 between posterior ilium/SI joints

# **Dysmorphic Sacrum**

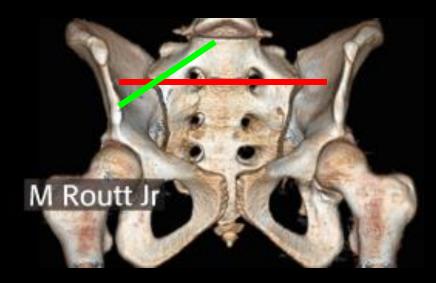
- Top of sacrum co-linear with tops of ilium
- Residual disc between S1/S2
- S1 foramina are oval
- Mamillary processes
- S1 NOT between posterior ilium/SI joints
  - Sacral Ala slopped
  - S1 positioned forward and cephalad





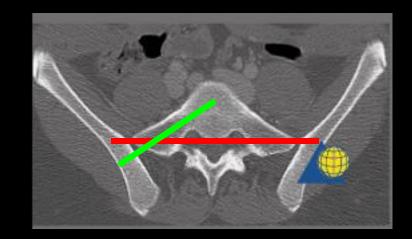


### DYSMORPHIC

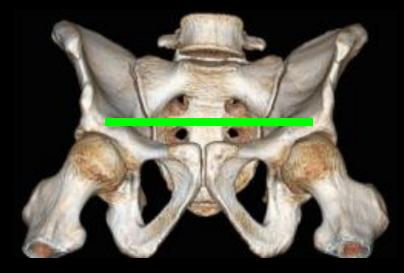


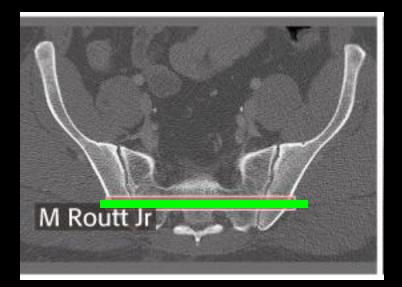


**S1** 



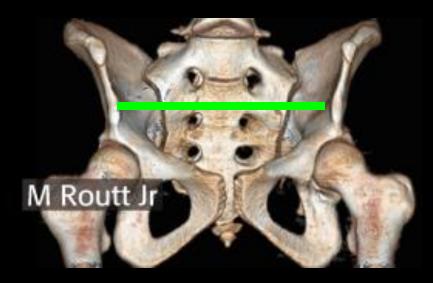






**S2** 

### DYSMORPHIC



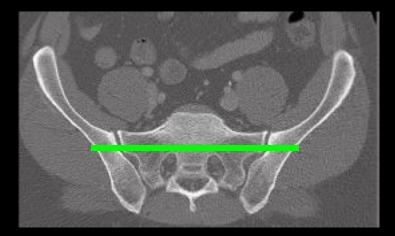




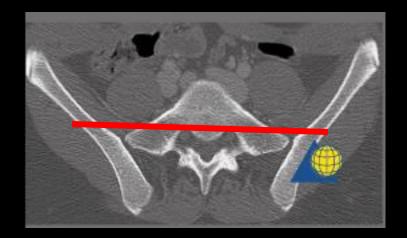
## NORMAL

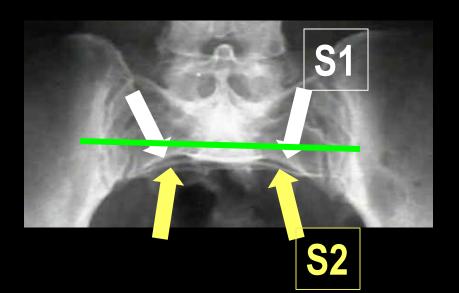


# DYSMORPHIC



**S1** 



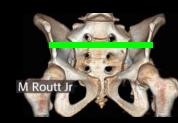








### NORMAL

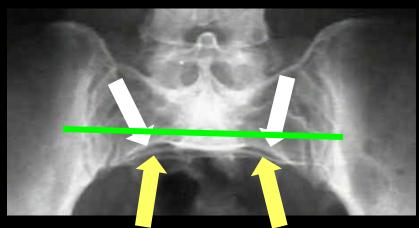


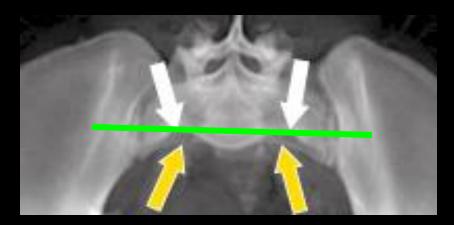
**S2** 

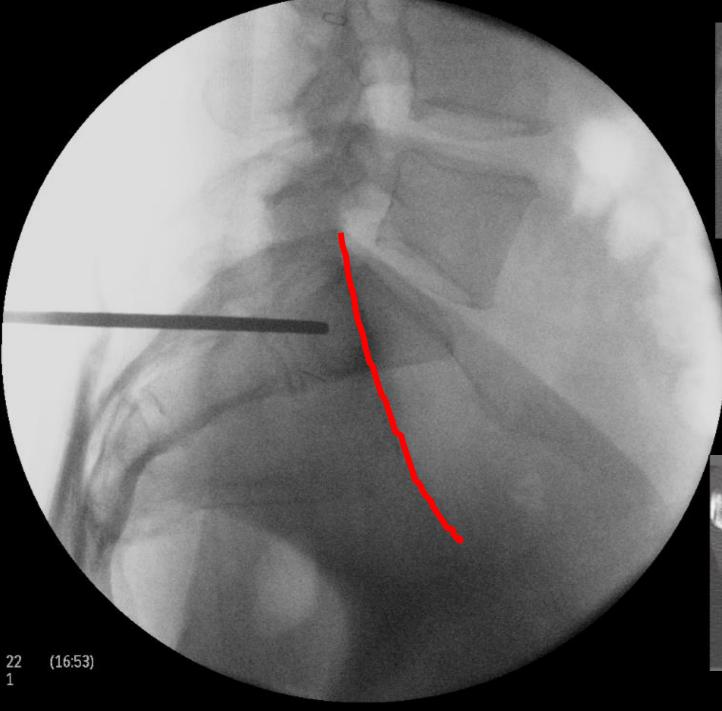
### DYSMORPHIC

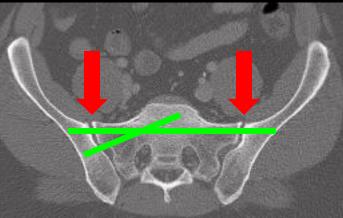


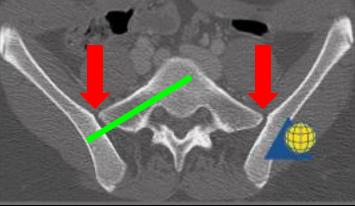




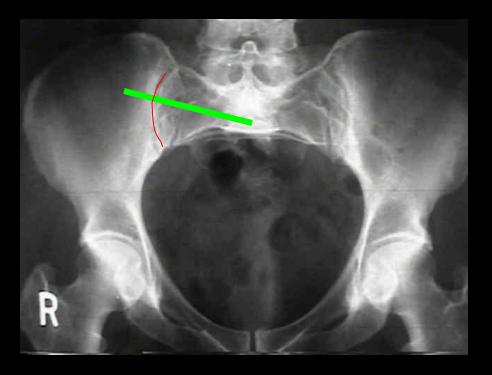


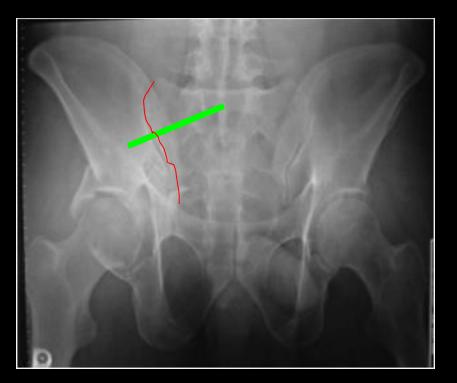






# Screw Trajectory: SI joint Injury

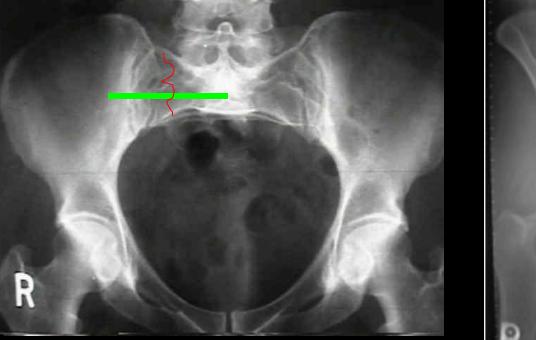


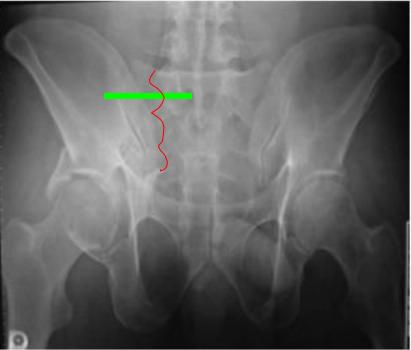


### Inlet

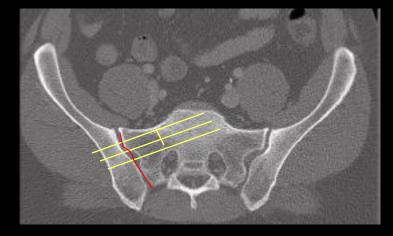


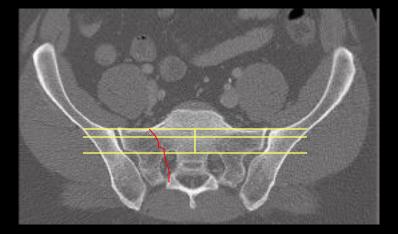
# Screw Trajectory: Sacral Fracture





# **Pre-Op Planning**



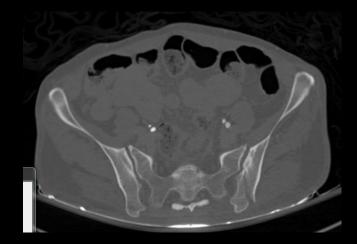








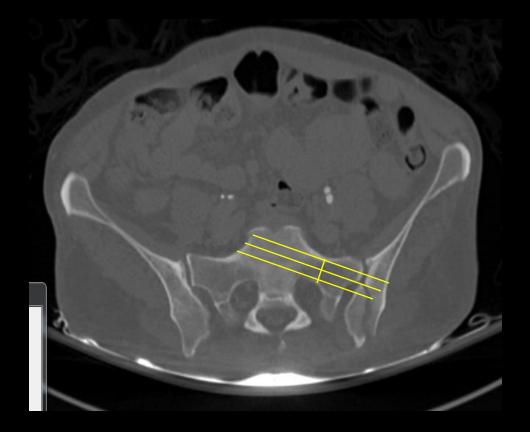




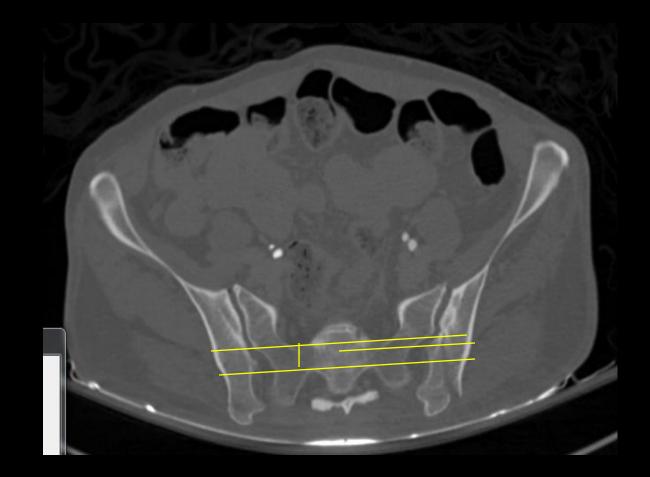


### 19mm











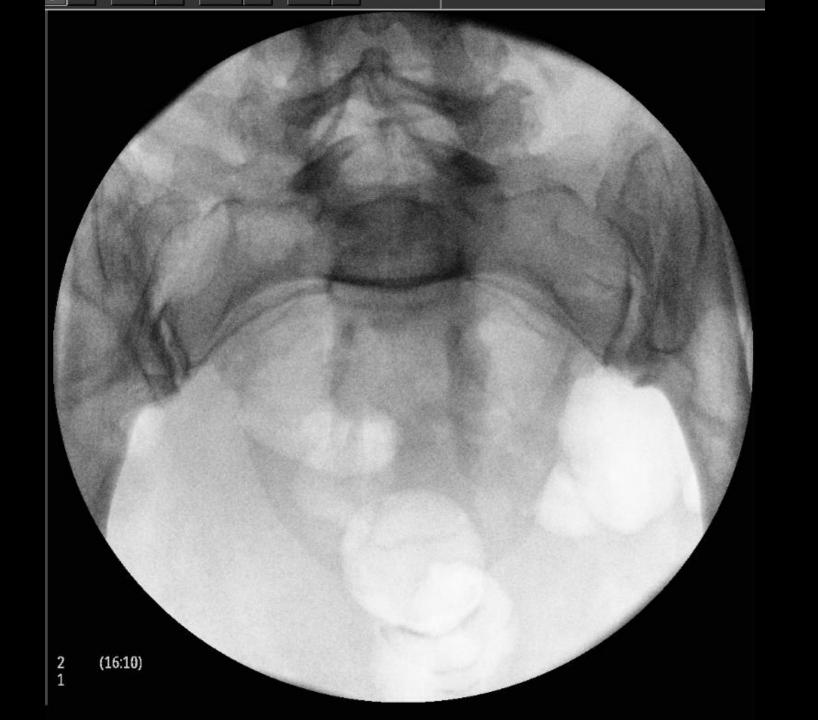




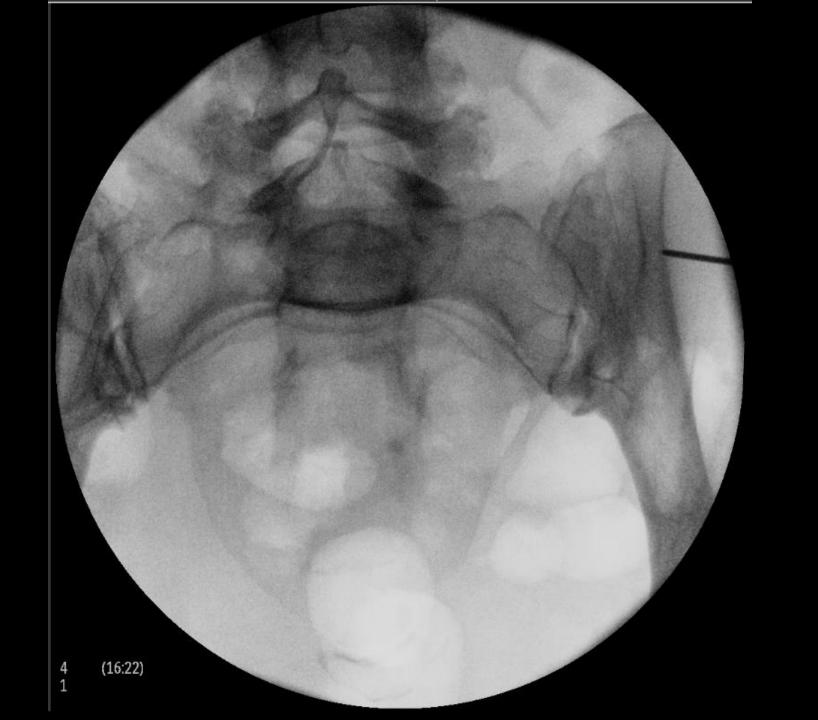
# I371

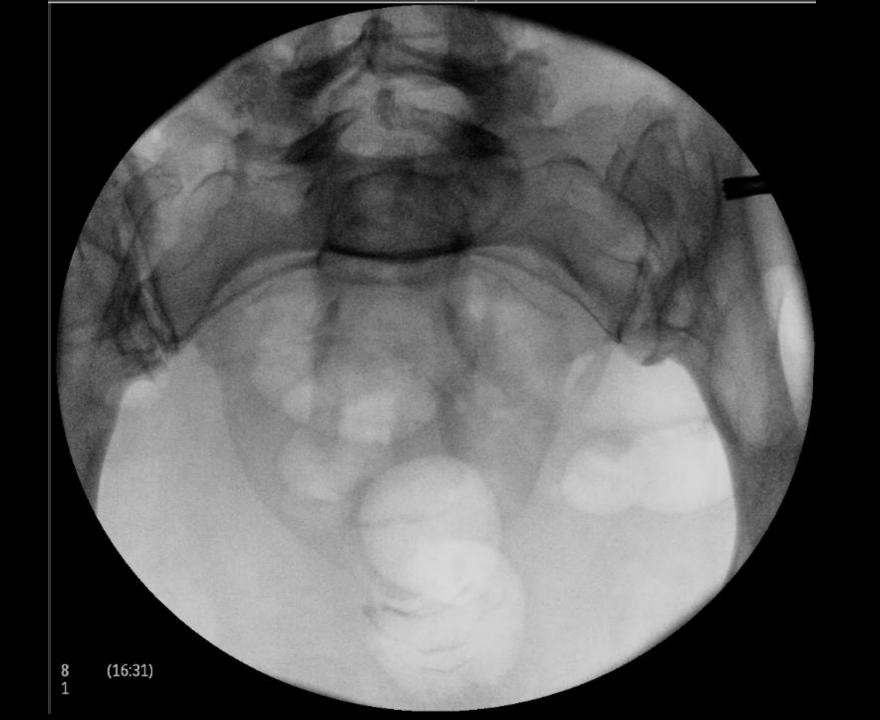
### INLET: 10

## OUTLET: 40



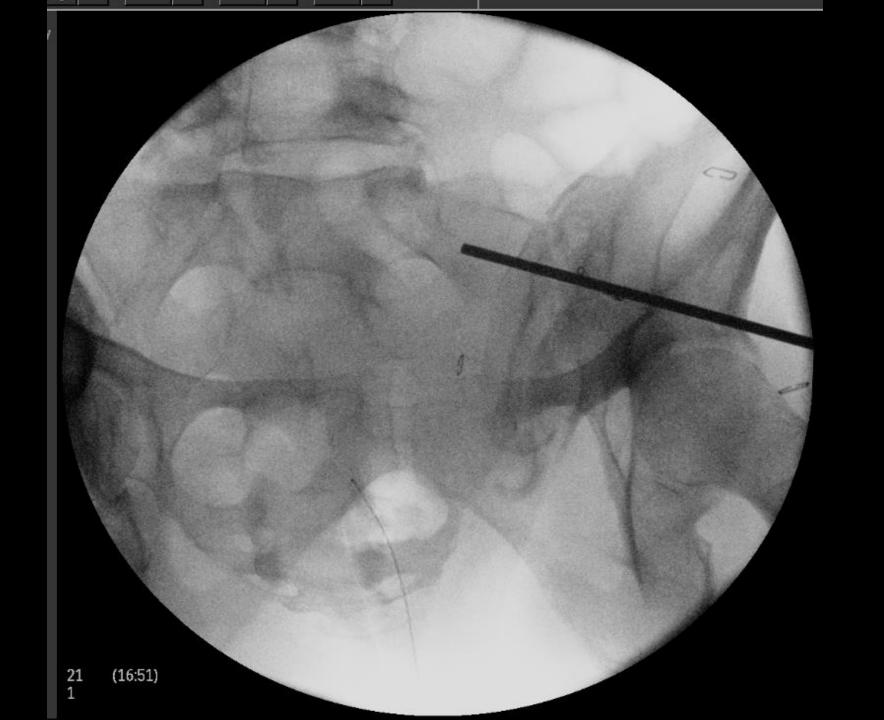




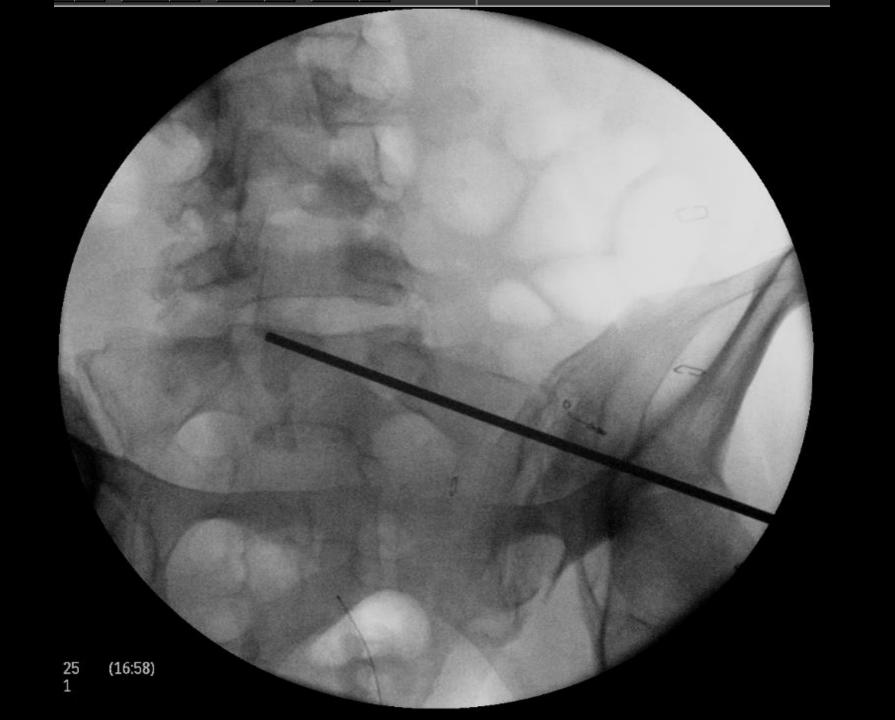


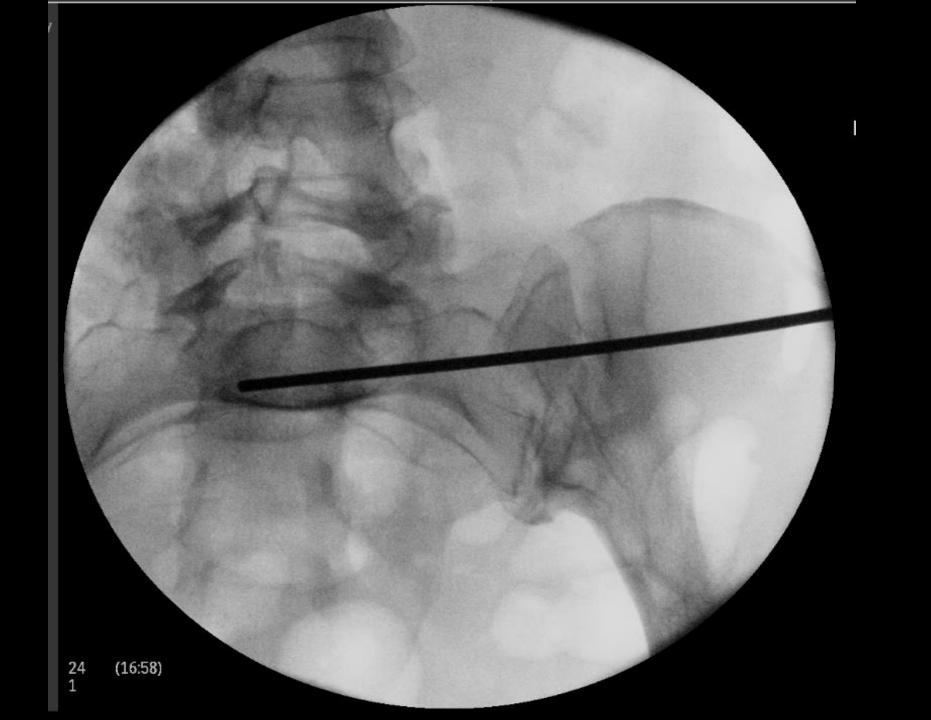


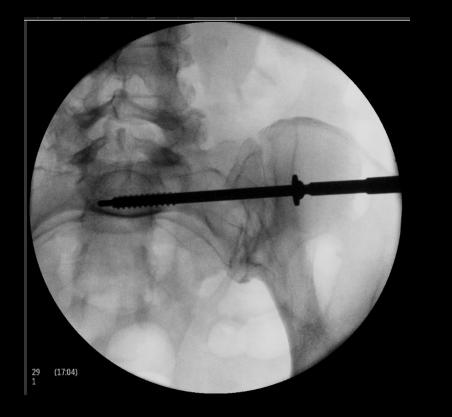




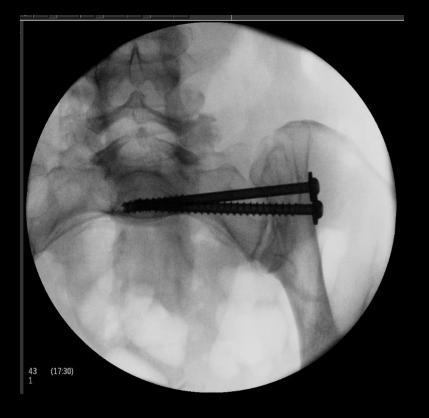




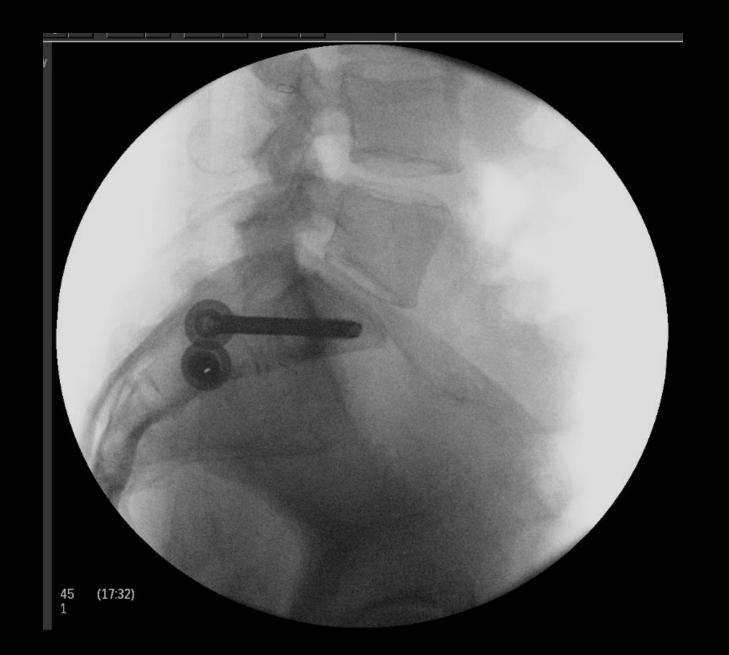












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# Thank You