

Abstract

Key Words : sacral fractures- neural compromise- pelvic x-rays- pelvic CT

The relative ease with which sacral fractures and associated neural compromise can be missed on initial evaluation of the trauma patient necessitates that the examiner maintain a high index of suspicion. Obtaining appropriate imaging, including pelvic x-rays as well as pelvic CT, can assist the surgeon in diagnosing potential sacral fractures, however these modalities should not be considered a replacement for complete neurologic assessment of the lower lumbar and sacral nerve root distributions.

While many sacral fractures can be treated nonoperatively, unstable fractures and fractures with associated nerve injury may require surgical management. The selected surgical treatment option should be tailored to the individual fracture pattern, the patients associated injuries, and the surgeons experience.