RESULTS

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In our series of twenty five patients, the final results were good in fourteen patients (56%), moderate in six patients (24%), and poor in five patients (20%).

The good and moderate results were considered as satisfactory, and this was achieved in twenty patients (80%), and the poor results were grouped as unsatisfactory, and this presented in five patients (20%). (Table.7)

Results		No.of patients	%
Satisfactory	Good	14	56%
	Moderate	6	24%
Total		20	80%
Unsatisfactory	Poor	5	20%
Total		5	20%
Grand Total		25	100%

Table.7

We could classify these patients into six groups according to the site and type of the fractured part:

Group I Fracture and displacement of the posterosuperior

part of the acetabulum.(Fig.27)

Group II Fracture and displacement of the posterinferior part of the acetabulum.(Fig.29)

Group III Fracture and displacement of the whole posterior part of the acetabulum (eye brow fracture).(Fig.30)

Group IV Comminuted posterior part.(Fig.31)

Group V Fracture of the posterior wall in combination with other acetabular fractures.(Fig.32)

Group VI Fracture of the posterior wall with fracture of the head of the femur.(Fig.33)

When we assessed our results according to these groups, we found that, the majority of cases were located in group I; thirteen patients (52%) with satisfactory results of twelve patients, and unsatisfactory in one patient only. Group V was the second group in the number of patients, four patients (16%) with satisfactory results in one patient and unsatisfactory in three patients. Group III was presented by three patients, all of them with satisfactory results. Group IV and VI were presented both of them by two patients and group II was presented only by one patient, with satisfactory results for all of them.(Table.8)

	No. of patients	%	Results		
			Good	Moderate	Poor
Group I	13	52%	10	2	1
Group II	1	4%	1	–	–
Group III	3	12%	1	2	–
Group IV	2	8%	1	–	1
Group V	4	16%	–	1	3
Group VI	2	8%	1	1	–

Table.8

The effect of age on results (Table 9)

It was found that, the age of the patient has no effect on the results.

Age	No. of patients	Results	
		Sat.	Unsat.
20–30	6	4 (66.7%)	2 (33.3%)
31–40	15	13 (86.7%)	2 (13.3%)
41–50	3	2 (66.7%)	1 (33.3%)
51–60	1	1 (100%)	–

Table.9

The effect of the size of the fragment (Table.10)

It was found that, the best results was obtained when the size of the fragment was more than 4.5Cm X 3Cm (100%), satisfactory results. When the fragment was less than 3Cm X 2.5Cm (71.4%) satisfactory results was obtained. Comminuted and combined injuries gave the worst results, (60%) satisfactory results.

Size	No. of pts.	Results	
		Sat.	Unsat.
<3.5 x 2.5 Cm.	7	5 (71.4%)	2 (28.6%)
>4.5 X 3 Cm	13	13 (100%)	
Comm. & Comb.	5	3 (60%)	2 (40%)

Table.10

The effect of the duration between injury and the operation (Table.11)

We gained stisfactory results in twenty patients whom the operation were done after the injury by less than three weeks, but the unsatisfactory results were obtained with patients whom operated upon after one month of injury.

Time of op.	No. of pts.	Results		
		Sat.		Unsat.
		Good.	Mod.	Poor
< one week	12	9	3	—
1 week - 3 weeks	8	5	3	—
> 3 weeks	5	-	-	5

Table.11

Rate of recovery of hip movements

1) Passive movements with tolerable pain (Table.12)

The period	No. of pts.	%
Within 3 days	15	60%
From 4 days to 1 week	6	24%
More than 1 week	4	16%

Table.12

2) Start of assissted active movements (Table 13)

The period	No. of pts.	%
Within 1 week	15	60%
From 1 week to 3 weeks	6	24%
More than 3 week	4	16%

Table.13

3) Start of active movements (Table 14)

The period	No. of pts.	%
Within 3 weeks	15	60%
From 3 weeks to 6 weeks	6	24%
More than 6 weeks	4	16%

Table 14

4) Start of active stress leg raising (Table 15)

The period	No. of pts.	%
Within 6 weeks	13	52%
From 6 weeks to 3 monthes	8	32%
Not done propably	4	16%

Table.15

5) Start of active power of abduction (Table 16)

The period	No. of pts.	%
Within 6 weeks	15	60%
From 6 weeks to 6 monthes	6	24%
Not done propably	4	16%

Table.16

6) Normal gait during walking (Table 17)

The period	No. of pts.	%
Within 3 months	15	60%
From 3 monthes to 6 months	6	24%
Not achieved	4	16%

Table.17

Positive Trendlenberg gait was encountered in these patients, in the early weight bearing phase, i.e,the power of abduction was the last to develope. The power of the gluteus medius could be regained back to normal in all patients with stisfactory results in periods from six weeks to six months.

7) Time of ambulation post-operatively (Table.18)

Ambulation post-operatively	No. of pts.	%
Within 1 week	10	40%
Delayed due to pain-2weeks	11	44%
Delayed due to severe pain > 6 Ws.	4	16%

Table.18

COMPLICATIONS

In our series, we classify the complications into, temporary immediate post-operative complications and late persistant complications.

Out of our twenty five patients, there were two cases of temporary immediate post-operative complications. The first one was of post-operative deep infection, which was reopened for drainage and application of local gentamycin beads, and was cured without any effect on the union of the fracture and the result in this patient was satisfactory. The second case was complaining of sciatica post-operatively due to long screws which were changed to suitable ones one week after the first operation and the sciatica subsided.

There were five cases of late persistant complications. Avascular necrosis and arthritis of the hip were developed in four cases, that were operated upon late, more than three weeks of the initial trauma, and one of them was due to long screws entered inside the joint causing chondrolysis.

And lastly, there was a case of severe myositis ossificans around the

operated hip and this probably due to late open reduction and much dissection around the fractured site with difficult reduction.(Table.19)

Complication	No. of patients	%
Infection	1	4%
Sciatic n. palsy	1	4%
Avascular necrosis	4	16%
Myositis	1	4%

Table.19

The three cases of pre-operative partial sciatic nerve palsy in which the lateral popliteal part was affected with foot drop. Those cases, showed recovery of the sciatic nerve, post-operatively in a periode ranging from three weeks to three months.