# INTRODUCTION

Pelvic fractures are serious and frequently life-threatening, with significant morbidity and mortality *(Murray et al., 1985).*

The conventional pelvic overview and special projections of the pelvic ring are often not conclusive for the diagnosis of pelvic ring fractures. The superimposition of multiple bony and soft tissue structures interfere with correct three-dimensional orientation of the bony lesions inspite of special projections. CT offers the possibility of identifying pelvic fractures that are not visible in conventional radiographs. Dislocated fractures can especially be appreciated *(Rommens et al., 1992).*

Computed tomography enables us more precisely in defining type and degree of pelvic injury, especially in acetabular and sacral fractures.

Three-dimensional CT provides clinically useful and complementary display of the directly acquired CT data *(Robertson et al., 1995).* It has been recommended for optimal display of acetabular fractures *(Marj et al., 1989).*

CT has a therapeutic role in some pelvic fractures as; percutaneous screw fixation of acetabular fractures with CT guidance *(Gay et al., 1992)* and in percutaneous CT-guided stabilization of posterior pelvic fractures *(Ebraheim et al., 1994).*