CR75

External and a four-act internal pelvic fixation in a patient with polytrauma

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INTRODUCTION: Fractures of the pelvic ring carry a high mortality and morbidity rate due to possibly great blood loss and abdominal organ trauma. However, external pelvic fixation can stabilize the patient enough to undergo emergency surgeries when treating a patient with multiple life-threatening injuries.
CASE PRESENTATION: A 35-year-old male sustained multiple pelvic fractures, abdominal and aortic injuries after a traffic accident. The patient was admitted to our facility's ER conscious and maintained verbal contact but under the influence of alcohol. His GCS was 13, he was respiratory sufficient and hemodynamically stable. He was diagnosed with a left pneumothorax, a descendent aortic rupture, spleen rupture, renal contusion, and B1 type pelvic fracture– rupture of the pelvic symphysis, fracture of the left acetabulum and fracture of the left ilium and fracture of transverse process of L5 vertebra. After the left hemithorax was drained, a supra-acetabular pelvic external fixator and a right tibial skeletal traction according to Brown were installed. Five days later, the patient underwent a four-act internal pelvic fixation. Firstly, through the modified Stoppa approach the transverse fracture of iliac bone was reduced and fixed with two screws. Then, the left sacroiliac joint was reduced and fixated with two plates and six screws. Thirdly, the symphysis was finally fixated with a plate and four screws. Lastly, through Kocher-Langenbeck approach large fragment of posterior acetabular wall was reduced and fixed with plate and four screws. The patient is recovering.
CONCLUSION: External fixation brings an excellent opportunity to carry out emergency procedures when treating a polytraumatic patient with multiple pelvic injuries. It is crucial to stabilize the patient and prevent future pelvic hemorrhage.

CR76

Overlap Syndrome at Rheumatology Department – Case Report

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Keywords: dermatomyositis, overlap syndrome, systemic lupus erythematosus

INTRODUCTION/OBJECTIVES: Systemic lupus erythematosus (SLE) is an autoimmune connective tissue disease, affecting mostly women of childbearing age. Dermatomyositis (DM) is a rare autoimmune inflammatory myopathy affecting both skin and muscles. Overlap syndrome is an autoimmune disease which shares features of at least two recognised connective tissue diseases. We present a case of an overlap syndrome refractory to treatment.
CASE PRESENTATION: A female patient was diagnosed with SLE in 1992. at the age of 20, with initial affection of central nervous system. She was treated for neurolupus since 1997. with cyclophosphamide and hydroxychloroquine. Kidney biopsy in 2004. proved membranous glomerulonephritis with proteinuria of 2g/24h. During the next 10 years the patient was stable with serologically active disease and developed Raynaud`s syndrome. In the summer of 2018. she developed progressive muscle weakness of shoulder and hip girdle with characteristic skin features. Muscle enzymes were highly elevated , along with positive PM- Scl antibodies, myositis specific Ro-52 antibodies, rise in complement consumption and myoglobinuria. Higher levels of glucocorticoids and methotrexate were introduced. Due to overcoming muscle weakness, puffy fingers, digital ulcers, generalized dermatomyositis with calcinosis and serological activity in 2020, she was started on rituximab and intravenous immunoglobulins which induced partial remission.
CONCLUSION: Connective tissue diseases are often hard to diagnose, with symptoms slowly accumulating over years. This patient has a rare overlap syndrome. She first developed SLE and dermatomyositis presented 16 years after. Despite SLE being in remission, DM was induced by exposure to UV radiation, which caused treatment-refractory disease.