

# **INTRODUCTION**

## INTRODUCTION

Acetabular fractures were first described by Galissen in the seventeenth century. They were regarded for a long time as uncommon injuries. This incidence is now becoming high, following the increasing incidence of the motor vehicle accidents.

As the acetabular fractures are relatively uncommon; therefore, the average orthopaedic surgeon can never obtain a wide experience with them. Thus, he must turn to the literatures, which at a superficial glance, may be confusing. Many reports recommend non-operative treatment and others operative. Armstrong (1948), Thompson (1951), Stewart (1954), Rowe (1961), and Stark (1964), were inclined very much to the conservative approach, thinking that open reduction and internal fixation difficult. However, operative treatment was adopted by Robert (1958), Epstein (1961), Judet (1964), Letournel (1979), and Coker (1979).

In studying the literatures, the surgeon must learn to read between the lines. Only fractures of a similar type and severity may be logically compared otherwise, the results are meaningless. Comparison of a relatively undisplaced crack fractures of the acetabulum with a severely displaced centrally dislocated ones is like comparing an apple with an orange; yet

the literature are full of these comparisons.

In this thesis, we return to the basic principles for treatment of intra-articular fractures which are:

- 1) Anatomical reduction
- 2) Stable fixation
- 3) Early active and passive mobilization

and this will be achieved by open reduction and internal fixation if technically possible.

We choosed a single type of acetabular fractures which is the posterior fracture-dislocation of the hip and we tried to evaluate the operative management of them to find out the requirements to obtain the best possible results.