

Radiological Terrorism Scenarios

Dear Editor:

We were delighted to read the consensus view of your article regarding the management of pelvic fractures by military pre-hospital providers (Melamed E, Blumenfeld A, Kalmovich B, *et al*: Prehospital care of orthopedic injuries *Prehospital Disast Med* 2007;22(1):22-25). This subject interests us greatly as a significant cause for mortality in our trauma patients, and for which we now have a large amount of experience in the UK civilian prehospital setting.

We would like to draw your attention to our recently published article in the *Emergency Medicine Journal* entitled "The Prehospital Management of Pelvic Fractures". We concur with the advice that the pelvis should not be palpated, as detection of instability is clinically unreliable and only serves to promote internal hemorrhage. This may indeed be the final insult in a hypovolemic-traumatized patient. Our advice is to routinely splint the pelvis in any unconscious trauma patient, or patient with distracting injury, for whom the mechanism of pelvic fracture exists. If the patient is alert with no distracting injury, we can ask for a history of pelvic pain and examine the patient further before considering immobilization. This is akin to the civilian practice of immobilizing the cervical spine.

In regard to the method of pelvic immobilization, it often is difficult to maintain a sufficient reduction force with improvised techniques such as a sheet, and there is a risk of over-compression in unstable pelvic fractures. There are many commercial devices available with more controlled levels of compression; we use the SAM Sling™ (SAM Medical Products, USA) as our external compression device of choice.

With regards to the use of traction splints for femoral fracture, we would recommend that devices using the symphysis pubis or ischial tuberosity as a countertraction point should be avoided altogether for patients in whom we suspect an unstable pelvic fracture. Some commercial devices (such as the Kendrick Traction Device™) are probably safe in the presence of pelvic fractures but should be used with caution.

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The authors have no competing interests.
