

## Posterior Wall And Posterior Column Acetabular Fractures

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Posterior wall acetabular fractures are the most common type of acetabular fracture. They may occur alone or in combination with other fracture patterns. Isolated posterior wall fractures represent about 25 % of all acetabular fractures.

Posterior column fractures are less common, representing 3 – 5 % of acetabular fractures. Because the fracture line often exits high in the greater sciatic notch they may be associated with injury to the superior gluteal neurovascular structures.

Posterior wall acetabular fractures may have associated marginal impaction of the posterior articular surface produced as the hip dislocates posteriorly. Long term outcomes indicate that posterior wall acetabular fractures, although often easy to reduce and fix, do poorly relative to other acetabular fracture patterns and their unsatisfactory clinical outcomes is approximately 30%.

Both fractures are reduced and fixed through a Kocher-Langenbeck approach. Anatomic reduction provides the best restoration of the joint forces and is felt to minimize the risk of post-traumatic arthritis. Care must be taken to avoid injury to the sciatic nerve. Additional complications include post-traumatic degenerative arthritis, heterotopic ossification, avascular necrosis, thromboembolism, bleeding and infection.