

**Retroperitoneal hematoma in pelvic fractures**

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**Abstract**

Retroperitoneal trauma implies a wide variety of organs in multiple systems (digestive, urinary, circulatory, musculoskeletal); although their common result is the retroperitoneal hematoma, their management is completely different, an intervention indicated for a particular lesion being able to completely decompensate other lesions in case of insufficient diagnostic. The present material highlights the recent diagnostic and therapeutic particularities in retroperitoneal hematoma from pelvic fractures. We noted a recent trend in diminishing the role of the fracture pattern on standard pelvis X-ray in assessing the risk of hemodinamic instability, new markers being indicated as more predictive. CT scan with contrast substance, when applies, remains the gold standard in identifying the source of the vascular bleeding and in guiding the subsequent therapeutic maneuvers. The angiographic embolisation in arterial lesions remains the main therapeutic procedure in hemodinamic unstable patients, with the possibility of repeating it when needed; the C-clamp external fixator application is associated. The pre-peritoneal packing constantly gains support as an emergency hemostasis maneuver. The treatment should be adapted in each case, the hemodinamic instability being the trigger in initiation and repetition of the emergency therapeutic interventions mentioned above.

Key words: retroperitoneal hematoma, pelvic fracture, angiographic embolisation, pre-peritoneal packing, ex-fix, hemodinamic instability

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