



Management of the H-Fracture, Common in Osteoporotic Patients

This 89-year-old, white female fell in her kitchen. She felt immediate pelvic and hip pain. She saw her family medical doctor who said that she had sprained her back and gave her pain medication.

We saw her within one week after the fall, treated her for two visits and with no relief, ordered the MRI of the pelvis, with suspicion being to rule out sacral fracture.

You will see, on the above MRI image that there is the Honda fracture of the sacrum. I have marked the fractures with black italics and arrows.

Treatment has consisted of rest, a pelvic support, and pain medication. There is no displacement of the fracture and the natural course of healing will be allowed.

Plain x-rays, taken in our clinic, failed to show this fracture.

An incidental finding is the large abdominal aneurysm which measures 8x12 centimeters (see arrows). Surgical consultation rendered the opinion to not perform surgery for this aneurysm.

The interest of this case is that it requires specific spinal care. No manipulation is given to the pelvis. She does receive a gentle distraction of the cervical and thoracic spine followed by electrical stimulation of the thoraco-lumbar spine and massage of the spine. No manipulation of the lumbar spine or pelvis is given.

The importance of this case is to present the sacral fractures, the so-called H fracture, which is so common in elderly osteoporotic patients, especially women.

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