Fractures of the sacrum

Objectives
1. Describe the anatomy of the sacrum, and the lumbosacral and sacroiliac joints
2. Discuss the management of sacral fractures and dislocations, including indications for operative reduction
3. Discuss fatigue fractures of the sacrum
4. Discuss factors determining longterm outlook after sacral injuries in children

Discussion point
1. Is there any reason to operatively treat a sacral injury in a child?

Discussion
Sacral injuries in children are very rare. Fractures and fracture-dislocations generally occur from direct trauma, and are complicated by comminution and nerve root injury. Case reports comprise the bulk of the literature on sacral injuries in children; traction and conservative management are favored. Longterm outlook is much more dependent on recovery from nerve root injury than anatomic reduction, including sacroiliac disruptions.

Stress fractures can also occur presenting with back pain. An example has been reported in a 9-year-old child. A physeal fracture of the sacro-coccygeal joint has also been reported.

References