

Book review

Fractures of the acetabulum

E Letournel, R Judet[†], 733 pages, Springer-Verlag, New York Berlin Heidelberg, 1993
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New diagnostic tools and fixation devices have made necessary a second edition of this most famous and admired book. Emile Letournel now reports the long-term results of 940 acetabular fractures—an impressive series.

The introduction describes the history and development of classification and treatment. After chapters on anatomy and radiology of the normal acetabulum and mechanisms of injury, there are 259 pages about classification, not all of which are very easy to follow. The *simple* fractures are not difficult, but 60 percent are *associated*, i.e., different combinations of simple fracture patterns. All types of fractures are illustrated with conventional radiographs, drawings and CT-scans. For each type of fracture there are also atypical examples. Can you imagine an atypical anterior and posterior hemitransverse fracture? The classification system is so complete that only 1 of 940 fractures was impossible to classify. In the final chapter, 33 cases are presented for the reader to exercise his or her skills in radiographic diagnosis.

174 fractures were treated without operation, and the indications for closed treatment are described. Traction is never used, and the first part of the treatment is to remove the traction pin. This section is rather short. Most of the book deals with how to operate and the results of operations.

There are several extensive surgical approaches available. Apart from an addendum by Dana Mears about the triradiate approach, into which the Kocher-Langenbeck approach can be extended, only approaches used by the authors are described. The most extensive one is the extended ilio-femoral approach. This has some less attractive components: the tensor fasciae lata and all gluteal muscles are stripped from the iliac wing, starting at the crest, and the gluteus medius and minimus tendons are completely transected. The stripping increases the risk of ectopic bone formation, and the muscles may retract somewhat from the iliac crest with a cosmetically less favorable result. It also seems better to make a

trochanteric osteotomy than to transect the tendons: after fixation the osteotomy will heal safely, in spite of early exercises.

All operations were performed on a fracture table with femoral and sometimes also lateral traction. The latest version of the table is radiolucent. It is difficult to argue against such vast experience, but it may be easier to make the operation on an ordinary table; the patient can be tilted forwards and backwards, the limb is movable and a distractor can be used for traction.

Special instruments, the technique of insertion of screws and plates and the operations for each specific type of fracture are described in detail. If one uses long 6.5 mm screws, it is probably safer for most of us to use cannulated screws.

The patients are divided into 3 groups: those operated within 3 weeks of injury, between 3 weeks and 4 months, and later than 4 months after the injury. The complications and results are described for each group. The results are, of course, much better in the group treated early, but also in the latest group the authors think that the results justify the operative treatment; in about half the cases the result was rated more than fair. One impressive detail is that radiographs could explain persistent pain in all fair and poor cases. There was no group of patients with *unexplained pain*.

Reginald Elson has translated from the French and, according to the preface, his aim was to preserve some of the text's original flavor. The style is personal and often in the first person, which makes reading even more stimulating. This extensive and complete book should be on the shelf of every department treating patients with acetabular fractures.

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