

THE EFFECTIVE ANTISHOCK STABILIZATION OF THE PELVIC RING INJURIES

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Background. A significant increase of the rate in polytrauma patients in recent decades is forcing trauma surgeons to look for more progressive methods of treatment that save lives and allow patients to return to social life earlier. **Objective of the study.** Comparative analysis of the effect of the period of stabilization of unstable pelvic ring injuries in hemodynamically unstable patients. **Materials and methods.** Stabilizing osteosynthesis of the pelvis was performed on the first day after injury in 52 polytrauma patients in parallel with a comprehensive examination, under the guise of intensive care. In the second group, the results of observation of 14 patients who underwent delayed osteosynthesis were analyzed 3 weeks or more after the injury. **Results.** After fixation of the pelvic ring with an external device in the patients of the group I hemodynamics stabilized at a safe level, the volume of transfusion decreased compared

to the control group, average per patient by 1.34 ± 0.2 l/day ($p < 0.05$). It was possible to conduct an additional examination and perform the necessary interventions on other damaged organs. In the group II the accumulation of a massive hematoma with unstable pelvic injuries contributed to an increase in the intrapelvic space, rupture of the interstitial septa, which was also manifested by the formation of extensive interstitial hematomas of the pelvic area and thighs. **Conclusions.** Low traumatization of the method and modular design of the device for external fixation of the pelvis in patients with polytrauma is a mandatory method of treatment on the first day after injury. The final osteosynthesis of the pelvis is determined by the equipment of the clinic and the choice of the surgeon.

Keywords. Fracture, pelvis, external device.

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