# UTGERS

# In Bad Shape: Does Contour of Hematoma in Pelvic **Fracture Predict Arterial Extravasation?**

# Background

- Pelvic fracture hemorrhage is associated with high mortality
- Treatments are multidisciplinary and algorithms vary between trauma centers

#### Objective:

Assess correlation between pelvic hematoma convexity and source of hemorrhage

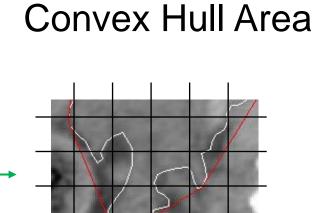
#### Hypothesis:

Convex hematoma correlates with arterial hemorrhage

## Methods

- Single center
- Retrospective
- Adult trauma patients
- Jan 2016 July 2021
- Inclusion Criteria:
  - Pelvic fracture
  - CT scan obtained
  - IR angiogram after CT
- Analysis for convexity





Actual Hematoma Area

Review by trauma surgeon and radiologist

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# Results

- Arterial hemorrhages in pelvic fractures are more likely to be convex when measured mathematically
- Convex hull percentage provides a strong predictive value to arterial hemorrhage
- Percent of crossings, qualitative evaluations of radiologist and trauma surgeon not significantly predictive

Category	Angiogram, Bleeding (n=19)	Angiogram, No Bleeding (n=12)	p-value
Percent convex hull (mean±SD)	82(±7.6)	71(±13)	0.007
Percent lines crossing more than 2 times (mean±SD)	35(±32)	56(±34)	0.09
Radiologist "round" n(%)	14 (74)	6 (50)	0.25
Trauma surgeon "round" n(%)	10 (53)	7 (58)	1

The use of percentage of convex hull to predict arterial hemorrhage:



### **ROC Curve for Convex Hull Percentage**

	Angiogram, Arterial Bleeding (n=19)	Angiogram, No Bleeding (n=12)
e 72%	19	0
/ 72%	1	11

• Sensitivity: 95% • Positive Predictive Value: 100% • Specificity: 100% • Negative Predictive Value: 92%

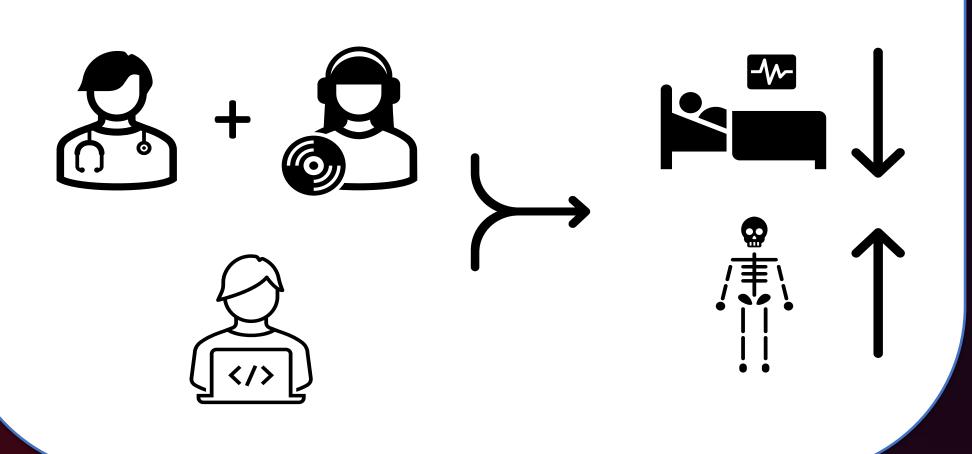


# Conclusions

Arterial hemorrhage in the pelvis appears to be convex based on geometry

Convexity can be evaluated quantitatively using convex hull method

Earlier identification of arterial hemorrhage may be used to optimize our treatment algorithms



## **Disclosures/References**

### No disclosures

Magnone, S., et al. (2014). "Management of hemodynamically unstable pelvic trauma: results of the first Italian consensus conference (cooperative guidelines of the Italian Society of Surgery, the Italian Association of Hospital Surgeons, the Multi-specialist Italian Society of Young Surgeons, the Italian Society of Emergency Surgery and Trauma, the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care, the Italian Society of Orthopaedics and Traumatology, the Italian Society of Emergency Medicine, the Italian Society of Medical Radiology -Section of Vascular and Interventional Radiology- and the World Society of Emergency Surgery)." World Journal of Emergency Surgery 9(1).

Verbeek, D., et al. (2008). "Acute Management of Hemodynamically Unstable Pelvic Trauma Patients: Time for a Change? Multicenter Review of Recent Practice." World Journal of Surgery 32(8): 1874-1882. C. Arvieux, F. Thony, C. Broux, F.-X. Ageron, E. Rancurel, J. Abba, J.-L. Faucheron, J.-J. Rambeaud, J. Tonetti, Current management of severe pelvic and perineal trauma, Journal of Visceral Surgery, Volume 149, Issue 4, 2012, Pages e227-e238, ISSN 1878-7886.

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