Letter to Editor

Eurasian Journal of Critical Care

Analysis of Pelvic Fractures Managed in the Emergency Department

Sema Ayten[1]

1. Emergency Department of İstanbul Goztepe Prof. Dr. Süleyman Yalcin City Hospital, Türkiye

Dear Editor,

I read with interest the valuable study by Tabur and Tabur, published in the latest issue of the Eurasian Journal of Critical Care, which analyzed 1,324 cases of pelvic fractures managed in the emergency department (1). This large case series provides important data on the demographic distribution and trauma mechanisms of pelvic fractures. However, considering the mission of the Critical Care journal and the critical nature of pelvic fracture management, there are several methodological and clinical points that require discussion.

1. **Dominance of Coccyx Fractures and Diagnostic Distinction:** The fact that approximately half of the study cohort (48.5%, n=642) consists of closed coccyx fractures significantly impacts the general conclusions of the article. While coccyx fractures usually occur as a result of low-energy traumas and are managed with conservative treatment, pelvic ring fractures are associated with high-energy traumas and mortality rates are quite high (2,3). Grouping these two distinct pathologies under the single umbrella of "pelvic fractures" may overshadow the clinical severity of the life-threatening pelvic ring injuries, particularly concerning emergency management and critical care. The literature strongly suggests that analyzing these two groups separately enhances the validity of clinical inferences.
2. **Lack of Critical Care Data and ATLS Protocol:** Pelvic fractures, especially unstable ones, are life-threatening injuries that must be managed according to the **ATLS (Advanced Trauma Life Support)** protocol. Despite the publication in a Critical Care journal, the study lacks crucial critical care data such as patients' initial hemodynamic status (shock index, base deficit), need for massive transfusion, application of a pelvic binder, or requirement for angioembolization (4-6). The absence of these data limits the study's potential for providing clinical guidance to emergency and intensive care physicians.

In conclusion, while the study by Tabur and Tabur offers valuable demographic data on pelvic fractures, its scientific and clinical contribution would be significantly enhanced by separating the fracture subgroups and presenting data on hemodynamic stabilization within the framework of ATLS principles, which are central to critical care management.

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Corresponding author: Erkan Arslan
e-mail: erkanarslan1974@hotmail.com
• **Received:** 18.01.2026 • **Revision:** 27.03.2026 • **Accepted:** 08.03.2026
DOI: 10.55994/ejcc.1866091

Cite this article as: Ayten S. Analysis of Pelvic Fractures Managed in the Emergency DepartmentEurasian Journal of Critical Care. 2026;8(1): 59-60

ORCID:
Sema Ayten: orcid.org/ 0000-0001-8417-331X

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