CASE

A 14-year-old female patient with no medical history was admitted via the emergency room with blunt trauma. At admission, she was in shock status and had a positive focused abdominal sonography for trauma (FAST) sign with a right acetabulum wall fracture, superior and inferior ramus fractures, and an open book type fracture of the pelvis (Fig. 1). In addition, she had a hemoperitoneum and peritonitis due to bowel perforation and a mesenteric injury. We planned to perform an emergency operation in a hybrid operating room with angioembolization at the same time. First, segmental resection of the jejunum was done and then angioembolization of internal iliac artery branch was performed (Fig. 2., 3.). Finally, external fixation of the
pelvis was done (Fig. 4). After 7 days, internal fixation of the pelvis was done. The patient recovered and underwent rehabilitation without complications.

**DISCUSSION**

Major pelvic disruption with hemorrhage has a high rate of mortality and pelvic fracture hemorrhage remains a management challenge (1). Earlier intervention by trauma surgeons with techniques, such as preperitoneal packing, aortic balloon occlusion, and use of hybrid operative suites, may improve survival outcomes (2).

Hybrid operation room is useful for the multiple-trauma patient who needs simultaneous operation and angiembolization without any time delay.

**Conflict of Interest Statement**

No potential conflict of interest relevant to this article was reported.

**REFERENCES**
