PELVIS AND ACETABELUM SURGERY IN KENYA

Paucity has been frequently associated with the availability of medical data from Africa. This has been attributed to lack of enough studies describing what is happening in the continent. The good news is, the emergence of many home-bred journals, has progressively seen the emergence of mounds of publications. From the mundane to the arcane subjects in orthopaedics, we are seeing an increasing number of publications. This is a testimony that a lot is and has been happening in the continent.

One of the subjects that has been perceived as quixotic is acetabulum/pelvic fracture(s) reconstructions. It has been laden with mystery even though a lot of groundwork in understanding the patho-anatomy has been done. Foundationally, Judet and Letournel described and classified the common acetabulum fracture patterns, key radiographic techniques and useful approaches surgical exposure techniques. Young and Burgess described a mechanistic classification system of pelvic fractures that has a great connotation in the definitive management (1,2).

In the current issue of the *East African Orthopaedic Journal*, two publications delve into this 'mysterious' topic. Bargoria and Pule (1) question the inclusivity of the Judet and Letournel classification! Classification systems are modified in the course of time due to the evolving nature of disease and also treatment modalities. Moreover, different countries have different causative modalities; like in many African countries, we have been experiencing a surge in motorbike accidents. Thus, we need to adapt the various classification systems if not modify them.

The second publication is a good review articleby Younus *et al* (2) looking into the current diagnosis strategies and management of pelvic fractures. Most of the diagnostic and management measures are not out of reach; and mostly need acquisition of the necessary skills.

The penetrance of acetabulum and pelvic fracture management in our region has mainly been hindered by the lack of the necessary skills. We currently lack enough expertise to handle the surge of cases we are experiencing. It's a field in Orthopaedics that has a steep learning curve but like any skill, it can be learnt (3). The good news is that there is a growing interest and hence a critical mass is emerging of experts in that field. We require to develop local fellowship centres that can train many more surgeons. This has the advantage of more retention in the continent of professionals, and hence curtail the brain drain that is usually associated with fellowships out of Africa like in Europe and North America.

These fellowship centres need support by funding (viz equipment and hiring of resident trainers) and referrals so that there is continuity throughout the year. The fellowship centres will be required to churn out innovations and information on best practices through research.

Our solutions lie within us and we need to rise to the occasion.

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2. Younus A, Ncobela N and Kelly A. Orthopaedic management of pelvic fractures-a literature review. *East Afr Orthop J.* 2020; **14**(2): 87-93.
3. 'SKILL' by Chris Ahmad MD.