

**Erectile Dysfunction Following Acetabular Fracture**

*Iain Elliott, MD; Conor P. Kleweno, MD; Julie Agel, ATC; Max Aaron Coale, MD; Joseph Patterson, MD; Reza Firoozabadi, MD; Michael Githens, MD; Niels Vass Johnsen, MD Harborview Medical Center, Seattle, WA, United States*

**Purpose:** The aim of this study was to determine the rate of erectile dysfunction in male patients who sustained an acetabular fracture with no previously identified urogenital injury.

**Methods:** All males between the ages of 18 and 70 years who were treated for traumatic injury to the acetabulum without urogenital injury were identified using an institutional trauma database and invited to participate in an online cross-sectional survey. As part of the survey, the International Index of Erectile Function (IIEF), a validated patient-reported outcome measure for male sexual function, was administered. Patients were asked to complete the IIEF score for both pre-injury and current sexual function, and the erectile function (EF) domain was utilized to quantify the degree of erectile dysfunction. Fractures were classified according the OTA/AO classification schema and Letournel fracture classification. ISS, race, and treatment details including surgical approach were collected from the database. Descriptive statistics were used to evaluate demographic data. The Student t test was used to compare means. Multiple linear regression was used to analyze predictors of erectile dysfunction after acetabular fracture.

**Results:** 93 men with acetabular fractures, without previously diagnosed urogenital injury, responded to the survey at a minimum of 12 months (mean 43.0 ± 20.8 months) post-injury. The mean age was 52.5 ± 14.8 years. The mean EF domain score decreased 5.02 ± 1.73 points after injury, which is greater than the minimal clinically important difference of 4. Moderate to severe erectile dysfunction developed in 26.8% of patients after injury, and 34.1% decreased a minimum of 4 points on the EF domain score. Increased ISS was predictive of decreased EF score.

**Conclusion:** Patients with acetabular fractures have an increased rate of erectile dysfunction at intermediate-term follow-up. The orthopaedic trauma surgeon treating these injuries should be aware of this as a potential associated injury, ask their patients about their function, and make appropriate referrals.

Table 3 Crosstabulation

	Pre-Injury	Post Injury EF					Total
		< 10	11-16	17-21	22-25	26-30	
Severe ED	< 10	5	0	0	0	0	5
Moderate ED	10-16	3	4	1	0	1	9
Mild to moderate mild ED	17-21	0	2	1	0	0	3
	22-25	1	6	2	4	1	14
no ED	26-30	9	4	3	6	37	59
	Total	18	16	7	10	39	90

See the meeting app for complete listing of authors’ disclosure information. Schedule and presenters subject to change.