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Erectile dysfunction secondary to pudendal nerve injury on orthopaedic table

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The reported incidence of direct pudendal nerve injury following orthopaedic surgery ranges from 1.9 % to 27.6 % and it is closely associated with the use of traction tables (1). Duration and magnitude of intraoperative traction, small perineal post diameter (< 10 cm) and insufficient muscle relaxation are thought to be the main risk factors (1-3). The sequelae may be sensory, motor or mixed. In most cases, these injuries are transient and tend to resolve within several weeks or months. However, complete neurological recovery may be unpredictable and the effects of ongoing erectile dysfunction (ED) can be a distressful event for the patients (1). We highlight a case of this rare pathology, its contributing factors and management.

Observation

A 23-year-old male, not married, was admitted to hospital after a road traffic accident. He sustained a right-sided femoral shaft fracture. Under general anaesthesia, the fracture was reduced and fixed with an Orthofix intramedullary nail. The procedure lasted 140 minutes and the patient was positioned supine on the extension table for the whole period with counter traction provided with a perineal post which was 8 cm in diameter. The curare dose administrated during surgery was 22 mg (induction dose: 10 mg; intraoperative dose: 12 mg). Post-operatively the patient complained of complete ED. Neurologic examination revealed hypoesthesia of the perineum, scrotum and glans penis. Somatosensory evoked potentials of the pudendal nerve were abnormal, therefore, the diagnosis of pudendal nerve palsy was retained. Treatment with phosphodiesterase inhibitors (25 mg Sildenafil daily) was initiated and intermittent intracavernous injections of Alprostadil were performed. After 12 months, the erectile capacity normalized.

Conclusion

ED secondary to pudendal nerve palsy can have serious medico-legal implications in addition to being disastrous for the individual. Treatment with phosphodiesterase inhibitors and intermittent intracavernous injections of Alprostadil can be helpful for erectile function recuperation. Surgeons should be aware of the pathogenesis behind the development of this pathology and absolute care needs to be taken during operation to avoid it from happening. Using a well-padded and large diameter perineal post (> 10 cm), minimized traction limited only to the critical operative steps and complete muscle relaxation under anaesthesia to reduce muscle tone are recommended .

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