

Table 1. Literature review of cases with external iliac artery occlusion following open reduction of acetabular fracture.

Authors	Ruotolo et al. [3]	Langford et al. [4]	Klos et al. [1]	Koelling et al. [5]	Magu et al. [2]	Present case
Age (years) / Sex	32 / F	66 / M	20 / F	85 / F	61 / M	69 / M
Co-existing illness	NA	atherosclerosis, HT, type II DM	NA	HT, HL	type II DM, hypertension and epilepsy	intracranial hemorrhage, prostatectomy and radiation for prostate cancer, and left inguinal hernia surgery
Injury	MVA	slip on pavement	MVA	fall from bed	seizure due to epilepsy	1.5-meter fall
Type of acetabular fracture	left high anterior column/posterior hemitransverse fracture	left transtectal T-type fracture	left anterior column fracture	left anterior and posterior column fracture	right anterior column fracture with fragment of the quadrilateral plate, central dislocation	left acetabular transverse fractures with anterior wall fracture and marginal roof impaction
Surgical approach	ilioinguinal	ilioinguinal	ilioinguinal	NA	ilioinguinal	modified Stoppa approach and the first window of ilioinguinal approach
Type of EIA occlusion	spasm	thrombosis	thrombosis	compression of the implant	thrombosis	thrombosis
Speculated etiology	EIA was thrombosed at the time of injury, and graft was placed before acetabular surgery	traumatic initial lesion and/or rupture of an atherosclerotic plaque	location of a reduction clamp	aggressive retraction of the iliac vessels, implant placement	traumatic initial lesion and/or rupture of an atherosclerotic plaque	intraoperative vascular handling procedures and/or rupture of an atherosclerotic plaque
Time of diagnosis	end of the surgery	soon after surgery	7 hours	soon after surgery	2 days	9 hours
Ischemic symptom	loss of palpable pulse	loss of palpable pulse, cool foot	cool foot with only dopplerable pulses	loss of palpable pulse, cool foot	drop foot, ischemic changes on the foot	loss of palpable pulse, cool foot

Treatment for EIA occlusion	NA	open thrombectomy	thrombectomy via a femoral artery cutdown	ballooned and stent	cross over femoro-femoral bypass grafting	open thrombectomy
Outcome	palpable pulse	At one year, palpable pulse	At 6 months, pain free and ambulating without an assistive device	palpable pulse	ischemic sciatic nerve palsy. At 2 years, MMT 4 on extensor hallucis longus and extensor digitorum longus	At the two-year and four-month follow-up, walking with a cane and mild drop foot

F, female; M, male; HT, hypertension; DM, diabetes mellitus; HL, hyperlipidemia; MVA, motor vehicle accident; EIA, external iliac artery; MMT, manual muscle testing; NA, not available