Pelvic ring and acetabular fractures pose a serious medical problem, in part because they place a significant burden on healthcare systems. They require long-term, interdisciplinary medical care.

A pelvic fracture appears to be a potentially predisposing condition to the development of depressive disorders. It is usually a serious injury with concomitant injuries that drastically alters one's life situation. This involves major surgery, blood loss, and a long period of rehabilitation. Considering the above factors, it is likely that the quality of life and functioning of patients after trauma and surgical treatment may significantly deteriorate compared to their pre-morbid state.

In both studies, 75 patients, 57 men and 18 women, underwent surgery at our center between 2017 and 2022 due to acetabular fractures and pelvic ring injuries. Original article No. 1 analyzed factors such as age, gender, chronic pain measured by the VAS scale, and the incidence of suicidal ideation. Participants completed the Beck Depression Inventory (BDI). Original article No. 2 assessed postoperative quality of life outcomes using the World Health Organization BREF scale (WHQOL-BREF) and the RAND Short Form 36 (SF-36). Separate analyses were conducted for men and women, and data were compared across five age groups. The aim of original article No. 3 was to provide a concise description of musculoskeletal injuries, available classification systems, current management, and vascular and genitourinary complications.

Nearly half of the study group exhibited symptoms of depression. A positive correlation was found between BDI scores and chronic pain in trauma patients. Furthermore, women in the study population were more likely to report suicidal ideation than men.

Male patients scored slightly higher in all domains than women in the acetabular fracture group in the quality-of-life survey. Men reported greater overall health satisfaction in the acetabular fracture group compared to women. For the overall mental health status, men had higher mean scores in both fracture groups. In the overall mental health summary for the acetabular fracture group across the five age groups, significant differences were found between the youngest and oldest age groups. However, in the pelvic ring injury group, the oldest age group scored the lowest on all four physical health scales, and patients under 40 years of age had the highest scores on the physical functioning scale.

The above studies demonstrate that pelvic injuries are complex conditions that undoubtedly have a negative impact on patients' mental health. Current treatment algorithms for patients with pelvic fractures primarily focus on fracture management and the most common comorbidities, namely vascular and genitourinary injuries. The validity of this approach cannot be disputed, but in light of the above results, it seems necessary to establish mental status assessment and subsequent appropriate interventions as a mandatory component of comprehensive care for patients with pelvic fractures undergoing surgical treatment.