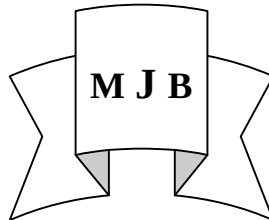


Surgical Treatment of Penile Fracture

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Abstract

This study was done in order to evaluate surgical correction of penile fracture, between 1996-2003, twenty patients [25-54] years old were studied after blunt trauma to erect penis the time between injury and presentation [2-24] hours, mechanism of injury were vaginal intercourse, masturbation and rolling on bed at early morning on erected penis.

All patients underwent surgical correction as emergency condition by degloving of skin of the penis with suturing of injured corpus.

All injury were unilateral corporeal, no urethral injury follow up of the patients show adequate erection in all cases with no curvature.

Early surgical correction of rupture corporeal injury give good result with nearly no complications.

الخلاصة

تمت دراسة كسر القضيب في المرضى الذين يتعرضون لشدة خارجية على القضيب تضمنت الدراسة عشرين مريضاً تتراوح أعمارهم من 25 سنة إلى 54 سنة بعد الواقعة الجنسية أو بعد عملية الاستمناء أو النوم على القضيب في حالة انتصاب، وقد أجريت لجميعهم عملية خياطة جرح الاعصاب الانتفاضية كحالة طارئة بعد تعرضهم للحادث مباشرة خلال فترة تتراوح بين ساعتين و 24 ساعة من الحادث كانت جميع النتائج ايجابية و لم تسجل مضاعفات كبيرة و مهمة.

Introduction

Penile Fracture is rupture of the tumescent corpora cavernosa due to non physiological bending of the penile shaft[1].The most common etiology is vaginal intercourse but it may occur after manipulation rolling over onto erect penis[1,3].Patients present with pain at shaft of penis with swelling and ecchymosis[2,3].

Available treatment were splinting,compresses and combined anti-inflammatory antifibrinolytic and analgesic treatment[2,4,5-9],but long term follow up of conservative treatment show significant complications such as curved or painful erection,fibrotic plaque affect erection

arteriovenous fistula,infection and impotence[1,6-7].

Most recent studies advocate the immediate surgical repair with excellent initial and long term result,including a decrease in the complications associated with conservative treatment as well as decrease in hospital stay[8-15].

Patients and Methods

Between 1996-2003 , 20 patients their age range between 24-54 years old at presentation were evaluated after history of suspected

rupture penis following blunt trauma to erected penis.

Interval between injury to time of presentation were 2-24 hours. Mechanism of injury were vaginal intercourse in 10 patients, masturbation in 5 patients, and rolling on erected penis in another 5 patients. The first 10 patients were married while others were not.

All patients were complained of severe pain at the penis with swelling and ecchymosis depend on severity of injury, on examination the penis swollen, tender on examination.

All patients were voided normally. All patients admitted to hospital as emergency condition and the condition were explained to the patient with possible complications.

Under general anesthesia, the penile skin degloved completely by circumferential incision below coronal sulcus, the site of injury identified, clot evacuated irrigated with saline to identify extent of injury the suture with absorbable suture usually chromic catgut [2-0].

All these were done after insertion of Foleys catheter and remained for 5 days post operatively.

Post operative care by antibiotic “broad spectrum”, analgesia, dressing and catheter removed after 5 days, patient usually discharged from hospital within 48 hours.

Follow up of the patients between 6 months and one year by questioner and physical examination.

Results

Surgical exploration showed corporeal injury in all cases of our patients, 12 patients had left corpus injury and 8 patients had right corpus, 15 patients had injury in ventral side and 5 patients had lateral side, 14 patients had injury at midshaft, 5 patients had distal shaft and only one patient had at base of the shaft.

The causes of injury were vaginal intercourse in 10 cases, masturbation in 5 cases and rolling on erected penis in other 5 cases.

Table 1 Causes of Fracture Penis

Cause	No. of Patients
Vaginal intercourse	10
Masturbation	5
Rolling on erected Penis	5

Table 2 Site of Injury

Site	No. of Patients
Ventral	15
Lateral	5

Table 3 Side of Injury

Side	No. of Patients
Left	12
Right	8

Discussion

The diagnosis of penile fracture is usually based on typical clinical feature and history with corporeal disruption only confirmed at exploration[3,8,10]. This role was adopted by us we depend on history and clinical examination and diagnosis confirmed by surgical exploration which was true in all cases explored.

The classical presentation of penile fracture lend to its case of diagnosis.

Cavernosography, Sonography and Magnetic Resonance Imaging for evaluating these patients contribute little to over all assessment[16-18].

There have been isolated reports in the literature of dorsal vein and artery rupture mimicking penile fracture at presentation.

In our patients no case of dorsal vein or artery rupture were reported ,but all cases corporeal injury were reported[17,18,20].

Reports of penile fracture on non operative management, the reported

complication rate after conservative treatment is 10 % to 53%[2,9,21].

In our patient the follow up time between 6 months and one year show no complications were reported this explained that all patients were identified early and submitted to rapid surgical exploration and suturing the injured area.

The most common etiological factor that cause fracture penis were vaginal intercourse[1-3] this is also true in our patient, 10 patients had history of vaginal intercourse which account of 50% of our patients.

Conclusion

Early identification and rapid surgical correction of corporeal injury as a cause of penile fracture give good result with few or no complication

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