

Delayed Consultation and Treatment of Penile Fracture: A Case Report

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Abstract

Introduction: A case of penile fracture referred three days after the injury is reported, highlighting the potential advantages of delayed rather than acute treatment, once the hematoma and swelling caused by trauma had decreased.

Case presentation: A 31 year-old-man was diagnosed with fracture of the left corpus cavernosum that had occurred three days before. Due to the patient desire, surgical treatment was delayed and performed at day nine of penile fracture, with an incision limited to the penoscrotal angle. There was a rupture of the left corpus cavernosum and laceration of the corpus spongiosum of the urethra, which were repaired with an absorbable suture. The patient recovered erections without curvature of the penis, and with an almost invisible skin scar.

Conclusion: There is an overwhelming consensus on the need for surgical treatment of penile fracture. Recently, it has been proposed that the repair could be made on a delayed rather than an emergency basis, once the hematoma and inflammation caused by trauma had reduced, and using a short incision, as close as possible to the point of penile fracture. The case here presented highlights the advantages of these options, coincidental with the delayed consultation by the patient.

Introduction

There is a remarkable consensus on the need for surgical treatment of rupture of the corpus cavernosum (penile fracture), which has better results and fewer complications than conservative treatment.

Recently, the possibility of an early diagnosis based on clinical findings has been emphasized, without relying on specialized imaging studies [1-3]. Moreover, it has been proposed that the repair could be made on a deferred rather than on an emergency basis, waiting until the time that the size of the hematoma and the inflammation caused by trauma had reduced [4]; and using a short incision, as close as possible to the point of penile fracture [5], rather than a sub-coronal incision with complete penile denudation. The case here presented highlights the advantages of these options, coincidental with the patient medical consultation three days after the injury and his desire of a therapeutical delay.

Case Presentation

A 31-year-old man came to the emergency room referring the appearance of a penile hematoma during an intercourse occurred three days before. On physical examination, the typical signs of a ruptured

left corpus cavernosum with localized hematoma, were found, which was confirmed by penile ultrasound (Figure 1). The patient preferred a delayed surgical treatment, for work reasons, and that was performed at day nine of the injury, through a limited medial incision at the penoscrotal angle. There was an anterior and medial rupture of the left corpus cavernosum and partial laceration of the neighbor urethral corpus spongiosum (Figure 2 and 3), which were repaired with absorbable suture material. Later on, the patient recovered erections without penile curvature and with an almost invisible skin scar.

Discussion

There is an overwhelming consensus on the need for surgical



Figure 2: Incision limited to the penile-scrotal groove.



Figure 1: Ultrasound of penile fracture (short dotted line) and image of pseudoaneurysm caused by a localized hematoma (long dotted line).

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Received March 05, 2012; Published August 22, 2012

Citation: Fariña-Pérez LA (2012) Delayed Consultation and Treatment of Penile Fracture: A Case Report. 1: 263. doi:10.4172/scientificreports.263

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Figure 3: Rupture of the left corpus cavernosum (the urethra is separated to the right).

treatment of rupture of the corpus cavernosum. In some cohort studies comparing surgical with non-surgical treatment, and in numerous published case series (levels of evidence 3 and 4, respectively), surgery has better results and fewer complications than conservative treatment [1].

Some of the issues that had been discussed in the recent literature on this uncommon urogenital trauma, concerned, firstly, with the possibility of a clinical diagnosis [1], compared to diagnosis by ultrasound or resonance imaging, which are not always available at the time or place of emergency care [2,3]. Secondly, the possibility of a non urgent but delayed intervention, from some few days to few weeks

after the injury, when the penile hematoma and inflammation had reduced, allowing a limited penile dissection and better identification of lesions [4]; and finally, the potential benefits of local incision at the penile-scrotal raphe just over the injury site, as shown in the case here presented, instead the circumferential sub-coronal penile incision with complete denudation of the penis, which has well-known problems and complications [5].

Conclusion

Delayed surgical treatment of a penile fracture, once the hematoma and inflammation caused by trauma had reduced, is a reasonable option in selected patients, instead of the generally recommended emergency repair. This makes easier to use a short surgical penile incision, as close as possible to the point of the penile fracture.

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