Journal of Surgical Sciences (2012) Vol. 16 (1) : 44-46

JOURNAL OF SURGICAL SCIENCES

Case Report

PENILE FRACTURE DUE TO MANIPULATION

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Summery:

A 24 year old young patient presented in the emergency department of Shaheed Monsur Ali Medical College Hospital, Uttara, Dhaka with swollen, curved and flaccid penis after forceful bending of his erect penis.The patient was anxious with normal vital sign. Rolling sign was positive. There was no bleeding at external urethral orifice, scrotum & testicle were found normal. On the above facts, penile fracture was diagnosed clinically. The penis was degloved upto the root of the penis & after evacuation of the haematomas, transverse tears were detected in Bucks fascia & tunica albugenia of the left corpus cavernosum, which were repaired by interrupted suture. In the post operative period sedative was given & recovery was uneventful. The aim of this case report is to increase the awareness of the condition which should be regarded seriously and treated expeditiously and to draw attention to its possible complications.

Key words: Fractured penis. Manipulation of erect penis.

Introduction:

Penile fracture is an uncommon but underreported surgical emergency that may have devastating physical, functional and psychological consequences[1,2].

Penile fracture is a rupture of the tunica albuginea of the corpus cavernosum when the penis is in a fully erect state. In complex cases, the rupture may extend to affect the corpus spongiosum and the urethra[3,4].

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Received: 23 August 2012 **Accepted:** 15 October 2012

The tunica which measures 2 mm in thickness in normal state but that of the erect penis thins to approximately 0.25 mm on expansion and the firmly engorged corpora under the strain of buckling can generate pressure in excess of 1500mm of Hg and exceed the limit of the thinned tunica[5].

This genitourinary trauma requires urgent attention to alleviate severe pain, prevent erectile dysfunction, prevent penile deformity and to achieve early return to sexual activity.

The first description of penile fracture in man was by an Arab physician Abdul Kasem, in Cardoba over 1000 years back but the documented reports on penile fracture resulting from turning over in bed were by Faward et el in 1977. A review by one investigation identified more than 1600 cases in the world literature with more than half of these cases originating from Muslim countries. In United States majority of the cases are the result of traumatic coitus[6]. In Japan, majority of cases reported as the result of masturbation

and rolling over in bed onto an erect penis[7]. A majority of cases in the Mediterranean countries are the result of kneading and snapping their penis during erection to achieve detumesence 8. In Iran most of the cases are due to self manipulation.

Case Report:

A 24 year old man presented to our Hospital 30 minutes after sustaining an injury to his penis. After enjoying a naked video film he felt erection of penis while he was sitting in a chair in his room. He forcefully bent his erected penis with his hands towards the right thigh when he heard a cracking sound and felt severe pain. Then the penis rapidly became detumescent. He observed initially a small swelling in the left lateral side of the penis approximately 3 c.m distal to the root of the penis. Gradually the swelling spreaded to involve the dorsal and right lateral side of the penis and also the distal end of the ventral surface of the shaft of the penis and finally the whole penis was swollen, curved and flaccid.

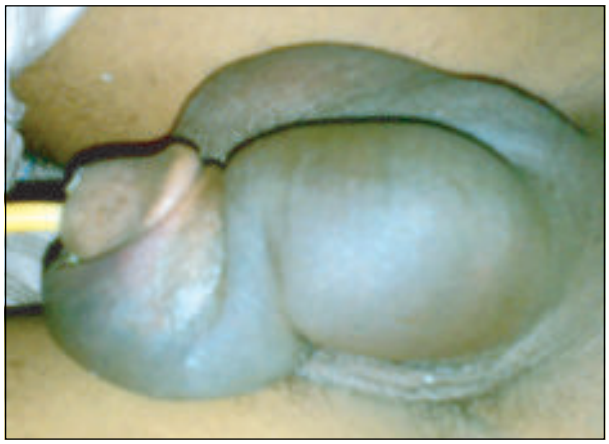

Fig.-1: *Penile fracture at the emergency dept.*

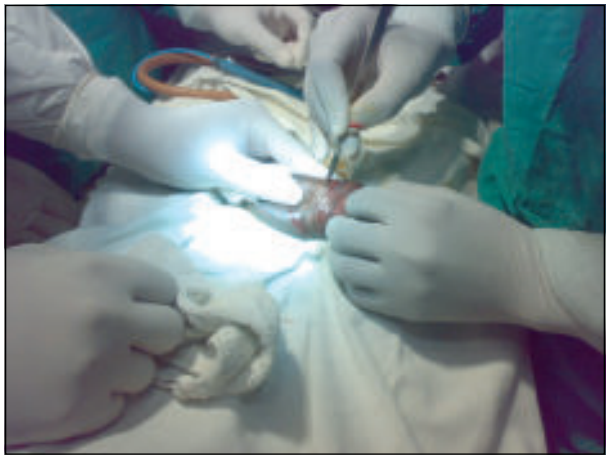

Fig.-2: *Circumferential sub coronal incision*

Examination revealed an anxious man with normal vital signs. He had a swollen, flaccid, curved but circumcised penis. Rolling sign was positive. There was no bleeding at the external urethral orifice. The scrotum and testicles were found normal. On the above facts, penile fracture was diagnosed clinically.

He had given Inj. Ketorolac I.M to alleviate pain and urethral catheterization was done. There was no blood in the urine. Penile exploration was done through circumferential sub coronal incision. The penis was degloved up to the root of the penis, when haematoma and fresh blood were evident through out the dorso-lateral surface and distal end of the ventral surface of the shaft of the penis. Another globular haematoma about the size of a small marble was detected in the left lateral side 3 c.m distal to the root of the penis. The haematomas were removed and saline wash was given when 2 c.m transverse tears were detected in the Bucks fascia and the tunica albuginea of corpus cavernosum. The Bucks fascia and the tunica

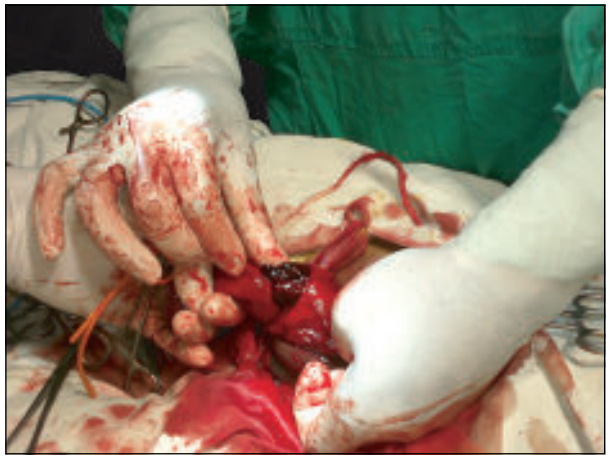

Fig.-3: *Evacuation of Haematoma and identification of tear*

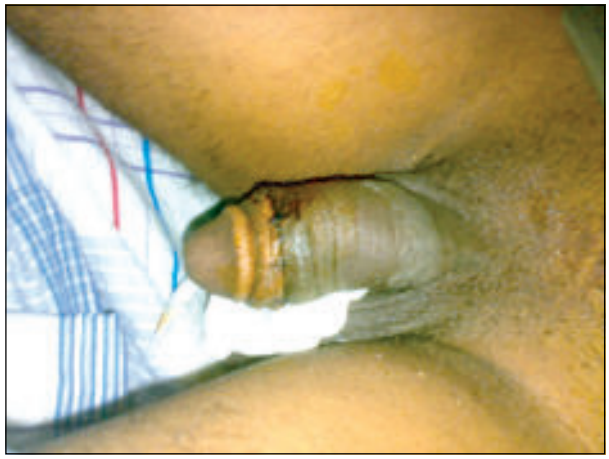

Fig.-4: *Recovery on 7th Post operative day*