

# FRACTURE OF THE PENIS

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Injury to the penile shaft is rare but there has been an increase in presentation of these cases in our unit over the last one year. Five patients have been recently treated with this condition, all were below the age of 30 years. The largest series is reported from Africa where women forcibly bend the erect penis to protect themselves during rape<sup>1</sup>. In the erect state the penis is subjected to fracture and pathologically the lesion is a tear of the Tunica Albuginea with rupture of one or both corpora cavernosa<sup>2</sup> with haematoma formation, bruising and distortion of the penis.

## CASE REPORT

### CASE 1

A.W., 20 years presented with swelling, pain and deformity of the penis. During masturbation, he heard a loud crack followed by pain, flaccidity and sudden deformation of the penis, a haematoma appeared after a few hours on the left side of the shaft of the penis. A longitudinal incision was made along the left side of the shaft, the haematoma was evacuated and the tunica stitched with continuous absorbable suture. The patient had an uneventful postoperative course. He reported an erection on the 3rd postoperative day. After one month, the erections were straight with no deformity.

### CASE 2

K, 22 years presented 2 hours after injury with pain and swelling of the penis. During masturbation, he felt sudden pain in the penis followed by swelling. A longitudinal incision was made along the right side of the shaft of the penis, a haematoma was evacuated and a tear in the tunica at the middle of the right corpus cavernosum was repaired with continuous absorbable suture. After one month, there was no deformity and erections were straight.

### CASE 3

G. A., 25 years, presented with swelling and bending of the penis, during intercourse, the penis forcibly struck against the inferior pubic ramus, a loud crack was heard followed by sudden loss of erection and swelling of the penis. On examination the glans was bent to the left with a swelling on the right side of the shaft. A longitudinal incision was made on the right side of the shaft and a haematoma evacuated, the ruptured tunica of the right corpus cavernosum was repaired with absorbable continuous suture. The patient reported erection on the 5th postoperative day. At follow up after 6 weeks, erections were normal and there was no deformity.

### CASE 4

M.S., 28 years, presented with pain, deformity and swelling 4 hours after forcibly bending the erect penis. A haematoma was evacuated and tunica of the right corpus cavernosum was repaired with continuous absorbable suture. After one month there was no obvious deformity and erections were normal.

### CASE 5

S. A., 29 years, heard a loud crack during sexual intercourse followed by pain and loss of erection. A swelling developed after a few hours with deformity of the penis. A left sided haematoma was evacuated through a longitudinal incision and a large tear in the tunica of the left corpus cavernosum repaired with absorbable continuous catgut. This patient did not return for followup.

## **DISCUSSION**

Treatment of fracture of penis is controversial with advocates of both conservative and operative treatment. Urethral catheterization with cold compresses has been recommended in one series<sup>3</sup> but one of their cases had ineffective erection. In other series a 10% incidence of deformity has been reported in unoperated cases<sup>4,5</sup>, and therefore early surgical intervention with evacuation of the haematoma and suture of the torn tunica albugenia has been recommended. This is further supported by a series of 9 cases from Abu Dhabi<sup>6</sup> where surgical exploration with evacuation of the haematoma was the treatment of choice. An interesting feature of these cases was that seven of the nine were expatriates unaccompanied by their wives suggesting the social aetiology of the injury. Through our experience we suggest an immediate operation with evacuation of the haematoma and repair of the tunica to be the most satisfactory method of controlling haemorrhage and restoring normal function with no residual deformity. The use of sedatives especially diazepam has been recommended by others<sup>7</sup> to prevent post-operative erections, our cases did well without any sedation and non-narcotic analgesic was the only requirement.

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