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Malfunctioned and Fractured Penile Prosthesis Caused by Cross Placement: Case Report

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A B S T R A C T

Penile prosthesis is a functional option for patients who have erectile dysfunction after failed medical and intracavernosal treatments. Malleable penile prosthesis is a good alternative. Penile prosthesis implantation is a surgical process. Seldomly complications occur. In this study we presented a 61 y old man who has malfunctioned and broken penile prosthesis due to cross implantation.

Introduction

Penile prosthesis is a functional alternative aimed at ensuring satisfactory erection to allow sexual intercourse following unsuccessful medical and intracavernosal treatments as part of erectile dysfunction therapies. The malleable penile prosthesis is a good alternative thanks to its high surgical success rates, high long-term mechanical reliability and elevated patient and partner satisfaction.

The penile prosthesis implantation is a simple surgical operation. Mechanical complications rarely occur in malleable implants. This article examines a case which has been malfunctioned and fractured as a result of cross placement, and thus removed and inserted a penile prosthesis implantation again.

Case

A 61-year-old patient who was implanted malleable penile prosthesis on the epicenter 4 years ago due to secondary impotence of diabetes mellitus applied to us with the complaint of incapacity of sexual intercourse for 1 year. There was no history of trauma or pressure on the penis. The physical examination results showed that the prostheses progress crossly and 1 cm distally from the root of the penis. The patient’s laboratory values were normal. Pelvic radiography demonstrated that the penile prosthesis has been placed crossly (Fig. 1). The patient was prepared for surgery. A broad spectrum antibiotic treatment was initiated. The patient was operated. It was seen during the operation that the prosthesis placed on right corpus cavernosum has torn the right corpus cavernosum and passed through the left corpus cavernosum (Fig. 2). Furthermore, it was also observed that one of the prostheses was fractured (Fig. 3). The prostheses were removed. Any postoperative complication has not occurred in the patient. He was discharged. The patient was called 3 months later. The patient was prepared for surgery and again implanted malleable penile prosthesis. A penile prosthesis of 17 cm was placed on the left corpus cavernosum and 16 cm on the right corpus cavernosum. The patient who has not displayed any postoperative complication was discharged on the third day.

Discussion

The penile prosthesis implantation is a treatment method which allows the patient to enjoy his normal sexual life again as part of erectile dysfunction therapy. The first case of an alloplastic penile prosthesis implantation was reported in 1936. The AMS 650 malleable penile prosthesis implantation is a simple procedure...
which gained an acceptance all over the world. The AMS 650 malleable penile prosthesis is composed of one-piece double silicon elastomer roots. It also consists of stainless steel cores and sleeves. It is surrounded by a synthetic tape within the prosthesis.

This type of prosthesis rarely demonstrates mechanical complications. Following the malleable penile prosthesis implantation such complications as corporal or urethral perforation, postoperative hematoma, infection, pain, deformity and erosion have been reported.3

There are four studies regarding the penile prosthesis fracture in literature. The unilateral fracture was reported in three of them and bilateral fracture in one of them.4 The case of fracture caused by misplacement was presented in one of the cases of unilateral fracture.5 A case of penile prosthesis which has been normally functional in initial 3 years and then malfunctioned and fractured due to cross placement was reported in our case. There is no similar case in literature. These complications occurred as the prosthesis has been placed crossly. Besides physical examination, direct radiological graphs are inexpensive, easily applicable and directive methods within the scope of the diagnosis of fracture.

**Conflicts of interest**
All authors declare no conflicts of interest

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