Delayed Successful Surgical Repair of Penile Fracture: A Case Report

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Case Report

A 42-year-old patient presented to his local hospital emergency department complaining of penile injury during intercourse. He was admitted to the urology department with the diagnosis of penile fracture and was treated conservatively with ice packs, compression, antibiotics and anti-inflammatory. He was discharged after 9 days and visited a private urologist who confirmed the diagnosis with MRI and consulted the patient to prompt surgical repair.

The patient was operated in our hospital 23 days after the injury. Surgical exploration, after degloving the penis, revealed a 2-cm defect in the left corpus cavernosum, with an associated peri-cavernosal hematoma (fig. 1, 2). The right corpus cavernosum and the urethra were intact. The hematoma was evacuated, and the defect was repaired with a 2-0 vicryl continuous inverting sutures.

The patient had an uneventful postoperative period and was advised to have his first sexual intercourse at 2 months. At 4-month, 12-month and 24-month follow-ups, the patient had no signs of erectile dysfunction, pain or deformity during erection.
Discussion

Penile fracture is known as the rupture of tunica albuginea of the corpus cavernosum while the penis is in the erect condition. The tunica albuginea is among the toughest of body fascias. It measures 2 mm in a flaccid penis and gets thinned out to 0.25 mm during erection [3]. It is considered as a rare urological emergency, rather highly underreported, due to the embarrassing nature of the condition.

Earlier studies favored conservative treatment for the traumatic rupture of the penis. However, due to the 10–30% of patients who, afterwards, experienced penile deformity, suboptimal erections and coitus difficulty, conservative management is the exception than the rule nowadays [7]. The World Health Organization is very clear on that: “all acute injuries to the tunica albuginea ought to be repaired immediately by surgical intervention”. Immediate surgical repair means within the first hours after the trauma. A large multicenter European study showed that delaying surgical intervention results in significantly impaired erectile function [4]. There is important data in the literature; on the other hand, that definitive therapy with excellent results is still possible after a considerable time period passed from the trauma without any increase in long-term complications [8–10].

Our patient presented 23 days after his trauma and, although we considered that long time as a contraindication for surgical repair, we proceeded in the operation. Patient’s perfect condition 2 years after, justified our choice. We were not able to indentify case reports in the literature with such long delay for surgical treatment and consequent successful outcome. That case shows that there are not any “lost” cases and surgical treatment should always be offered to penile fracture, independently of delayed presentation.

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