

Penile fracture: peno-scrotal approach with degloving of penis after Magnetic Resonance Imaging (MRI)

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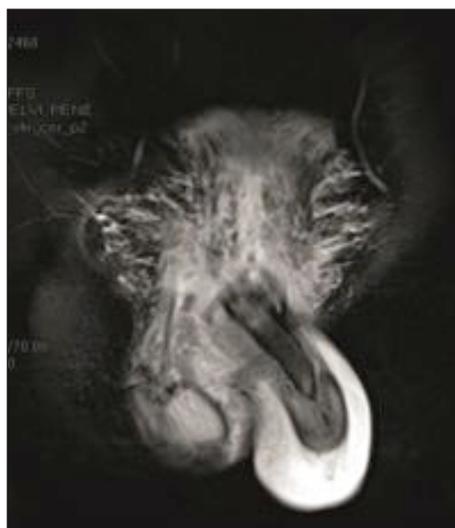
CASE-REPORT

A 56-year-old man sought medical attention for the treatment of a penile fracture, which he had experienced during enthusiastic sexual intercourse 6 hours before. Examination revealed a grossly bruised and edematous penis with the typical eggplant and butterfly signs (Figure 1). An emergency MRI with gadolinium revealed the interruption of tunica albuginea at the level of the proximal third of right corpus cavernosum without urethral involvement (Figure 2-3).

As the fracture was proximal, a "peno-scrotal" approach was used to repair the tunical tear, thus avoiding the unnecessary morbidity of a full degloving. Once the clot has been completely removed, the tear was identified and repaired with 0 PDS interrupted sutures in a watertight fashion (Figure 4).

Figure 1.

Grossly bruised and edematous penis with the typical eggplant and butterfly signs.



Figures 2-3. Magnetic Resonance Imaging with gadolinium showing the interruption of tunica albuginea at the level of the proximal third of right corpus cavernosum without urethral involvement.



A gentle compression was applied on the penis for 24 hours and the patient was discharged home on postoperative day one on broad-spectrum oral antibiotics for 1 week and instructed to refrain from any form of sexual activity for 6 weeks.

The patient was reviewed at postoperative week 1, 6 and after six months. At the 6 months postoperative follow up visit the patient reported a normal erectile function; this was confirmed with the administration of the International Index of Erectile Function Questionnaire (IIEF) (ED domain score) and with a nocturnal penile tumescence test (NPT test).

Overall, the ED domain score was 25 and the NPT study revealed a good number of nocturnal penile erections (3-4 a night), with a normal duration and a good rigidity both at the base and at the tip of penis (> 70%).

An artificial erection, induced with the administration of 10 mcg of Prostaglandin E, ruled out the presence of a curvature.

Figure 4.
Repair of the tear with 0 PDS interrupted sutures.

