5th International Conference on

Urology and Renal Health

October 25, 2022 | Webinar

Received date: 26 August 2022 | Accepted date: 27 August 2022 | Published date: 31 October 2022

Penile Fracture (Blunt Penile Injury); Etiology, Diagnose, and Treatment

Ahmadzada J I[1], Ahmedov I S[2]
[1]Medi style Hospital
[2]Azerbaijan Medical University

Introduction: Penile fracture is a urologic emergency that has psychological and functional consequences. Penile Fracture is a traumatic lesion of tunica albuginea and corporeal structures of the penis. Blunt injury of the penis leads to rupture of tunica albuginea which covers the corpus cavernous. This injury occurs mostly during aggressive masturbation, Taqaandan event, kneading penis to achieve detumescence, and rolling over in bed.

Incidence: The incidence of PF is 0.29-1.36/100.000 in Western countries and North America. There are about 1600 cases in the medical literature between the years 1935-2001. The feeling of shame and fear avoid people to see their doctors. Late complications such as erectile dysfunction and penile curvature fibrosis bring patients to urologists.

Findings and Diagnose: There are some difficulties to gather anamnesis of the patient because of some feelings. Patients talk about the “crackle” sound during the kink of the penis. After the penile fracture, there would be rapid and acute swelling and pain subcutaneous bleeding. If Buck fascia is solid that leads to “eggplant deformity”. On the other hand, if Buck’s fascia has been damaged, extravasation will reach “Colles” fascia. There will be a palpable, solid hematoma. Other complications are urethral rupture, dorsal artery injury, and dorsal nerve injuries. Retrograde Urethrography is reliable in doubtful cases. Nowadays, Cavernosography, and MRI has not been chosen by doctors. Penile Doppler is more suitable for such cases.

Treatment: If the corpus cavernosum is solid and the patient does not want surgical intervention, conservative and local treatments would be a choice. The most appropriate decision is the surgical method. Incision of Buck’s fascia, draining of hematoma, finding rupture, suturing laceration with 3/0 or 4/0 polylactic acid (Vicryl) or polyglycolic acid (Dexon), suturing Buck’s fascia longitudinally, closing penile skin and dressing of penis are steps of surgery.

Conclusion: Penile Fracture is a true urologic emergency that needs urological consultation. Penile manipulations and geographic traditions can cause this injury. Anamnesis of a patient, physical examination of the penis, and if necessary Penile Doppler can give us a direct route for these cases. For avoiding late complications patient undergoes surgical intervention. Exploration is the best incision technique that has cosmetic advantages. Penile Fracture has psycho-social trauma effects on patients.

Jahmadzada13@gmail.com