

A Rare Case of Unilateral Penile Fracture with Urethral Rupture involving Distal Shaft of Penis

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ABSTRACT

Penile fractures are rare usually occurring after sexual intercourse involving mid or proximal shaft of penis. Case of coital trauma in 25 year old male resulting in penile fracture involving unilateral corpus cavernosum of distal shaft of penis with adjacent urethral injury has been described

Key words: corpus cavernous, urethral injury, penile fracture

CASE REPORT

A 25 year old man presented to the urology clinic with history of sudden onset of pain near the tip of penis with bleeding at the external urethral meatus along with swelling of shaft of penis after sexual intercourse 6 hours before reaching the hospital. On examination, there was blackish discolouration of the distal shaft of penis on the ventral aspect with swelling of prepuce and blood at the tip of urethral meatus. Emergency surgical exploration was done by sub coronal circumferential incision and degloving of penis. There was rupture of ventral corpora cavernosa in the distal part on left side with adjacent ventral urethral injury (Fig 1, Fig 2). Both were oriented transversely. Right corpora cavernosa was normal. Urethra was repaired over 14 fr. Foley's catheter using 4/0 vicryl simple interrupted sutures. Corporal tear was also sutured with 4/0 vicryl by simple interrupted technique. Catheter was removed on 14th post operative day. Patient

voided well immediately. On follow-up 2 months after surgery he had normal erections and had good stream of urine.



Fig1: Organized hematoma over the left distal corporal rupture and adjacent urethral rupture just proximal to corona.



Fig2: Fracture of left distal corpora cavernosa with adjacent urethral injury after placing Foley's catheter.

Penile fracture with or without urethral injury commonly occurs in proximal or mid shaft of penis^[1,2]. Urethral injury is usually associated with bilateral rupture of corpora cavernosa^[3]. One case of isolated distal urethral injury without corpus cavernosal injury has been reported^[4]. Our case is unique because there was concomitant urethral as well as unilateral corpus cavernosal injury involving distal portion. Careful history taking and clinical examination is necessary for early diagnosis so that immediate surgical repair can be done for retaining normal voiding and erection.

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How to cite this article: Ramalingam SP, Nandhagopal V. A rare case of unilateral penile fracture with urethral rupture involving distal shaft of penis. *International Journal of Research and Review*. 2020; 7(12): 376-377.
