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Fracture of the penis with urethral rupture

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Case report

During intercourse, a 26-year old man's penis struck his partner's perineum, resulting in painful penile swelling and blood at the meatus. He passed blood-stained urine before admission to hospital.

The swelling was more prominent on the left side, with deviation of the penis to the right at the middle of its shaft. A rounded, mildly tender, firm, 2 cm mass was palpable on the left of the middle of the shaft through the swollen tissues which could be rolled over it¹. Retrograde urethrography demonstrated urethral continuity to the bladder with extravasation of contrast on one side of the middle of the urethra (Figure 1).

Through a 2 cm incision made directly over the palpable lump, tears in the corpus cavernosum and in the spongiosum were closed with vicryl sutures. Post-operatively, he passed urine with a mild burning sensation and was discharged after 12 h.



Figure 1.

He has been followed up for 14 months and continues to pass urine well.

Discussion

In fractured penis with urethral injury, direct urethral repair and suprapubic or urethral catheterisation have been recommended but these may result in stricture formation².

Whenever urethral injury occurs, a urethrogram should be performed. If there is free flow of dye past the level of injury site, and if the patient can void spontaneously, it is unnecessary to attempt catheterisation as this might convert a partial tear into a complete tear and may cause sepsis.

We believe that rupture of the urethra is likely to be partial since the cavernosum is more rigid than the spongiosum and the angulating force will cause urethral disruption on one side only. When the patient can pass urine and when retrograde urethrography demonstrates urethral continuity, suturing, catheterisation or instrumentation of the urethra can all be avoided.

References

- 1 Naraynsingh V and Raju GC. Fracture of the penis. *Brit J Surg* 1985; **72**: 305-306.
- 2 Nymark J and Kristensen JK. Fracture of the penis with urethral rupture. *J Urol* 1983; **129**: 147-148.

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