



Letter to the Editor

Penile fracture repair. Assessment of early results and complications using color doppler ultrasound

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We read with great interest, the paper by Gontero *et al*¹ who describe an experience with four cases of fractured penis. All patients underwent early surgical repair and postoperative ultrasound scanning. We agree, from our own experience that early repair should be performed and carries the lowest complication rate.^{2,3} We however, have found that complication rates can be further reduced if a small longitudinal incision is made over the fracture site.⁴ We have used the 'rolling sign' to identify the site of the hematoma confined below Buck's fascia.² The group from King's College Hospital have the additional advantage of Doppler facilities, which can allow them to locate the fracture site accurately, allowing precise placement of the skin incision. Subcoronal incisions with degloving of the penis requires maximal dissection, general anesthesia and is accompanied by complications including wound infection, abscess formation and subcoronal skin

necrosis.² With the small, longitudinal skin incision, performed under local anesthesia, patients can be discharged the same day, and the complication rate is nil.⁴

References

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