

## Non-Degloving Simple Repair of Fractured Penis

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Dear Editor,

We read with interest the article on penile fracture by Moreno Sierra et al. [1]. Although the authors identified the fracture site in 13 cases (4 clinically and 9 on ultrasound), they still elected to perform the degloving subcoronal incision which they indicated in their discussion as known to be complicated by 'infection of the wound and haematoma, residual haematoma, wound abscess and skin necrosis'. The extensive dissection in the degloving procedure damages more normal tissue, nerves and blood vessels than a direct approach to the fracture site via a unilateral skin incision which has fewer complications [2]. This direct approach would be applicable to the vast majority of cases (13 of their 15) where the fracture is unilateral

and not associated with urethral injury; urethral rupture can be diagnosed preoperatively by blood at the meatus or inability to micturate. We see no value in routine catheterization since in most cases there is no urethral involvement and patients can void normally.

Although they claim that early presentation (<12 h) improved their morphological and functional results, no disadvantages of delayed repair have been documented [3, 4]. In fact, 'delayed repair' as an outpatient facilitates accurate clinical identification of the fracture site in those cases where the rolling sign cannot precisely locate the tunical tear haematoma to allow simple repair in the acute phase [3, 4]. Their statement, 'a longitudinal inci-

sion over the probable fracture site cannot adequately evaluate whether there are associated injuries', is ambiguous. 'Probable' means that the site has not been identified accurately by the rolling sign, delayed repair or ultrasound. We should be able to locate the precise site of fracture in the vast majority of cases and leave 'exploration' for those few cases where this is not possible. 'Associated injuries' suggests urethral trauma; this should be recognized preoperatively if it is of clinical significance and not discovered by routine extensive exploratory dissections. Moreover, minor urethral injuries may not need to be treated at all [5].

### References

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