

A CONSERVATIVE APPROACH IN PENILE HEMATOMA MIMICKING PENILE FRACTURE AFTER STRADDLE INJURY IN 42-YEAR-OLD MALE: A CASE REPORT

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ABSTRACT

Introduction: Penile fracture is a rather infrequent occurrence. The incidence of penile fractures is predominantly associated with instances of direct trauma that occur during sexual intercourse. This case report provides a case of a middle-aged man with penile trauma after a straddle injury that mimics penile fracture symptoms. **Case(s) Presentation:** A 42-year-old male came to primary healthcare due to pain in penis while sexual intercourse with women on top position. He complained the penis was immediately detumescence, swelling, and bent into an "L" shaped position. At the physical examination, vital signs and general examinations were normal, but at the genital site, there was a hematoma at the right side of corpus cavernous midshaft of the penis. This hematoma also made a curve in the penis that caused angulation of the penis into an "L" shape. **Discussion:** Ultrasound examination is needed to evaluate the patient thus, he was referred to the hospital with penile angulation and penile hematoma as the main diagnosis. Ultrasound imaging showed free fluid at the outer part of the tunica albuginea of a penis. Structural damage was not examined in the urethra and tunica albuginea of the corpus cavernosum. **Conclusion:** This patient's symptoms of pain, angulation, detumescence, and swelling are similar to penile fracture. However, we noticed that penile fracture is a tear of the tunica albuginea of the corpus cavernous that has to be proved by imaging diagnostic tools.

Keywords: Penile fracture, hematoma, trauma.

ABSTRAK

Pendahuluan: Fraktur penis merupakan kejadian yang tergolong jarang. Kejadian fraktur penis terutama dikaitkan dengan trauma langsung yang terjadi saat hubungan seksual. Laporan kasus ini menyajikan kasus seorang pria paruh baya yang mengalami trauma penis akibat cedera straddle yang menyerupai gejala fraktur penis. **Presentasi Kasus:** Seorang pria berusia 42 tahun datang ke fasilitas layanan kesehatan karena nyeri pada penis saat melakukan hubungan seksual dengan posisi wanita di atas. Ia mengeluhkan penisknya kehilangan ereksi (detumescensi), membengkak, dan menekuk hingga membentuk huruf "L". Pada pemeriksaan fisik, tanda-tanda vital dan pemeriksaan umum menunjukkan hasil normal, namun pada area genital ditemukan hematoma di sisi kanan bagian tengah batang penis (pada corpus cavernosum). Hematoma ini juga menyebabkan lengkungan pada penis yang mengakibatkan penis menekuk membentuk huruf "L". **Diskusi:** Pemeriksaan ultrasonografi diperlukan untuk mengevaluasi pasien. Oleh karena itu, pasien dirujuk ke rumah sakit dengan diagnosis utama angulasi penis dan hematoma penis. Pencitraan ultrasonografi menunjukkan adanya cairan bebas di bagian luar tunika albuginea penis. Tidak ditemukan adanya kerusakan struktural pada uretra maupun tunika albuginea korpus kavernosum. **Simpulan:** Gejala nyeri, angulasi, detumesensi, dan pembengkakan pada pasien ini menyerupai fraktur penis. Namun, perlu dicatat bahwa fraktur penis merupakan robekan pada tunika albuginea korpus kavernosum yang harus dibuktikan melalui pemeriksaan penunjang.

Kata kunci: Fraktur penis, hematoma, trauma.

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INTRODUCTION

Penile fracture is a rather infrequent occurrence. None the less, it is important to acknowledge and emphasize the significance of this

particular urogenital injury. The incidence of penile fractures is predominantly associated with instances of direct trauma that occur during sexual intercourse.¹ The occurrence of physical damage directly applied to an erect penis leads to an elevation

in pressure inside the cavernosa.² The elevated force exerted on the tunica albuginea leads to its subsequent rupture. Prolonged deferment of penile fracture treatment may result in enduring sexual and anatomical impairments. Penile fracture is regarded as a critical condition within the field of urology, necessitating immediate medical attention.^{1,3} This case report will provide a case of a middle-aged man with penile trauma after a straddle injury that mimics penile fracture symptoms.

CASE(S) PRESENTATION

A 42-year-old male came to primary healthcare due to pain in penis while doing sexual intercourse with women on top position. He complained that his penis was immediately detumescence, swelling, and bent into an “L” shaped position. He felt pain at the site of injury without impairment in voiding. Meatal bleeding and urine retention were denied by the patient thus foley catheter was initiated to exclude the urethral involvement. At the physical examination, vital signs and general examinations were normal, but at

the genital site, there was a hematoma at the right side of the corpus cavernous midshaft of the penis. This hematoma also made a curve in the penis that caused angulation of the penis into an “L” shape. Local tenderness and fluctuation were examined at the penis. The diagnosis of penile fracture was considered. Ultrasound examinations are needed to evaluate the patient thus, he was referred to the hospital with penile fracture as the main diagnosis. Ultrasound imaging showed a free fluid at the outer part of the tunica albuginea of a penis. No structural damage was examined in the urethra and tunica albuginea of the corpus cavernosum. Knowing that condition, we decided to exclude penile fracture diagnosis and we were considering a conservative approach. We treated the patient with Ibuprofen 400mg/12 hours and Methylprednisolone 4mg/8 hours. After 3 days of follow-up, the hematoma resolved and the pain completely alleviated. The shape of the penis also resolved into its normal shape and being discharged. 7 days after discharge, the patient was followed up and the penis shape was normal, no symptoms left and there was no problem in the erection of the penis.



Figure 1. Angulated Penis due to Hematoma.

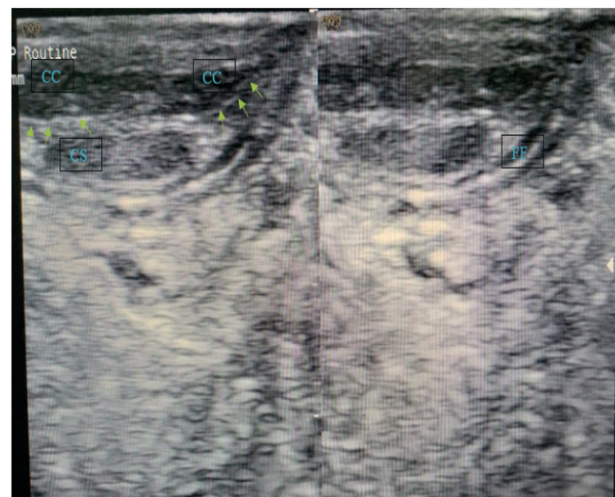


Figure 2. Ultrasound Imaging of the Penis. Arrow (Tunica Albuginea), CC (Corpus Cavernosum), CS (Corpus Spongiosum), FF (Free Fluid). This imaging showed tunica albuginea was intact and free fluid outside the tunica albuginea.



Figure 3. Resolved Penis after 3 days of Conservative treatment.

DISCUSSION

Penile fracture typically arises as a direct consequence of injuries sustained during the act of sexual intercourse.¹ According to research, a significant majority (57.2%) of patients who were diagnosed with penile fracture reported experiencing direct damage to the erect penis while engaging in sexual intercourse.⁴ During sexual intercourse, the erect penis commonly transitions out of the vaginal canal and may contact the perineum or pelvic bone through thrusting movements.⁵ The aforementioned force leads to a rise in pressure inside the corpora cavernosa. The application of force leads to a rupture of the tunica albuginea. Penile fractures predominantly manifest in individuals within the middle-age bracket, as evidenced by several studies that consistently report that the mean age of affected patients ranges from 30 to 50 years.⁶⁻⁸

The diagnosis of penile fracture cannot be made solely based on clinical evaluation. The individual presents with a subjective account of an audible "popping" sensation subsequent to the bending of the penile shaft, accompanied by discomfort, swift loss of erection, and the development of a subcutaneous hematoma resulting in a noticeable distortion resembling the shape of an eggplant.⁹ In instances when there is ambiguity,

ultrasonography is the ideal modality for imaging, which was also employed in our specific situation. The aforementioned attributes of the method under consideration are its widespread accessibility, little invasiveness, low cost, and high level of precision.^{4,10} Penile ultrasonography is particularly useful in the exclusion of fractures among individuals with minimal clinical suspicion. Additional methods of study utilized in the examination of penile fracture include magnetic resonance imaging (MRI), cavernography, urethrography, and flexible cystoscopy. In cases when there is suspicion of urethral injury, retrograde urethrography is recommended. This diagnostic procedure is indicated when certain symptoms are present, such as the observation of blood at the meatus, the occurrence of hematuria in any manifestation, the experience of dysuria, or the presence of urine retention.⁴

Penile fracture is an infrequent urological emergency requiring expeditious surgical intervention and restoration.¹⁰ This procedure entails the evacuation of accumulated blood, identification of the damaged tunica, removal of local tissue debris, closure of tunica lacerations, and ligation of any disturbed blood vessels. The prompt surgical intervention has been found to mitigate the occurrence of long-term consequences effectively.^{6,8}

In this case, a prompt diagnosis should be made accurately before administering the therapy. A lesson learned that prompt surgical intervention could lead to non-beneficial for the patient if a clear diagnosis was not made. This patient's symptoms of pain, angulation, detumescence, and swelling are similar to penile fracture. However, we noticed that penile fracture is a tear of the tunica albuginea of the corpus cavernous that has to be proved by imaging diagnostic tools. Therefore, we referred the patient to the hospital to undertake the ultrasound imaging for the exact diagnosis and hopefully, the open surgical intervention could be avoided.

CONCLUSION

Not all cases of penile trauma exhibit the usual signs and not all cases of penile trauma is a penile fracture. In instances of penile trauma presenting atypically, it is not possible to definitively rule out the diagnosis of penile fracture solely based on the absence of physical examination findings. Ultrasound imaging should be taken into consideration in cases when the clinical

manifestations are inadequate for establishing a diagnosis of penile fracture in a short period of time and could avoid unnecessary open surgical intervention.

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