



# Successful Surgical Repair of a 26-Day Old Penile Fracture

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Penile fracture is a rare but severe emergency caused by the traumatic rupture or split in the tunica albuginea of corpora cavernosa, commonly resulting from an injury sustained during sexual activity, forceful manipulation, and blunt or penetrating injury to the penis shaft. Direct trauma to an erect penis causes an increase in cavernosal pressure, leading to the rupture of the tunica albuginea. The preferred standard of care is immediate surgical intervention to reduce risks of complications, including long-term sexual and anatomical dysfunction. In this case study, we report an unusual late presentation (26 days) of a penile fracture that was successfully treated surgically, emphasizing that surgical intervention should always be considered for penile fractures, regardless of delay.

A 40-year-old patient initially presented with a complaint of painful penile angulation to the primary healthcare center, 4 days after alleging to have sustained a penile injury following bumping onto a piece of machinery in a state of penile tumescence causing blunt trauma at work (►Fig. 1). He also complained of burning micturition with the normal urinary stream. He was sexually active before the incident; however, he was reluctant to perform sexual activity and had abstinence till further treatment. He was treated conservatively with ice compresses, compression, antibiotics, and anti-inflammatory medication for 7 days with no relief. After 15 days, he presented with penile pain, curvature, and difficulty during intercourse to a plastic surgeon, who confirmed the diagnosis of penile fracture with the aid of ultrasonography. The scan revealed a hyperechoic lesion of size 19 × 8 × 8 mm suggestive of chronic hematoma/collection in the midline in between bilateral corpora cavernosum extending toward the left side

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**Fig. 1** The digital image of penis showing pathological curvature.

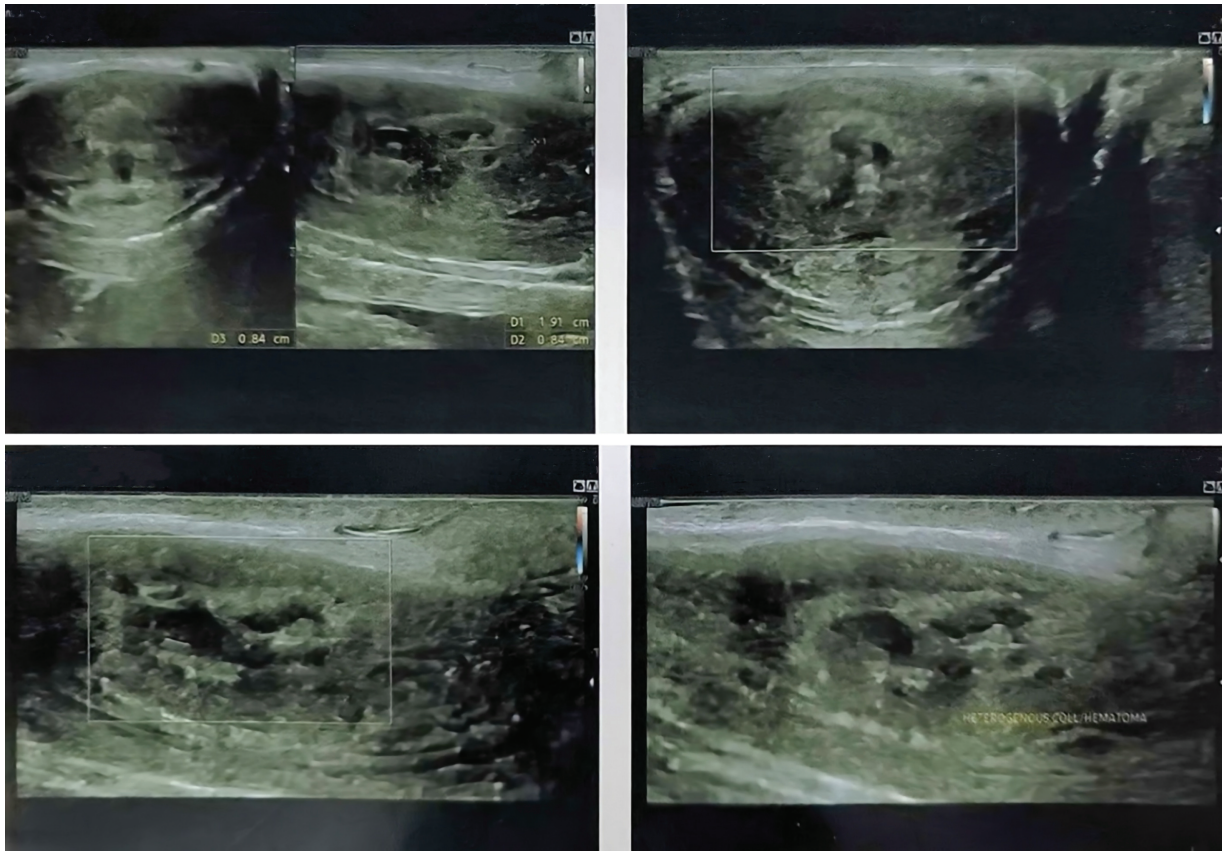
involving the distal half of the penile shaft (►Fig. 2). The surgical repair was performed on the patient in our hospital 26 days subsequent to the occurrence of the injury.

After degloving the penis, surgical exploration revealed a 2-cm defect in the midline between the bilateral corpus cavernosum and urethra were in good condition. Approximately 10 mL of blood was drained from an organized hematoma subsequently. The defect was closed using 2-0 Vicryl continuous inverting sutures. He was discharged after 4 days and Foley catheter was placed for 7 days. The postoperative period was uneventful, and the patient was advised to have his first sexual encounter in 3 months. The patient showed no signs of

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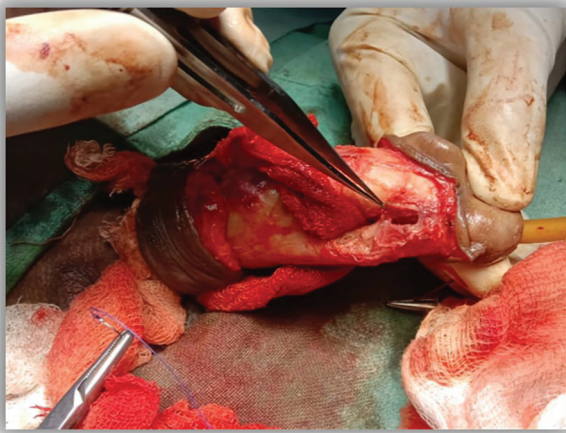


**Fig. 2** The ultrasonography scan revealed a hyperechoic lesion of chronic hematoma collection.

erectile dysfunction, pain, or deformity during erection at the 3, 6, 12, and 18 months follow-ups (→ **Fig. 4**).

This case serves to demonstrate the pressing importance of providing surgical intervention for penile fractures, re-

gardless of delayed presentation. It challenges the preference for conservative management in cases of traumatic penile rupture and highlights the successful outcome of surgical repair even with an extended duration from the initial injury.



**Fig. 3** Repair of the rent in the tunica.



**Fig. 4** Three-month postoperative image of penis was taken with the digital camera.