

Functional outcomes following repair of fracture penis

Introduction: Penile fracture (FP) is characterised by disruption of the tunica albuginea with rupture of the corpus cavernosum caused by trauma to the erect penis. We evaluated the clinical presentation, operative details and erectile function and urinary outcomes after operative treatment of FP. Methods: FP (n=23) patients operated from January 2010 to April 2015 at a tertiary care urological centre were evaluated for mode of presentation, mechanism of injury, time to presentation, intraoperative findings and post-operative outcomes. Assessment for penile deformity, erectile function using International Index of Erectile Function-5 (IIEF) score at 3 and 6 months postoperatively and urinary symptoms using International Prostate Symptom Score (IPSS) was performed. Results: Mean (\pm SD) age was 33.8 ± 19.2 years. Etiology of FP included vigorous sexual intercourse in 10 (43.5%), self-inflicted injury on erect penis in 7 (30.4%), accidental trauma to or fall on erect penis in 4 (17.4%) and during rolling over the bed in 2 (8.7%) patients. Median time from injury to presentation was 10 hours. Urethral injury was noted in 4 (17.4%) patients and immediate repair was done. Excluding the patient with delayed repair, the mean total IIEF 5 Score was 12.72 at 3 months and 18.36 at 6 months repair. Only the patient who presented 15 days after FP had ED. Patients with urethral injury had no post-operative urinary symptoms. Conclusion: Immediate surgical intervention has low morbidity, short hospital stay, rapid functional recovery, and no serious long-term sequel. Early surgical repair within 48 hours is associated with a good outcome.