



# Penile Fracture Following Forced Penile Bending During Nocturnal Tumescence: An Unusual Cause

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## Abstract

Penile fracture is an uncommon injury, occurring in approximately 1 out of every 175,000. Direct trauma to an erect penis during sexual activity is a common cause. Other causes include masturbation injuries, falls landing onto an erect penis, penile bending or angulation while rolling over during sleep, anal intercourse. Typically, patients report a snapping sound followed by loss of erection and pain; diagnosis is clinical, supported by ultrasonography. Immediate surgical exploration and repair is required. Here we present a case of 18 years old male who presented in OPD with penile fracture due to an unusual habit of forcefully bending penis during erection and underwent surgical exploration and repair.

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## Introduction

Penile fracture is a rare condition with an incidence of about 1 in 175,000 cases, [1] more common in the Middle East than in Western countries [2]. It typically results from direct trauma to an erect penis, often during sexual intercourse, causing rupture of the tunica albuginea that encases the corpus cavernosum [2,3]. The common presentation includes a snapping sound, pain, loss of erection, and an "eggplant" deformity due to a confined hematoma when Buck's fascia remains intact [3,4]. Diagnosis is usually clinical, supported by ultrasonography [4]. Prompt surgical intervention is recommended, even if the injury is presented after 24 hours [5]. We present a case of penile fracture from an unusual cause.

## Case report

We present a case of 18-year male, who presented to Surgery OPD with a chief complain of pain and swelling of penis for 1 day. He gave history of forceful bending of penile shaft during erection at sleep which was followed by audible crack with sudden loss of erection and pain which was acute in onset. He also reported an unusual habit of cracking his penis during erection in the past. There was no history of urinary retention, blood in urine. The patient reported no activities of sexual intercourse or masturbation before the event. On physical examination, there was swollen and deformed penis with tenderness at the base (Figure 1). He did not report any difficulty during micturition.

Diagnosis was confirmed by USG which showed small hypoechoic defect in tunica albuginea of right corpus cavernosum with heteroechoic collection measuring 31\*6 mm on anterior aspect. Patient was planned for surgery and all the preopera-



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tive investigations like complete blood count, renal function test, urine routine microscopic examination, serology was sent, of which came normal. Foley's catheterization was done. On exploration at operation theatre, a horizontal rupture of corpus cavernosum was found measuring 1 cm with hematoma measuring 2 cm\*3 cm\*3 cm at dorsal aspect of mid portion of penis (Figure 2). Repair was done with vicryl 3-0 and skin was closed with catgut 2-0.

Patient was then shifted to surgery ward and was prescribed Ceftriaxone 1 gm IV twice a day. His hospital stay was uneventful and was discharged on 4<sup>th</sup> post operative day after removal of foley's catheter. He was prescribed oral antibiotics like cefixime and metronidazole to prevent infection and diazepam in case of painful erection. On follow up after 1 week, patient had no difficulty in passing urine and the wound was healthy.



**Figure 1:** Pre-operative picture showing a swollen penis.



**Figure 2:** Penile surgical exploration showing defect in dorsal aspect of midshaft with hematoma.

### Discussion

Penile fracture is an uncommon urological emergency. However, its incidence is increasing, as it is likely underreported due to the embarrassment associated with it [2]. Penile fracture results from the rupture of the tunica albuginea, which can withstand pressures up to 1500 mm Hg. Its thickness decreases from 2 mm when flaccid to 0.25 mm when erect, and any sudden

pressure increase during trauma to an erect penis can cause rupture [6]. Rupture most commonly occurs on the lateral aspect of the proximal corpora [7]. In our case rupture was at dorsal aspect of mid portion of penis. Traumatic penile rupture may be linked to changes in the tunica albuginea, such as fibrosclerosis and cellular infiltrates, which suggest previous trauma and lower the rupture threshold compared to healthy tissue [8].

A study revealed that 57.20% of those with confirmed penile fractures had suffered blunt trauma to the erect penis during intercourse [2]. Other causes include trauma during masturbation, falls landing onto an erect penis, forceful bending during penetration, bending or angulation while rolling over during sleep, and anal intercourse [3]. Unusual cause is Taqaandan, practiced by young men aged 20 to 40 in the Middle East and North Africa, involves forcefully bending the erect penis to quickly cause detumescence. In an Iranian study, it was the cause of penile fractures in 269 out of 352 cases [9]. In this case, it is possibly a practice of Taqaandan.

Patient presents with snapping sound followed by rapid detumescence and pain. If the buck fascia is torn, the hematoma can extend to scrotum and perineum [3,4]. Blood at the meatus, haematuria, or urination difficulty suggests urethral injury, occurring in 10-20% of cases, and requires retrograde urethrography [10]. Diagnostic options include cavernosography, MRI, and ultrasound, with ultrasound being the preferred choice as it is non-invasive, cost effective and quick [4]. Surgery is the preferred treatment for penile fractures, providing precise repair, quick restoration, and addressing related issues like urethral injuries or hematoma [8]. Delaying medical attention can lead to complications, difficult repairs, and increased risk of long-term issues like erectile dysfunction, penile curvature, or urethral injury [11].

Thus, unawareness about the unusual causes can delay diagnosis and treatment of penile fracture, increasing complications. While clinical diagnosis is common, imaging may assist in uncertain cases, and early surgery usually ensures a good outcome.

### Author declarations

### Consent to publish

Informed consent was given by the patient in written form.

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