10-8-2021

A Case of Penile Fracture with Bilateral Corporal Injury and Complete Urethral Disruption

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Podium #104
A CASE OF PENILE FRACTURE WITH BILATERAL CORPORAL INJURY AND COMPLETE URETHRAL DISRUPTION
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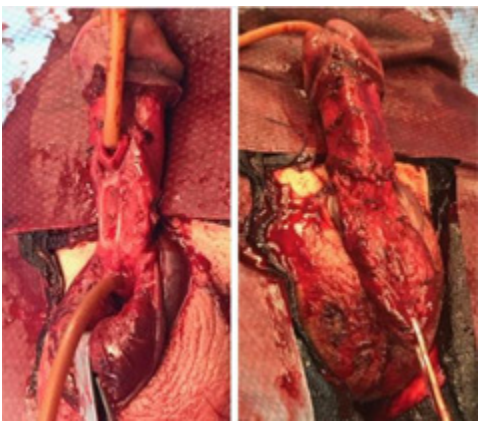
Introduction: Penile fracture with bilateral corporal rupture and complete urethral disruption is an uncommon injury, with approximately 60 cases reported in the literature.
Case: A 54-year-old man presented with penile pain, ecchymosis, and detumescence, as well as urethral bleeding after blunt trauma sustained during vaginal intercourse. Clinical diagnosis of penile fracture was made and he was taken to the operating room for penile exploration. Complete transection of the urethra and bilateral disruptions of the corpora cavernosa were identified in the proximal penile shaft. The corpora were repaired with 3-0 vicryl. Primary urethroplasty was then performed using 4-0 PDS. Foley catheter was left in place for two weeks. At 3-month follow-up, the patient has a normal urinary stream and partial return of erectile function.
Conclusion: Rupture of the bilateral corpora cavernosa is a rare presentation of penile fracture, and is often associated with urethral injury. In patients suspected of having penile fracture, blood at the meatus and urinary retention should raise concern for urethral involvement. Primary urethral repair at the time of injury is the preferred management strategy.



Funding: N/A

Podium #105
AN UNUSUAL COMPLICATION OF RETROPUBIC MIDURETHRAL SLING PLACEMENT: OBTURATOR NEURALGIA
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Presented By: Niki Parikh, MD, MBA, MSBA

Introduction: Midurethral sling placement is a common treatment for stress urinary incontinence with low morbidity. This case serves to highlight an unusual complication.
Methods: A 48-year-old female presented with nine-month pelvic and right lower extremity pain following synthetic retropubic midurethral sling placement at an outside facility. On evaluation, she had right-sided obturator neuralgia, without evidence of pelvic floor myalgia or mesh exposure. MRI was consistent with obturator nerve injury. Having failed conservative management, patient opted for excision of right arm of the sling using combined vaginal and robotic-assisted abdominal approach.
Results: The sling was identified vaginally, transected, dissected circumferentially, and