

Penile fracture after priapism due to sildenafil ingestion: out of frying pan into the fire

Deepanshu Sharma, Manoj Kumar, Siddharth Pandey, Samarth Agarwal

Department of Urology, King George's Medical University, Lucknow, Uttar Pradesh, India

Correspondence to
Dr Deepanshu Sharma,
drdeepanshu@gmail.com

Accepted 1 August 2018

DESCRIPTION

A 36-year-old man presented to our department with complaints of swelling, pain and deformed penis for 2 days. He had a history of 100 mg sildenafil ingestion, following which he sustained a prolonged erection that persisted even after sexual intercourse. He tried vigorous masturbation to relieve it, but he failed. After this exercise, while he was sleeping, his child mistakenly fell over his erect penis, following which he developed sudden severe pain in his penis and lost tumescence. On examination, he had swelling and ecchymosis on the right posterolateral aspect of his penis (figure 1). There was no haematuria or blood at meatus. On the basis of history and physical examination, a diagnosis of penile fracture was made. Ultrasound revealed a tear in the lateral wall of the right corpora cavernosa with a large haematoma. The patient was taken for emergency exploration. Intraoperatively, a defect of approximately 1×1 cm was visualised in the lateral wall of the right corpora cavernosa with a large overlying haematoma (figure 2). The haematoma was evacuated and the corporeal tear was repaired. The patient was followed up at 3 and 6 weeks. He sustained normal erections and there was no residual deformity.

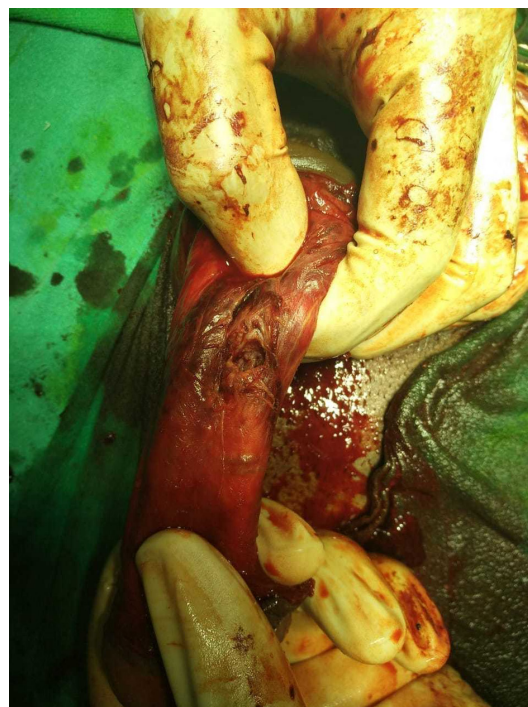


Figure 2 Intraoperative image of the corporeal tear.

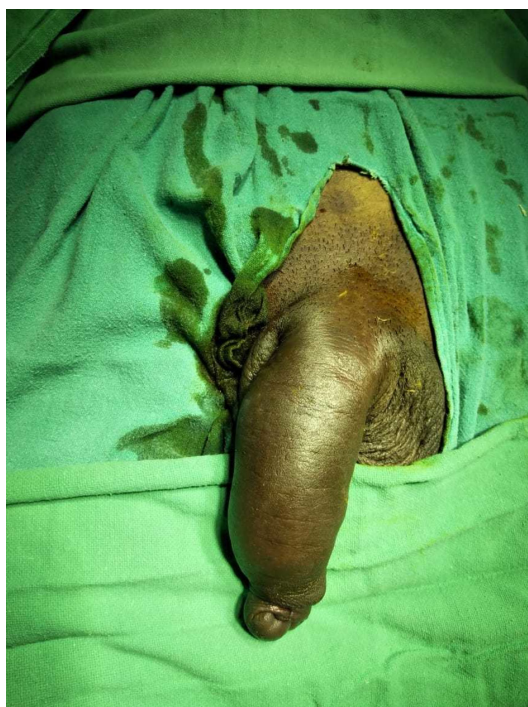


Figure 1 Fractured penis with 'eggplant deformity'.

Penile fracture is a relatively rare condition, most frequently reported as a result of trauma during vigorous intercourse.¹ Surgical repair, which was first done by Fetter and Gartman in 1936, is the most advocated treatment for this condition.^{2,3}

Phosphodiesterase type 5 inhibitors, which are nowhere described as a predisposing factor for penile fracture, proved to be one in this case.

Learning points

- ▶ Patients should be informed about the possible complications of phosphodiesterase type 5 (PDE-5) inhibitors.
- ▶ PDE-5 inhibitors can cause priapism as its complication, and patients should be counselled to take timely treatment as delay can lead to grave consequences.
- ▶ Recreational use of PDE-5 inhibitors should be discouraged.

Contributors DS and SP: concept, design, supervision, processing, writing the manuscript and critical analysis. SA: concept, supervision, writing the manuscript and critical analysis. MK: supervision, processing, writing the manuscript and critical analysis.



© BMJ Publishing Group Limited 2018. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Sharma D, Kumar M, Pandey S, et al. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2018-226562

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Eke N. Urological complications of coitus. *BJU Int* 2002;89:273–7.
- 2 Fetter TR, Gartman E. Traumatic rupture of penis: Case report. *Am J Surg* 1936;32:371–2.
- 3 Summerton DJ, Campbell A, Minhas S, *et al*. Reconstructive surgery in penile trauma and cancer. *Nat Clin Pract Urol* 2005;2:391–7.

Copyright 2018 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow