

III- Penile and genital trauma

Penile and genital trauma

Prevalence:

- ⇒ The actual incidence is difficult to know.
- ⇒ Different scope of injuries.
- ⇒ Surgery, urology, and gynaecology have a hand.
- ⇒ Penile fracture is the commonly described lesion.

Penile trauma

Mechanism:

⇒ Resistant to trauma due to:

- Flaccidity.
- Loose lax skin.
- Rich vascular supply:
 - Penis (dorsal, cavernosal, bulbo-urethral)

Penile trauma

Dangerous with:

⇒ Bacterial infection.

⇒ Amputation of the penis:

- Criminal.
- Change of gender.
- Traumatic.
- Iatrogenic (circumcision).

Penile trauma

Other causes:

- ⇒ Constriction rings.
- ⇒ Hair ties.
- ⇒ Pelvic fracture.
- ⇒ Crush injury.
- ⇒ Animal and human bites.
- ⇒ Penile fracture.
- ⇒ Explosive devices.

Penile trauma

Classification:

Grade	Penile injury
I	Cutaneous laceration or contusion
II	Laceration of Buck's fascia (cavernosum) without tissue loss.
III	Cutaneous avulsion, laceration through glans or meatus or cavernosal or urethral defect < 2cm.
IV	Partial penectomy or cavernosal or urethral defect \geq 2cm
V	Total penectomy

Penile trauma

Presentation and evaluation:

- ⇒ Penetrating injuries may be associated with injury of testes, spermatic cord or urethra.
- ⇒ Fracture penis: typical history of trauma; with eggplant deformity.
- ⇒ Perineal hematoma (butterfly deformity).
- ⇒ Evidence of human and animal bites.
- ⇒ Thermal and chemical burns.
- ⇒ Machinery accidents, laceration, amputation.

Penile trauma

Treatment:

⇒ Surgical principle:

- Irrigation.
- Antibiotics.
- Debridment.
- Exposure.
- Tension free suturing.
- Absorbable suture.
- Use of fascia, pericardium for hemostasis or defect closure.

Fracture penis



