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Damage to the External Genitalia by Traction Following Assault and Battery at the C.H.U Gabriel Touré: About a Case

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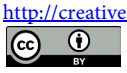

Abstract

Trauma to the external genitalia by tearing is rare. We report the case of a 30-year-old patient, admitted to the emergency room for trauma of the external genitalia by traction following a blow and intentional injury. The authors highlight the lesions that can occur during this type of trauma and insist on the systematic search for urethral and cavernous lesions. **Conclusion**: Trauma to the external genitalia by intentional assault and battery is rare in our context. They occur most often in a young person and are frequently associated with damage to the corpora cavernosa and urethra.

Keywords

Trauma, External Genitalia, Traction

1. Introduction

Open trauma to the exdull genitals is rare and usually occurs in young subjects [1]. When caused by intentional assault and battery, they may have particular aspects both in terms of injury and therapy. Management is most often conservative, except in cases in which the importance of the damage to an organ compromises its vitality.

In Mali, the frequency of these traumas is not known. We report a case of damage to the external genetic organs by intentional assault and battery in a young male subject in whom surgical treatment gave satisfactory functional results.

2. Observation

Mr. A D of 30 years old without particular medical-surgical history was received in emergency in May 2018 for wound of the external genitalia following a quarrel with a young woman of 25 years who would have taken and pulled the penis and the scrotum of Mr. A D by the hand resulting in a large wound at the level of the genitals of the victim. The admission was made within one hour of the accident, the general condition of the patient was good with stable hemodynamic constants. All peripherical pulses were well perceived and symmetrical. The examination noted two deep, non-bleeding penis wounds, one with skin detachment over the entire penis (**Figure 1**) and the other bursting bursa with evulsion of both testicles (**Figure 2**).

They were deep and hemorrhagic with detachment from the testicular cords visible to the inguinal canals as shown in **Figure 3**.

Surgical exploration of the lesions made it possible to clarify their extent. There was indeed a detachment over the entire extent of the penis to its base without urethral involvement, neither of the two corpora cavernosa.

The surgical procedure performed was the repair of the bursa, a reintegration of the testicles, closure and drainage of the bursa and suture of the penile wound, followed by drainage (**Figure 4** and **Figure 5**). The bladder catheterization lasted a week, the resumption of urination was spontaneous with the removal of the tube. Functionally the patient did not complain of any urination discomfort.

Postoperative outcomes were complicated after 10 days of dung infection resulting in scrotal skin necrosis (**Figure 6**). Management required debridement during which a sample was taken for bacteriological study and then a toilet with saline. Antibiotic therapy was performed and then secondarily adapted to the result of the antibiogram. The aesthetic result after wound healing was satisfactory as shown in **Figure 7**.

Figure 1. Hemorrhagic wounds of the penis and testicles externalized to scrotal burst work.

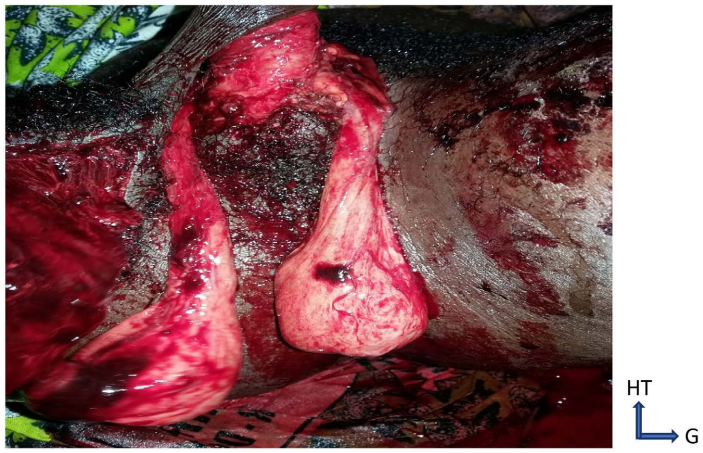

Figure 2. Hemorrhagic wounds of the scrotum with externalized testicles to scrotal burst work.

Figure 3. Hemorrhagic wounds of the penis, externalized testicles with detachment from cords to external openings of inguinal canals and scrotal bursting.

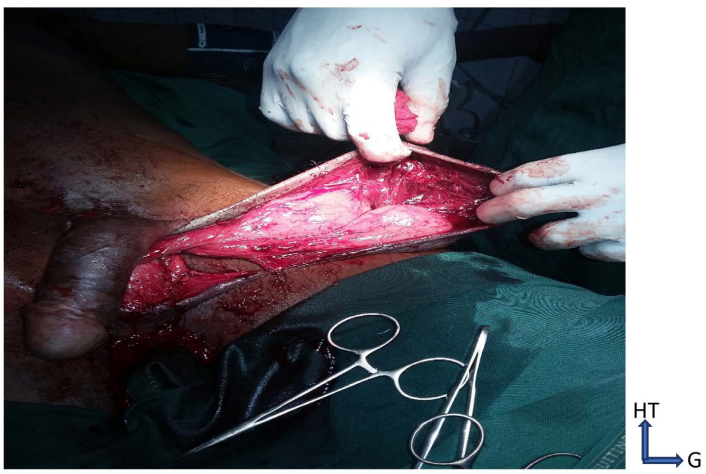

Figure 4. Parage of penis wounds with bursa repair and reinsertion of the testicles.

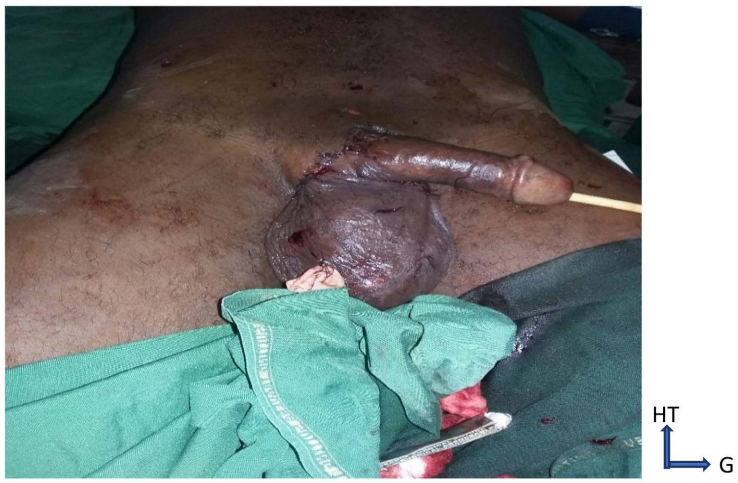

Figure 5. Parage of penis wounds with bursa repair and reinsertion of the testicles. (End of speech).

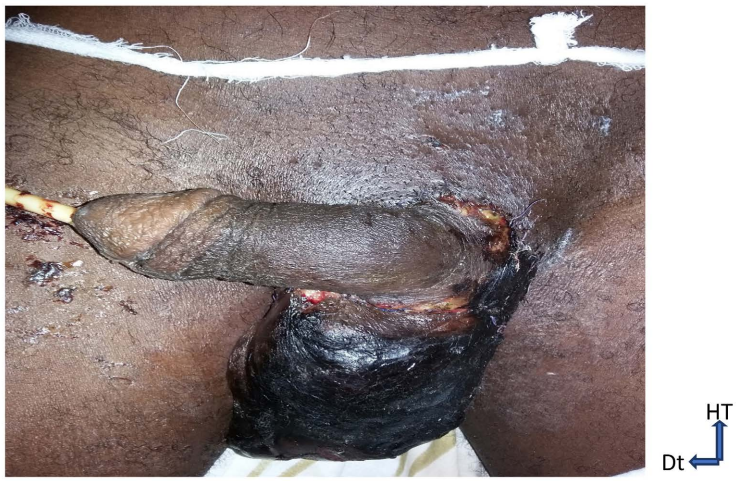

Figure 6. necrosis of the scrotal skin.

Figure 7. Paraging of penis wounds with bursa repair and testicular reinsertion.

3. Discussions

Trauma to the external genitalia is rare [2]. In Senegal BAH *et al.* [3] reported six cases in four years. Simhan [4] reported 97 cases of scrotal wound by firearm in 20 years in the USA while in Yemen Ghilan [5] described 20 cases of damage to the external genitalia by firearm between 2005 and 2008. This low frequency is due to the fact that the external genitalia are not a frequent target of weapon attacks. In Mali, the frequency of these lesions is not known. In our patient, it is a traction wound that is the very first at the CHU Gabriel Touré. In the literature, we did not find a study specifically looking at traction damage to the external genitalia.

The subjects with lesions of the external genitalia are young according to the literature: 29 years of average age in the Cerwinka series [6] and a predominance of the 18 - 28 years [1]. This observation is also made by African authors [3] [7] and would be explained by the fact that it is the working population that is most exposed. But in war practice these injuries can be found in populations of disparate ages because of acts of torture and stray bullets.

Open trauma to the exdull genitalia is rarely isolated, frequently associated with muscle and/or visceral damage [4] [5]. In the literature the most frequent associated lesions are musculary lesions of the limbs. This frequent association is probably explained by the anatomical proximity of the proximal part of the lower limbs with the external genitalia. In our observation, no associated lesions were found.

Although penetrating scrotum wounds are the most common clinical forms, they are frequently accompanied by cavernous and urethral wounds. Our patient had no urethral rupture or cavernous body involvement. The penetrating wound of the scrotum compromises the functional prognosis of the testicle in only 50% [5], a percentage large enough to recommend surgical exploration in front of any wound of the scrotum. This is all the more true since ultrasound exploration does not allow in these conditions to certify the viability of the testicle. In the cases of our patient no ultrasound was performed. The treatment consisted of trimming the penile and scrotal wounds and then inserting the testicles into the scrotum.

4. Conclusion

Trauma to the external genitalia by hand traction is rare in our context. Trauma to the external genitalia is frequently associated with damage to the corpora cavernosa and urethra, hence the importance of a careful exploration of any trauma of the penis in search of urethral and cavernous lesion.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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