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Partial Amputation of the Penis with Total Rupture of the Urethra: About a Case in the Urology Department of the Bonamoussadi District Medical Center

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Abstract

Penis amputations are rare, they are most often observed in a criminal context or in the context of self-mutilation. We present the case of a partial amputation of the shaft in the context of a domestic accident. This is a 53-year-old patient received in the emergency department for partial amputation of the penis occurred, whose mechanism of occurrence would be the fall of a sheet metal from the roof of his house, with reception on the proximal end of the shaft leading to a partial rupture of it—here, with total urethral section. He has no medical-surgical history. The physical examination finds a good general condition, a partial tearing of the ventral face of the penis associated with a total rupture of the urethra followed by a hemorrhage, the rest of the examination was without particularity. The emergency assessment carried out was without particularity. The treatment consisted initially of catheterizing the urethra by a urinary tube ch 20, then a urethral replacement, followed by a Peno plastie. The surgical suites were enamelled with parietal suppuration plus necrosis at J 14 post-operative. A more bidaily dressing debridement followed with a favorable evolution at 2 months. Subsequently, a penile graft was performed more urethrolastic, with removal of the flap on the inner side of the thigh, the surgical suites were favorable on the sexual plane gradual resumption of night erections.

Keywords

Penis, Partial Amputation, Uretroplasty, Penoplasty, Flap, Bonamoussadi

Subdivisional Health Center

1. Introduction

The penis is a male organ that has double function (copulation and urinary). Partial amputation of the penis is rare, it is observed either in a criminal context or in the context of self-harm in a psychogenic patient suffering from schizophrenia. It poses 4 problems: sexual, urinary, aesthetic and psychiatric. We report the case of partial amputation of the penis with total rupture of the urethra occurred in a particular context.

2. Observation

This is a 53-year-old patient received in the emergency department for partial limb amputation that occurred in the context of a domestic accident. The mechanism of occurrence would be the fall of a plate from the roof of his house, with reception on the proximal end of the rod resulting in a partial rupture of the rod with total section of the urethra. He has no medical-surgical history. The physical examination regains a good general condition, a partial tearing of the ventral face of the penis associated with a total rupture of the urethra with scrotal lesion followed by bleeding (**Figure 1**), the rest of the examination was without particularity. The emergency assessment carried out was without particularity. The treatment consisted in a first wash with 0.9% saline serum, then catheterize the urethra with a Ch 20 urinary tube. Subsequently, a uretroplasty was performed (**Figure 2**), followed by a Peno-plasty (**Figure 3**). The surgical suites were enamelled by a parietal suppuration more necrosis at J 14 post-operative, a debridement more bidaily dressing followed with favorable evolution at 2 months (**Figure 4**). Subsequently a lambeau on the inner side of the thigh (**Figure 5**, **Figure 6**), the following operations were simple (**Figure 7**, **Figure 8**). On the sexual level gradual resumption of night erections at 50% (**Figure 9**).

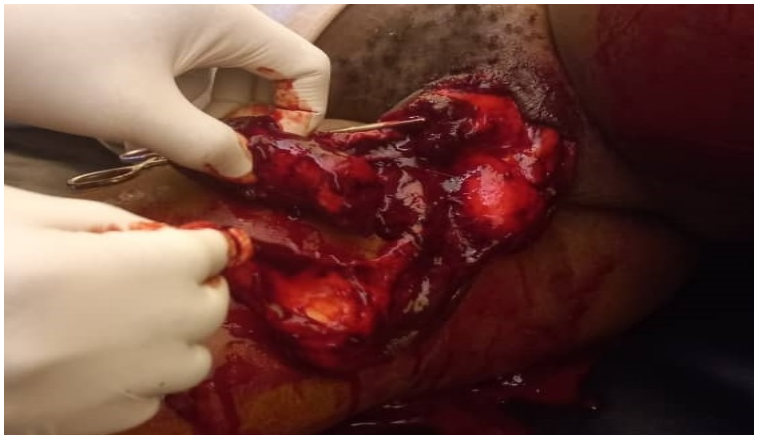

Figure 1. Partial failure of the shaft with total urethra section.

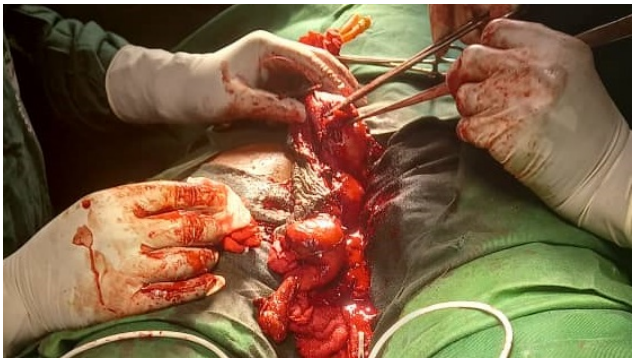

Figure 2. Urettroplasty on probe.

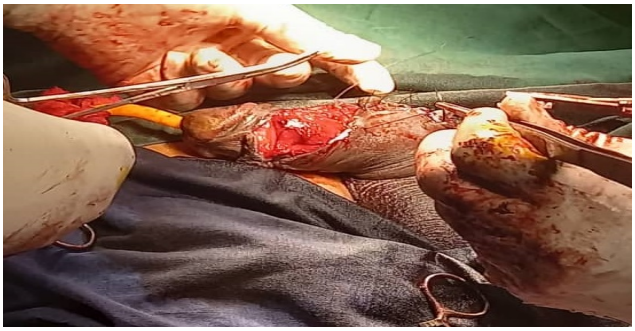

Figure 3. Peno plasty.

Figure 4. Appearance of the shaft at 2 months.

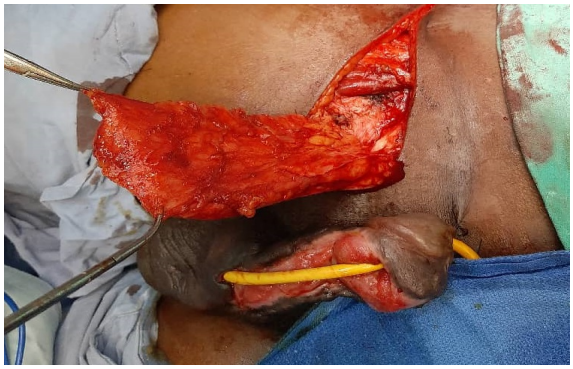

Figure 5. Sampling of the flap on the inner thigh.

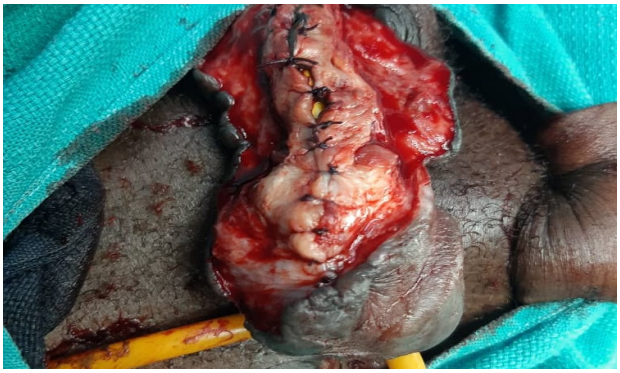

Figure 6. Urettroplasty before penile graft.

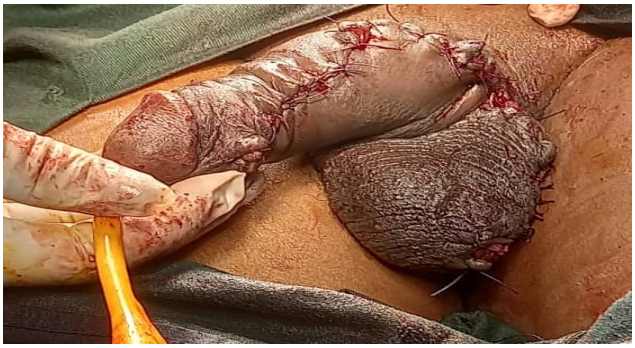

Figure 7. Final appearance of the shaft.

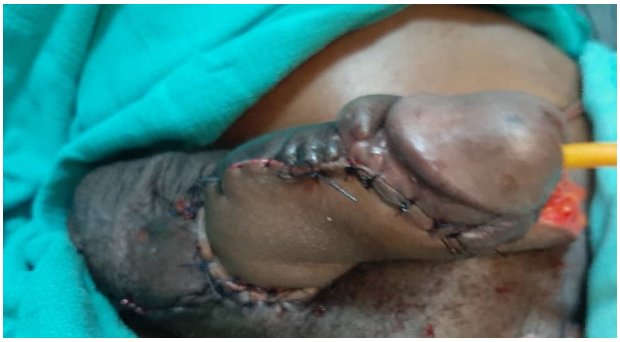

Figure 8. Final appearance of the penis after penile graft.

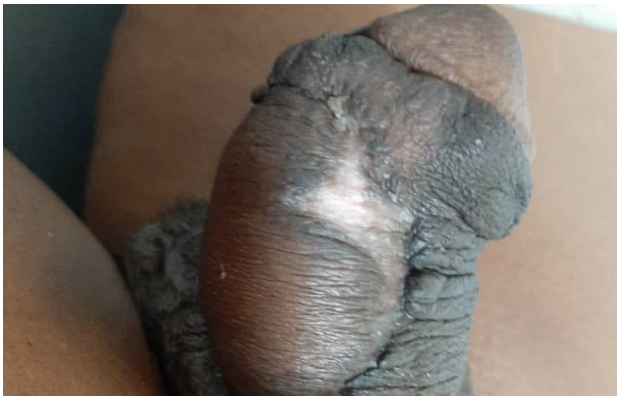

Figure 9. Appearance of the penis after healing.

3. Comment

Amputations of the penis are serious urological emergencies, fortunately rare [1] [2] [3]. This severity takes into account the resulting hemorrhagic urgency, surgical difficulties, and post-operative complications. To this are added first the psycho-social effects, then those on the urinary and sexual functions of the organ (urethral stenosis and fistula), then the aesthetics of the organ [1] [2] [3] [4] [5].

On the anatomy-clinical level, patients are generally stable at admission [1] [2] [6]. Hemostasis is often spontaneous at the proximal stump, usually protected by a dressing [1] [6], as was the case in our observation. Some patients may be admitted to hemorrhagic shock [2] [4] [5] [7]. Complete retention of bladder urine may also be part of the clinical picture [6] [7].

The local examination determines the total or partial character of the amputation. Lesions are to be sought during the general examination, especially in the bursa, perineum and elsewhere [2] [6] [7] [8], in our observation we noted a large scrotal wound. Emergency surgical exploration is the rule before any penis amputation, and the reference treatment is microsurgical reimplantation [8]. Cohen's first case was published in 1977 [2] [4] [5] [8] [9]. However the lack of equipment and in many others [2], leads to a relocation without vasculo-nervous anastomosis of which the first case, published by Ehrich, dates back to 1926 [3] [10]. It should be borne in mind that in any relocation of the penis, the reconstruction of the veins is strongly advised and not an imperative [11]. This penis relocation without vasculo-nerve anastomosis is rather a graft, exactly what was done successfully in our case. Amputation of the penis compromises both sexual, aesthetic, and urinary prognosis.

4. Conclusion

Partial amputations of the penis with rupture of the urethra are rare emergencies, nevertheless they involve both the sexual prognosis, aesthetic, and urinary with psychological repercussions. Relocation without vasculo-nerve anastomosis had been successfully completed.

Contribution of the Authors

Dr Dikongue D. Fred: data collection. All authors participated fairly in the drafting and revision of the final manuscript. Writing of the Case: Dr. Dikongue Dikongue Fred/Dr. Omam Mbamba.

Conflicts of Interest

The authors declare no conflict of interest.

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