

Fractured penis: another complication of sildenafil

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Abstract

The cardiovascular complications of sildenafil (Viagra™) are well recognized, although non-cardiovascular complications are rare. We present the first recorded case of fractured penis associated with Viagra™ usage.

Keywords

Fracture; penis; Viagra.

Case history

A 22-year-old man sustained a pelvic fracture in a motorcycle accident that left him impotent. He was prescribed Viagra™ by his family practitioner, with a high degree of satisfaction.

Following ingestion of 100 mg of Viagra™, he sustained a lateral flexion injury to his penis during coitus. There was an audible crack, immediate severe pain, and rapid detumescence. At presentation, unilateral bruising was noted with a palpable defect unilaterally in the corpus cavernosum (Fig. 1). A fractured penis was diagnosed and the defect was repaired in the tunica albuginea of the corpus (Fig. 2) via a sub-coronal degloving technique. At review, 12 weeks post-operatively, he reported satisfactory erectile function with use of Viagra™.

The cardiovascular complications of Viagra™ have received wide attention. Hypertension, myocardial infarction, ventricular dysrhythmias and sudden cardiac arrest have all been reported.^[1] Non-cardiovascular complications are much rarer but include priapism,^[2] retinal artery occlusion,^[1] and even homicidal ideation.^[3] This is the first report of its kind to document penile fracture associated with pharmacologically induced erections.

Diagnosis of a fractured penis is usually straightforward with a patient having sustained trauma to the penis with pain, ecchymosis, detumescence and a palpable defect of the corpus cavernosum. Urethral rupture can be expected to occur in association with a fractured penis in about 10% of patients.^[4] Immediate operative repair of the defect in the tunica albuginea often has good long-term results. Complications are rare, occurring in around 12% of cases in the form of mild penile curvature on erection, plaques and/or mild erectile dysfunction.^[4]

Penile ultra-sonography can be used to confirm the diagnosis, with magnetic resonance scans reserved for atypical clinical findings.^[5]



Fig. 1. Pre-operative appearance of fractured penis

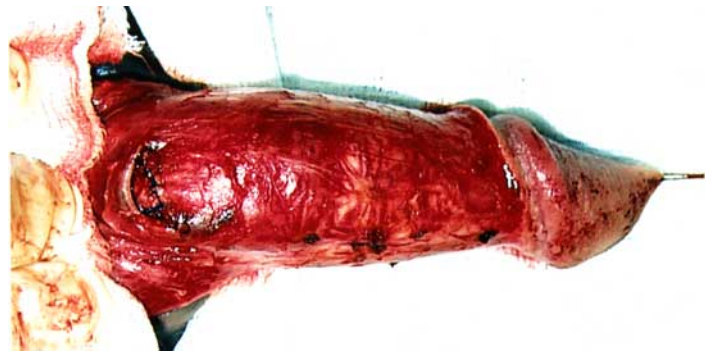


Fig. 2. Operative photograph demonstrating the defect, exposed by a sub-coronal degloving technique

Lesson

Fracture of the penis is normally obvious at presentation. Ultrasound may confirm the diagnosis, with magnetic resonance being used if the diagnosis is in doubt. Immediate surgical repair should be performed; the association of fractured penis with urethral rupture is rare, but important.

Fractured penis is reported here for the first time in association with pharmacologically induced erections. However, we do not suggest that patients prescribed Viagra™ should be specifically warned of this hazard, as it may occur with any tumescence.

References

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