Arab Journal of Urology (2012) **10**, 440–444

Arab Journal of Urology
(Official Journal of the Arab Association of Urology)

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ANDROLOGY/SEXUAL MEDICINE

ORIGINAL ARTICLE

Increase in fracture of the penis in south-west Nigeria

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Received 17 May 2012, Received in revised form 21 June 2012, Accepted 9 July 2012
Available online 15 August 2012

KEYWORDS

Penile fracture;
Reverse coitus;
Digital manipulation;
Nigeria;
Lagos

ABBREVIATIONS

PF, penile fracture;
RC, reverse coital;
PCI, post-coital injury;
GSM, global systems for mobile (communication)

Abstract ***Objective:*** To present our recent experience in the management of penile fracture.

Patients and methods: We present 21 cases of penile fracture managed at the two Federal-owned tertiary hospitals in two neighbouring states in south-west Nigeria between 2001 and 2011. The diagnosis was based mainly on a clinical evaluation. The treatment was surgical in patients who presented within 2 weeks of the fracture. The emphasis during the follow-up was on erectile function and micturition.

Results: .Seventeen patients presented within 48 h, two presented after a week, while two reported months later with penile deviation. The mean age of the patients was 26.4 years. The cause of fracture was sexual intercourse in 11 (52%) patients and forceful manipulation of the erect penis in 10 (48%). Thirteen (62%) of all injuries occurred in the last 2 years of the study, of which eight men were injured during rear entry with the woman on top (reverse coital) position. Six of the patients with reverse coital injuries reported trying the position after watching it on the Internet, specifically on their cellular phones. Eighteen patients had surgical treatment, with a satisfactory outcome. Two of the other three patients had penile deviation during erection.

Conclusions: The incidence and causes of penile fracture appear to have changed drastically over the last 2 years in our environment. The rapid demographic changes

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Peer review under responsibility of Arab Association of Urology.

Production and hosting by Elsevier

http://dx.doi.org/10.1016/j.aju.2012.07.004

in south-west Nigeria are probably responsible. There appears to be a relationship between the cause of fracture and the use of the Internet, although that might be coincidental. Surgical repair, irrespective of the delay before intervention, usually offers a satisfactory outcome.

Introduction

Fracture of the penis is an unusual urological emergency, and is generally defined as a rupture of the corpus cavernosum as a result of blunt trauma to an erect penis [1–3]. Although it was first reported by an Arab physician, Abul Kazeem, over 1000 years ago, its description has often been credited to Malis in 1925 [3,4]. Between 1935 and 2004 only about 1642 cases had been reported, with most occurring in the Mediterranean Muslim region [2,3,5]. The incidence is said to be low in Nigeria, where only 11 cases had been reported by 2002 in a country of >150 million people. The true incidence of penile fracture (PF) is probably unknown because many patients might avoid seeking medical attention because of the embarrassing clinical situation.

In western societies PF is often caused by sexual intercourse [1,3,5], while in the Middle East forceful bending of the erect penis to achieve detumescence accounts for most cases [3,5,6]. Other reported causes include masturbation, rolling over while in bed, and falling off a bed with an erect penis [3]. While the clinical diagnosis of PF has always been straightforward there have been controversies about evaluation and management of these patients [1,4,7].

Because it is rare, reports on PF in Sub-Saharan Africa have consisted only of case reports [3,8–10], but an increasing incidence of PF has long been reported in the authors' environment [3]. Here we report our experience in the management of PF, and to our knowledge this is the largest single series in sub-Saharan Africa.

Patients and methods

Patients

The records of all patients with a diagnosis of PF, seen at the Lagos University Teaching Hospital and the Federal Medical Centre Abeokuta (both in south-west Nigeria) from 2001 to 2011, were reviewed. Information extracted included the cause of fracture, clinical presentation, physical findings, treatment and its outcome. Whenever it was possible, the patients were also interviewed on their sources of sexual information, with the emphasis on coital position. The diagnosis was based on the clinical findings.

Surgical procedures

All operated patients received preoperative antibiotic therapy. After preliminary urethral catheterisation the penis was explored via a circular subcoronal incision with degloving of the penis. The defect in the tunica was repaired with 3/0 polyglactin interrupted sutures. Any urethral injury when present was repaired with 5/0 polyglactin sutures. The urethral catheter was removed after 24 h or left for 21 days if there was a urethral injury.

Follow-up

All operated patients had postoperative antibiotic cover and were advised at discharge to abstain from sexual activity for 3 months. The emphasis during the follow-up was on the quality of erection and on micturition.

Results

The preoperative diagnosis was correct in all cases. All patients gave a history of a cracking noise during manipulation of the erect penis or sexual intercourse, followed by acute pain, penile detumescence and swelling. In all, 21 patients were seen (mean age 26.4 years), with 17 presenting within 48 h, and two each at 8 and 9 days after injury, respectively (Figs. 1 and 2), while two presented at 5 and 6 months after injury with an abnormal penile angulation during erection.

Forceful manipulation of the erect penis was responsible for 10 cases (eight by the patient and two by the partners), while sexual intercourse was responsible for 11. Eight (38%) of all the cases occurred between 2001 and 2009, while 13 (62%) occurred in 2010–2011.

Eight men were injured during rear entry with the woman on top (the reverse coital, RC, position), all of which occurred between 2010 and 2011. Ten patients were interviewed on the source of sexual information. Six patients with RC injury claimed to have started RC after watching it on the Internet, even though two of them had previously seen it in magazines.

Two patients who presented to the authors' institutions at 5 and 6 months after the injury had consulted General Practitioners in private hospitals within 48 h of their initial injury, where they received conservative management. They had no urinary symptoms. They were referred later because they had an abnormal penile