

## CASE REPORTS

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# Development of Penile Hydrocele Following Placement of Inflatable Penile Prosthesis: A Rare Entity

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### ABSTRACT

**Introduction.** The development of a penile hydrocele following the placement of an inflatable penile prosthesis (IPP) for erectile dysfunction has never been documented. We herein report an unusual complication of penile hydrocele formation that developed following placement of an IPP for erectile dysfunction.

**Methods.** The penile hydrocele was successfully repaired by excision of the hydrocele sac.

**Results.** Successful surgical repair of a penile hydrocele was accomplished following placement of an IPP without removal of any implant components. The penile implant was functional at the end of the procedure as well as at all scheduled follow-up appointments.

**Conclusions.** With advances in both surgical techniques and improved device technology, high volume penile implanters encounter fewer IPP-related complications such as infectious or mechanical complications. We herein report for the first time a rare complication of penile hydrocele development after IPP placement that was treated successfully with surgical excision of the hydrocele sac. Urologists who perform these types of procedures should be aware of this unusual complication and know that it is curable with prompt diagnosis and meticulous surgical repair. **Raheem OA, Cohen SD, Chandrasekaran B, and Goldstein I. Development of penile hydrocele following placement of inflatable penile prosthesis: A rare entity. J Sex Med 2015;12:270–273.**

**Key Words.** Penile Implant Complication; Hydrocele; Inflatable Penile Prosthesis; Revision

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### Introduction

Historically, the introduction of inflatable penile prosthesis (IPP) has revolutionized the management of erectile dysfunction (ED) in the United States and elsewhere. However, complications after IPP insertion do occur including implant infections and mechanical malfunctions.

Various mechanical and wound complications have been described in the literature; however, the development of a penile hydrocele following placement of an IPP for ED has never been reported previously in the published literature. We herein present a case of penile hydrocele and comment on its evaluation and subsequent surgical management.

### Case Report

We report a 61-year-old Caucasian man with a past medical history significant for diabetes mellitus (type 2), coronary artery disease, peripheral vascular disease, hypertension, and obstructive sleep apnea and a surgical history of right orchiopexy for undescended testicle, right inguinal hernia repair at childhood, and coronary artery bypass surgery. The patient's medications include glipizide, metformin, lisinopril, and metoprolol.

At 4 months postoperation, the patient came into our clinic with a history of painless penile shaft swelling that he states started to develop 2.5 months after IPP implantation. The patient endorses a gradual onset increase in the size of the shaft swell-



**Figure 1** Image taken at 4 months postoperation from a multicomponent inflatable penile prosthesis demonstrating a smooth, cystic, nonpainful swelling measuring 3 × 5 cm and located at the left lateral aspect of the midshaft penis. When the penis was placed in a dependent portion (as in this image), the bulge became more prominent.

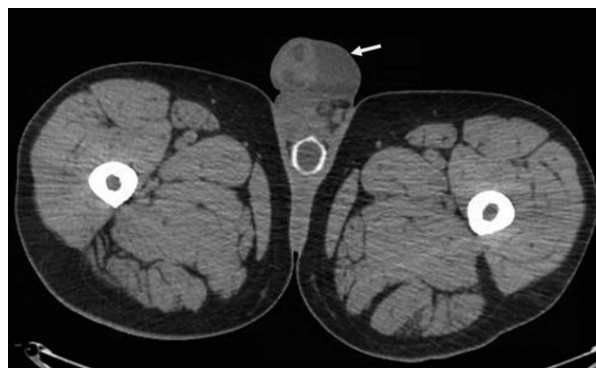
ing that persisted during both the flaccid and erect states. The patient states that the penile swelling interfered during sexual activity and caused significant amount of concern and anxiety for both himself and his partner. However, the patient was able to inflate and deflate his implant as previously instructed without difficulty and was able to maintain adequate penile rigidity allowing for satisfactory vaginal penetration. The patient denied any fever, chills, or other signs of infection and denied any traumatic episodes or IPP malfunction.

Clinical examination revealed a circumcised phallus with a patent and orthotopic meatus, bilateral descended testes into the scrotum. The penoscrotal incision had healed completely; the pump was palpable in the scrotum without difficulties or tethering and was in a midline posterior position. The cylinders cycled appropriately with the tip of each cylinder palpable within the mid-glans. However, a smooth, nonpainful fluid filled sac (Figure 1) was notable along the left lateral aspect

of the shaft close to the base. The bulge became more prominent when the penis was in its normal anatomical position measuring 3 × 5 cm. There were no overlying skin color changes and no signs of infection or inflammation. A stethoscope was placed over the fluid sac to listen for bowel sounds; however, none was present.

To rule out intestinal hernia formation, a noncontrast computerized tomography of the pelvis to the midhigh was obtained and revealed: (i) cylinders and pump in their appropriate anatomical positions and (ii) a fluid-filled cyst overlying left lateral aspect of midshaft penis consistent with a penile hydrocele (Figure 2). The patient was counseled about the risks of undergoing drainage and resection of the penile hydrocele, which included possible removal/replacement of all implant components with a wound washout, postoperative infection risk, and the risk of hydrocele recurrence. Because the hydrocele was very bothersome to both the patient and his partner, surgery was consented for.

Preoperatively, the patient was instructed to scrub his body with hibiclens for one week and take 3 days of oral ciprofloxacin 500 mg twice a day leading up to surgery. Under general anesthesia, the patient was prepped and draped in typical fashion, with a 15-minute scrub utilizing hibiclens scrub, chlorhexidine alcohol prep, and iodine prep. An incision was made overlying the hydrocele toward the base of the penis. The incision was carried down to the tunica vaginalis overlying the hydrocele which once opened drained greater than 20-cc straw-colored, nonodorous fluid (Figure 3). To rule out an



**Figure 2** Preoperative noncontrast computed tomography (CT) scan of the penis and scrotum reveals the left lateral penile fluid-filled hydrocele (white arrow) with compressive mass effect displacing the corporal cavernosal bodies.

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