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## Early morning erectile pain in post burn penile contracture – When is appropriate surgical correction indicated? A case report

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### ABSTRACT

Penile contracture is an example of intrinsic perineal contracture that can result from poorly managed scalding injury. This resulted in early morning painful erectile pain in a pubertal male. Contracture release corrected deformity and relieved pain. Pre-pubertal surgical correction of penile contracture is indicated to avoid painful erection at puberty. Appropriate referral to specialized centers will improve outcome.

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### 1. Introduction

Post-burn penile contracture is an example of intrinsic perineal contracture. This results especially from poorly managed burn injury of different aetiology including scald [1,2]. Scald was found to be the commonest cause of perineal burn in children [3]. Isolated perineal contractures are rare and patients usually present late to the burn surgeon due to resultant disability [1,4,5]. With development of secondary sexual characteristics, intrinsic penile contracture can make physiologic involuntary early morning and erotic penile erection an undesirable experience.

The penile skin is thin and loosely attached to the tunica albuginea. The superficial penile fascia lacks subcutaneous fat but consists of loose connective tissue invaded by fibres of dartos muscle from the scrotum. The inner layer of the superficial fascia is a tough distinct fascial sheath known as Bucks fascia. The later separates the superficial vessels from the deep group. Erection is made possible by paired corpora carvenosa and bulbspongiosus which envelopes the urethrae [6].

The loose and thin skin of the penis makes for unrestrained and pain free erection following sexual stimulation or during early morning erection. Replacement of normal skin by a scar will restrict the volumetric changes and increase the mechanical stress in the intrinsic penile substance. This can present as painful erection.

### 2. Patient and methods

#### 2.1. Case

- Fourteen year old male who presented with abnormal right lateral deviation of the penile shaft of 13 years duration and recurrent painful early morning erection of 4 years duration (Figs. 1 and 2). Patient sustained a scalding injury of penis, both lower limbs and anterior chest wall at 1 year of age. The injury was managed at a secondary health facility without the input of a Burn surgeon. The right lateral deviation of penis and urine stream was noticed 3 months after the wounds had healed. This made him to avoid urinating when others could notice it. Four years prior to presentation he started have painful early morning erection. Psychic erotic stimulation also resulted in painful erection but the severity is not as in the early morning erection. There were no urinary symptoms and neither was he a sickler nor sexually active.
- Examination revealed right lateral deviation of the penis. A linear scar extending from the right lateral margin of the coronal sulcus to the root of the penis and proceeding to the medial surface of the right thigh. The meatus and urether had no abnormalities.
- Deformity was corrected with scar excision and Z-plasty (Figs. 3 and 4). Bucks fascia, tunica albuginea and corpora were unaffected by contracture.

Patient has remained symptom free until he was lost to follow up after 1 year.

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**Fig. 1.** Ventral view of the penile shaft showing the deviation to the right.



**Fig. 2.** The contracture.



**Fig. 3.** Surgical correction.

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