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Original Research Paper

Plastic Surgery

PENILE LENGTHENING SURGERY FOR TRAUMATIC AMPUTATED PENIS IN AN UNMARRIED MALE – CASE REPORT

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ABSTRACT Traumatic amputation of penis is a surgical emergency and should be intervened immediately. Here we report a case of 25 years old male came with mutilated penis post trauma after 3 days, he was catheterized and dressing done. After 2 months, he presented with meatal stenosis and was planned for Single stage Penoplasty (Penile Lengthening) and Urethroplasty. Penile lengthening is achieved by incising the suspensory ligament of penis and mobilization of the penis and coverage of the lengthened Penis is achieved by using Scrotal and Skin over the pubis. Post-operative penile length increased by 2 inches (5cms) with good urinary stream and normal erections & intact Sensations. Goals of Phalloplasty are the ability to urinate while standing and the ability for penetrative intercourse

KEYWORDS : Amputation, Penoplasty, urethroplasty, penile lengthening

INTRODUCTION:

Traumatic penile amputation is a rare surgical emergency.[1] Although it is an unusual problem the effective treatment should be a part of urologist's armamentarium. The main aetiologies for penile amputation are self-mutilation, accidents, circumcision, assault and animal attacks.[3] The 3 alternatives of surgical management include: 1) primary anastomosis 2) plastic reconstruction 3) local reshaping measures (closure of open corpora and Meatoplasty.[4] Here we are reporting a case of 25 year old psychiatric patient who came with traumatic penile amputation due to self-mutilation and later went on to have urethral stricture.

CASE REPORT:

A 25 years old male patient was suffering from depression, presented to our department with mutilated penis 3 days after traumatic amputation with knife. He was oriented but depressed and subdued when he was brought. On local examination, flaccid penile length was 0.5 cm and stretched penile length was 2cm. Wound was covered with clots over corpora cavernosa. At this stage reimplantation or reconstructive surgery could not be done, hence he was catheterized and dressing was done and patient was started on broad spectrum antibiotics. He was shifted to psychiatry ward on fourth day where he was given counselling and started on antidepressants. After 2 months he again presented with meatal stenosis. He was on antidepressants and was in a better condition.

This time we planned for single stage Penoplasty (penile lengthening) and urethroplasty. Penile lengthening was achieved by incising the suspensory ligament of penis and mobilization of the Corpora Cavernosa of penis till crura and coverage of the lengthened penis is achieved by using scrotal and skin over the pubis. Urethroplasty was done by Jordan's flap.

After surgery, flaccid penile length was 6 cm and stretched penile length was 8 cm. Thus post-operative penile length increased by 2 inches with good urinary stream and normal erections and intact sensations.

At 2 months follow up patient expressed satisfactory penile length with normal erections and good urinary stream.

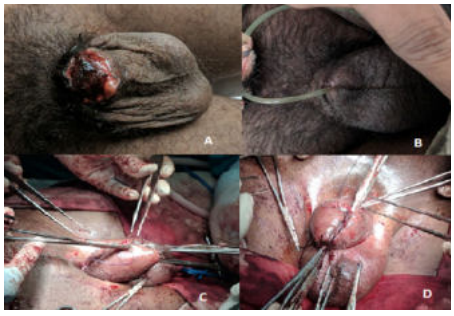

Figure 1: (A) image of the patient after penile injury. (B) pre-operative image of the patient before surgical reconstruction (C) and (D) show intra operative image of penile reconstruction

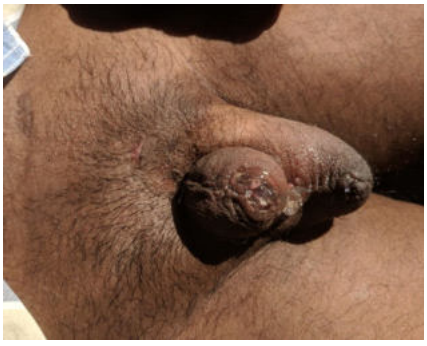

Figure 2: After 2 months of penile reconstruction

DISCUSSION:

Traumatic penile amputation is a rare surgical emergency. Whenever patient presents with this condition usually microsurgical reimplantation should be attempted. However if the patient presents late or if reimplantation cannot be done, secondary reconstruction is required. Over the past decades, reconstructive surgery of the penis has continued to evolve. However due to complexity of the penis, repairing and reconstructing this organ remains anatomically, functionally and aesthetically a great challenge. The goal of penile reconstructive surgery is the achievement of a cosmetically acceptable and functional result in order to allow patient recover urinary and sexual function with confidence.

Different methods have been used for penile reconstruction. In earlier days pedicled groin flaps were used for penile reconstruction. Though through these procedure adequate length was obtained, phallus was insensitive and non-functional. Later forearm5 and fibular free flaps6 with additional prosthetic devices were used. But these devices are expensive and there is a chance that it may extrude and erectile function is clumsy.7

When some penile shaft is present and erectile function is preserved, penile lengthening is an excellent solution. It retains erectile function and sensation. It aims to increase the external length of the penis. This can be achieved by releasing the suspensory ligament. This technique has advantage over other methods of reconstruction in terms of better sensation and erection.

CONCLUSION:

Phalloplasty surgery refer to penis enlargement. Often, not only the surgical, but also psychological aspects of treatment will determine success or failure of therapy. Regardless of the method of reconstruction, the goals of surgery remain the same. These include creating a functional and aesthetic phallus with the ability to void standing and to achieve sexual function.

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