

A physical sign of coital rupture of superficial dorsal vein of penis

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KEY WORDS

superficial dorsal vein ▶ injury ▶ sign ▶ coitus

ABSTRACT

A 39-year-old man presented with penile swelling, pain and hematoma associated with sexual intercourse. On exploration, he was found to have ruptured the superficial dorsal vein of penis, which was ligated. He had an uneventful postoperative recovery and has resumed normal sexual life. A rectangular-shaped suprapubic and distal penile hematoma with sparing of the proximal penile skin was observed. We believe that this physical sign could aid clinical diagnosis of a ruptured superficial dorsal vein of penis.

INTRODUCTION

Coital injuries involving the penis usually affect sexually active young men.

Among penile coital injuries, fracture of the penis is the most commonly reported and discussed compared to superficial dorsal vein injuries. We have observed a sign that may be helpful in making the diagnosis of the latter.

CASE REPORT

A 39-year-old man presented to the emergency department with bruising and swelling of the distal penis and suprapubic area. He had had sexual intercourse the night before. He was able to void without pain and there was no hematuria. He only complained of moderate discomfort and pain in the bruised area. He had no bleeding disorder and was not taking warfarin or aspirin.

On examination, the relevant findings were an area of "rectangular-shaped" ecchymosis in the suprapubic area as well as bruising and swelling of the distal penile skin and prepuce (Figs. 1, 2). The proximal penile skin was spared, except for a very small area, which was also the only tender bit on the penile shaft. There was no obvious corporeal defect palpated.

It was believed that, despite the atypical distribution of bruising, this was the result of a coital injury and possible penile fracture. Ultrasonography of the penile shaft was normal. Exploration of the corpora was undertaken using a circumflex coronal incision and degloving. The corpora and the suspensory ligaments were found to be intact. Upon removal of the clot over the corpora, the distal cut end of the superficial dorsal vein was seen bleeding. The distal end of the vein was ligated, but it was not possible to locate the proximal end within the bruised su-

prapubic area. The penile skin was sutured back to its anatomical position. He was prescribed analgesics and amoxicillin clavulanate and discharged the next day. At the six-week outpatient follow up, the hematoma had resolved and the patient had normal erections and sexual function.

DISCUSSION

Coital injury of the superficial dorsal vein of the penis is rare and is usually presented in single case reports. The highest number recorded by one group was 18 cases that were observed during penile exploration for suspected penile fracture [1].

Deep dorsal vein rupture during sexual intercourse is even more rare; two cases were discussed in the literature [2, 3]. Workers at a center that performed cavernosography for suspected penile fracture reported that, out of 21 patients, two that did not have extravasations were found to have superficial dorsal vein injuries upon exploration [4].

Our patient did not have the typical symptoms of fractured penis (snapping sound, immediate detumescence, pain, and swelling), which increased the likelihood of another cause for the hematoma.

The sparing of the proximal shaft skin from the bruising and hematoma is due to retraction of proximal and distal segments of the vein. This gives rise to the suprapubic bruise and the distal penile skin bruise respectively. We believe this physical sign together with accurate history could aid clinical diagnosis of the condition and avoid unnecessary surgical exploration.

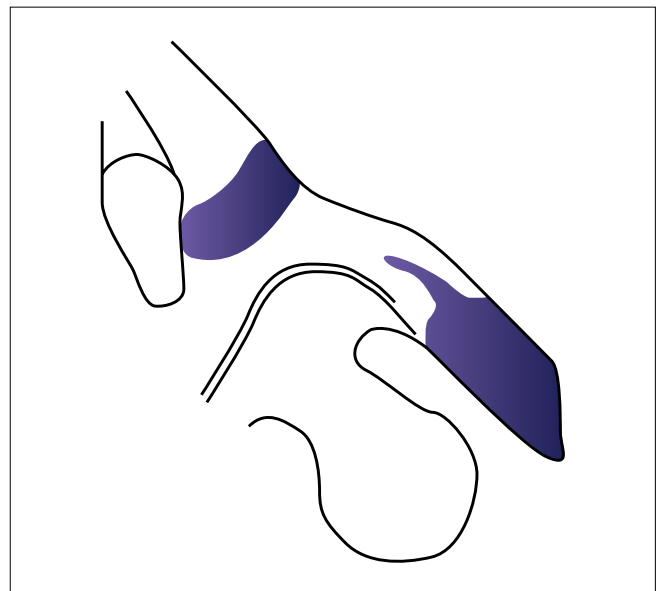


Fig. 1. Preoperative illustration showing the bruised area (colored blue) and the spared areas.



Fig. 2. Postoperative picture still showing the proximal area spared of bruising.

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