

A note on Emergency Treatment for Penile Fractures

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ABOUT THE STUDY

A penile fracture occurs when one or both of the tunica albuginea, the fibrous coverings that encase the corpora cavernosa of the penis, burst. Rapid blunt force to an erect penis, commonly during vaginal intercourse, or forceful masturbation, can cause it. The urethra may be partially or completely ruptured, and the dorsal nerves, veins, and arteries may be injured. The sexual encounter is frequently associated with a popping or cracking sound, substantial discomfort, swelling, quick loss of erection leading to flaccidity, and skin hematomas of varied sizes.

Causes

Penile fracture is a clinical ailment that is rather infrequent. The most prevalent causes are vaginal intercourse and vigorous masturbation. The study hypothesized that when the receptive partner is on top, they generally have control over the movement and are unable to stop it when the penis is misplaced. When the penetrative partner controls the action, however, they have a higher probability of pausing in response to pain caused by misalignment, reducing injury.

Men who practice taqaandan (also known as taghaandan) are at risk of developing a penile fracture. Taqaandan is a Kurdish term that means "to click," and it entails bending the upper section of the erect penis while keeping the lower part of the shaft in place until a click is heard and felt. Taqaandan is supposed to be painless and has been compared to cracking one's knuckles; however it has been linked to an increase in penile fractures. To produce detumescence, taqaandan can be used.

Diagnosis

In the vast majority of instances, an ultrasound examination can detect a tunica albuginea tear (as a hypoechoic discontinuity in the normally echogenic tunica). Zare Mehrjardi found that ultrasonography is impossible to discover the rip when it is positioned near the penile base in a study of 25 individuals.

Magnetic Resonance Imaging (MRI) was used to properly diagnose all of the tears in their investigation (as a discontinuity in the normally low signal tunica on both T1 and T2 weighted sequences). They found that ultrasonography should be used as the primary imaging tool, with MRI being useful when ultrasound fails to reveal a rupture but clinical suspicions of fracture remain strong.

The accuracy of ultrasonography and MRI for diagnosing the rupture site (fracture mapping) in order to execute a personalized surgical repair was evaluated in the same study. Although MRI was more accurate for this purpose than ultrasound, ultrasound mapping was well linked with surgical outcomes in situations when the tear was plainly visible on ultrasound.

When considering the non-invasive, cost-effective, and nonionizing features of ultrasonography in the detection of penile fracture, it is unparalleled. A blunt or penetrating injury can cause penile trauma, the latter of which is seldom explored by imaging modalities and nearly invariably necessitates rapid surgical examination. Trauma occurs when the tunica albuginea is stretched and narrowed in the erect penis. A penile fracture is caused by a segmental rupture of one or both of the corpora cavernosa. There may be an associated urethral lesion in 10-15% of penile injuries. When blood is seen in the urethral meatus, a contrast-enhanced urethral examination is required. When ultrasound data are unclear, Magnetic Resonance Imaging (MRI) can help with diagnosis and is suggested by a number of experts.

Treatment

A penile fracture is a medical emergency that requires immediate surgical correction. Complications are more likely if patients wait too long to get treatment. Erectile dysfunction, irreversible penile curvature, urethral injury, and discomfort during sexual intercourse are all common complications of non-surgical treatments; whereas operatively treated individuals have an 11 percent complication risk. A retrograde urethrogram may be used to rule out concomitant urethral damage in some circumstances.

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