Penile Fracture Due to “Rolling Over in Bed Injury”

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Traumatic rupture of the corpus cavernosum is an infrequently reported condition. The injury involves rupture of tunica albuginea of one or both corpora with or without rupture of urethra resulting from injury incurred to an erect penis. This commonly results from forcible manual deflection of an erect penis\(^1\), forceful attempt at vaginal penetration and hitting perineum, fall onto erect penis, sexual maneuvers etc. “Rolling over in bed” is a very rare etiology. Characteristically, a cracking sound is heard with sudden pain followed by detumescence, swelling and discolouration.

Case Report

A 26 years old married male presented to the emergency room at 0500 hours with complaints of pain and swelling of the penis of one hour duration. He was awoken by his crying one year old daughter sleeping in the same room. While rolling over in bed to reach for her, he heard a cracking sound and felt pain in his erect penis. He lost erection, the penis started to swell up and became discoloured (Figure 1).

He immediately reached the hospital. On examination, there was a grossly swollen penis with discolouration due to stasis, both corpora cavernosa and spongiosum were soft and there was no pain or tenderness. Keeping in view of the unequivocal history and physical examination findings a decision was made for operative repair of tunica albuginea and corpus cavernosum. Preliminary urethrogramm
was skipped due to absence of gross or microscopic hematuna and ease in passing urine. A distal sub-coronal incision was given and penis degloved (Figure 2). Uptoto the level of the rent (mid shaft) which was repaired with 5/0 synthetic absorbable suture (Vicryl TM). Patient was discharged two days later with good cosmetic and functional results in the post-operative follow-up.

**Discussion**

Traumatic rupture of the corpus cavernosum due to disruption of covering tunica albuginea is rare. Penile fracture with urethral injuries is even rarer. All reported cases occur following a blunt trauma to the rigid penis. “Rolling over in bed injury” is a very infrequently reported cause of penile fracture. Diagnosis is clinical and usually no preoperative radiological evaluation is necessary. Preoperative cavemosography is strongly recommended by some to demonstrate the site of injury and to aid in planning the surgical approach. Incidence of urethral injury in the absence of hematuria is minimal, therefore, this examination is only done when indicated. Tunical tears occur most commonly during coitus, but rarely may also follow abnormal bending during masturbation and sex play. There is some controversy about management as some suggest conservative treatment. Non-surgical management can, however, result in deformity due to plaque and impaired tumescence due to corporeal fibrosis. Majority of recent reports tend to favour surgical therapy.
References