

## Penile Fracture: Fact or Fiction

Submitted by Ramona Bates MD on Jan 24th, 2009

Posted under:

\* Erectile Dysfunction and Impotence Treatment

Last night on Grey's Anatomy, Dr. Mark "McSteamy" Sloan, suffered a penile fracture during sex with intern Lexie Grey. Did they make up a medical issue or is penile fracture something that can truly happen?

Penile fracture is a true medical problem. Medical literature reports about 2,000 cases each year, so it is likely to be twice that number. It is a problem that is under reported. Patient's are embarrassed by the problem.

The human penis does not actually contain a bone, so fracture is not the most "correct" term. Still that is the generally medically accepted term for penile trauma. The "fracture" occurs when the engorged penis is in the wrong position and is bent too much. The "fracture" can be defined as a rupture or tear of the tunica albuginea of the corpus cavernosum that occurs from the trauma.

The most common reasons for a penile fracture involve sexual intercourse, masturbation, and trauma such as a car accident.

Until the early 1980's, the management of fractured penis was highly controversial. Many conservative treatments have been employed. Compression bandages, ice packs and anti-inflammatory agents were also used. Conservative management is associated with significant complications such as delayed chordee (a bent penis due to scar tissue) and formation of a firm fibrous plaque similar to Peyronie's disease, which can occur in as much as 30-53% of cases.

Other complications include organized hematoma formation, cavernous fibrositis, severe angulation and impotence.

Currently, it is felt that the best treatment is immediately going to the operating room. There a small longitudinal skin incision can be placed directly over the fracture site allowing evacuation of the clot and primary repair of the tear in the tunica.

An urethral (the tube through which urine passes) injury will complicate management. Whether the urethra should be managed conservatively or operated on remains controversial. Both methods have been tried with equally good results.

Patients should be advised to avoid intercourse for at least 6 weeks to allow for healing of the tear. This period should be increased, if the fracture is managed conservatively. Some advocate the use of diazepam or other sedatives to prevent premature erections.

Source:

Ramona Bates, MD

<http://www.emaxhealth.com/1024/52/28852/penile-fracture-fact-or-fiction.html>