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### RESEARCH ARTICLE

#### UNCOMMON PRESENTATION OF URETHRAL INJURY- A RARE CASE

Dr. Sushrut S. Pund (JR)<sup>1</sup>, Dr. V.Y Hadke<sup>2</sup> and Dr. H. Wagholikar<sup>2</sup>

1. General Surgery.
2. Associate Professor, DBVPRMC.

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##### Manuscript History

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Urethral Injury, Urethroplasty, Graft

#### Abstract

**Background:** Urethroplasty is the surgical repair of an injury or defect within the walls of the urethra. Trauma, iatrogenic injury and infections are the most common causes of urethral injury/defect requiring repair. Urethroplasty is regarded as the go treatment for urethral strictures and offers better outcomes in terms of recurrence rates than dilatations and urethrotomies. It is probably the only useful modality of treatment for long and complex strictures though recurrence rates are higher for this difficult treatment group.

**Case:** 32 years old male came to surgery opd with complaint of swelling over base of penile shaft since 6 months associated with dribbling of urine since 6 months, painful erection, burning micturition since 1week Patient had history of trauma 6 months back during intercourse following which he had swelling over penis and transient hematuria. For which he went to a local doctor and took symptomatic treatment. The swelling and dribbling persisted but did not seek any medical attention. On clinical examination 3x2cm swelling over ventral aspect at the base of penis at penoscrotal junction with Skin over the swelling appears normal and on palpation swelling was non tender, no local rise in temperature, no redness, no discharge, non-translucent Bilateral testis palpable in scrotum On Ultrasonography swelling s/o partial tear of corpora spongiosum at the root of penis on ventral aspect communicating with urethra with approximately 15 cc collection with internal echoes in it f/s/o fracture penis. Patient underwent urethroplasty with local flap repair using buck' s fascia.

**Conclusion:** Urethroplasty with local flap repair using buck' s fascia also be considered in treatment of urethral injury .

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#### Introduction:-

Urethroplasty is the surgical repair of an injury or defect within the walls of the urethra. Trauma, iatrogenic injury and infections are the most common causes of urethral injury/defect requiring repair. Urethroplasty is regarded as the go treatment for urethral strictures and offers better outcomes in terms of recurrence rates than dilatations and urethrotomies. It is probably the only useful modality of treatment for long and complex strictures though recurrence rates are higher for this difficult treatment group.<sup>[1]</sup>

**Corresponding Author:- Dr. Sushrut S. Pund (JR)**

Address:- General Surgery.

There are four commonly used types of urethroplasty performed; anastomotic, buccal mucosal onlay graft, scrotal or penile island flap (graft), and Johansen's urethroplasty.

The choice of procedure for urethroplasty is dependent on factors such as

1.defect length and its anatomical position

2.strictures

3.condition of urethral wall availability of autograft tissue from the buccal cavity (buccal mucosa) (primary selection) and the penis and scrotum (secondary selection) a urinary anti-spasmodic, pain medication After days 1 and 2, the patient will be instructed to sensibly increase physical activity, and adequate hydration.[3]

In accordance with the preference of the surgeon, a retrograde urethrogram will be scheduled to coincide with the anticipated removal date of the suprapubic or Foley catheter usually 7 to 14 days .<sup>[4]</sup>

### History

32 years old male came to surgery opdwith complaint of

-Swelling over base of penile shaft since 6 months

-Dribbling of urine since 6 months

-Painful erection

-Burning micturition since 1week

Patient had history of trauma 6 months back during intercourse following which he had swelling over penis and transient hematuria. For which he went to a local doctor and tooksymptomatic treatment.

The swelling and dribbling persisted but did not seek any medical attention.

### Clinical Examination

Inspection:3x2cm swelling over ventral aspect at the base of penis at penoscrotal junction

Skin over the swelling appears normal

Palpation of the swelling:Non tender, no local rise in temperature, no redness, no discharge,non-translucent

Bilateral testis palpable in scrotum

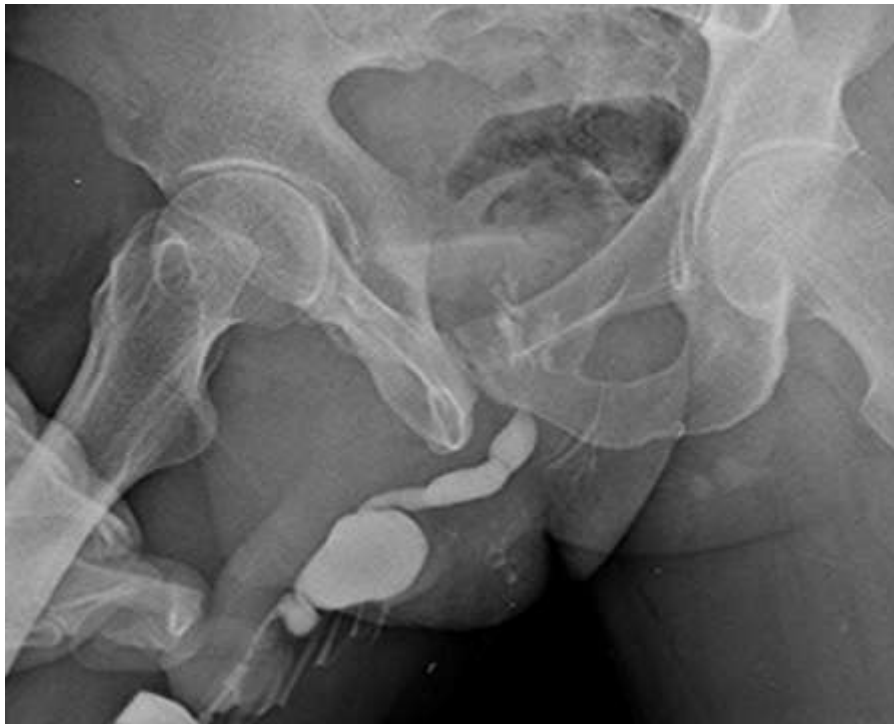


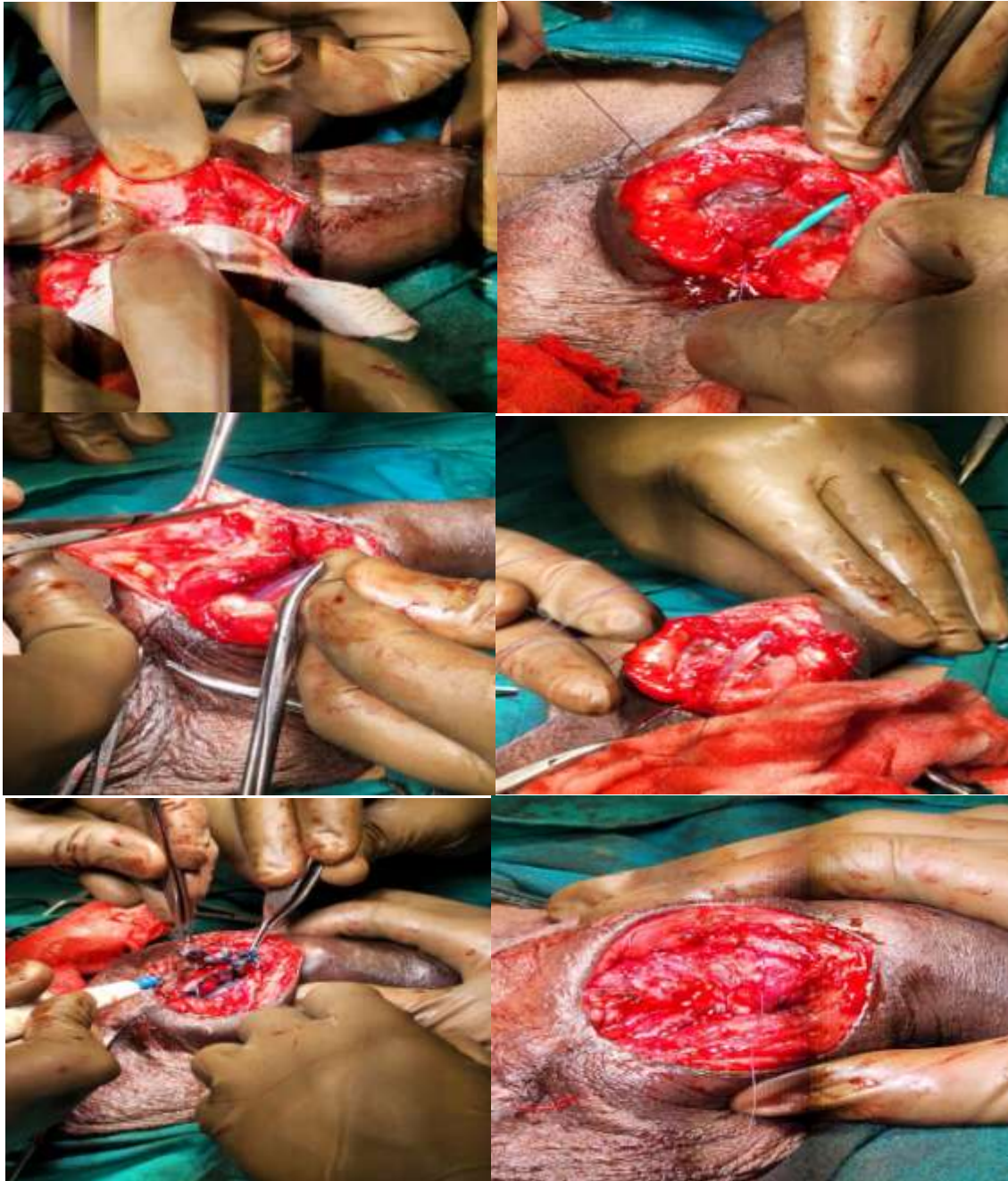


**Investigation-**

Ultrasonography: local swelling s/o partial tear of corpora spongiosum at the root of penis on ventral aspect communicating with urethra with approximately 15 cc collection with internal echoes in it/s/o fracture penis  
differential diagnosis: fracture penis  
Diagnosis- urethral injury

**RGU:**



**Treatment**

Foleys catheter no 14 tried but not negotiable

Underwent exploration of swelling over ventral aspect of penoscrotal junction

Intraop findings- collection of urine (urinoma) and no hematoma

With absence of urethral passage of 2.5 cm with proximal and distal small urethral opening

Guide wire passed through urethral opening came out from opening from defect at distal opening while proximal urethral opening was intact with bladder

Ureteric catheter inserted through guide wire and bladder approached

Both the openings were narrow so openings were dilated by negotiating urinary catheter

Silicon foleys catheter no 16 passed through urethra aside ureteric catheter

Urine flow noted suggesting catheter into the bladder

Planned for urethroplasty with local flap repair using buck's fascia as end anastomosis may have led to cordee in future

Patient came for follow up after 21 days foleys catheter removed  
Passing urine comfortably without any complaints

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