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Progressive, Subacute Penile Swelling After Recent Trauma

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Case: A 62-year-old man with past medical history of hypertension and well-controlled HIV presented with 1 week of severe worsening penile pain and swelling. Relevant history included Trimix injection ~6 weeks prior associated with pain, bruising and no erection. He denies other trauma to the area as well as any sexual activity for the intervening 4-5 weeks. Approximately 1 week prior to presentation he had a trauma to the chest and

Figure 1. Bedside genitourinary examination at presentation.

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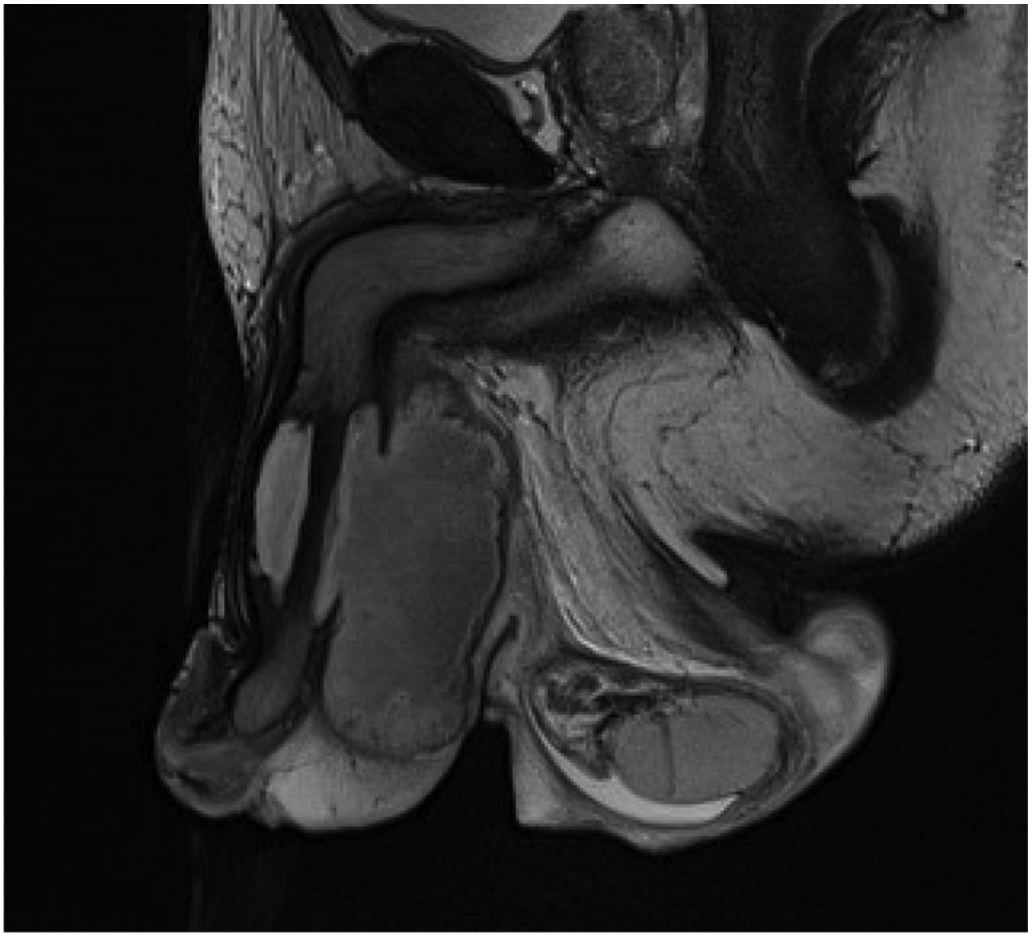

Figure 2. Magnetic Resonance Imaging. Sagittal view of penis/pelvis.

back when falling off a scooter. Since that apparently unrelated trauma, he notes single measured fever (101°F) at home and worsening penile swelling with a 12-24 hours history of rapid pain progression to 9 of 10 pain. Physical exam (Fig. 1) shows diffuse swelling with erythema, and tenderness on ventral aspect slightly more on right side. No bruising is appreciated. At presentation, patient vitals were within normal limits with only a mildly elevated temperature at 100.5°F. Labs reveal mildly elevated WBC count at 12.29K/μL and elevated Neutrophils at 9.9K/μL. Bedside ultrasound demonstrated a large hyperechoic band in right corpus cavernosum with surrounding hypoechoic fluid concerning for possible corporal rupture. Magnetic Resonance Imaging was obtained and images are shown (Fig. 2).

What would you do next?

1) Observation with serial laboratory testing & continued medical management
2) Penile exploration
3) Bedside incision & drainage
4) Cystoscopy with possible urethral repair

What to do next: 2) Penile exploration

Intra-operatively, there was drainage of ~100cc of purulent fluid with no blood nor blood clots. Formal exploration including intra-operative artificial erection demonstrated no signs of corporal cavernosum nor urethral injury.

Penile abscesses are relatively rare, and consequently often merit case reports in the literature.[1-3] Here we present a case of a 62-year-old man with an MRI and exam concerning for possible penile fracture without the typical sexual history associated with penile fracture. This was later revealed to be a penile abscess likely related to relatively remote history of Trimix injection. We believe the scooter trauma was unrelated despite the timing as there was no injury to the groin at that time. Clues in this case included the absence of penile bruising, the time course of symptoms and the absence of recent trauma to an erect penis to differentiate this from penile fracture. In this case, the patient was taken semi-urgently (~6 hours) to the operating room due to worsening pain control. Given the concern for penile fracture and possible need corporal repair, surgery was favored over minimally invasive options which may have also been effective in this case (eg, percutaneous drainage).

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