An Uncommon Case of a Traumatic Corporal Cutaneous Fistula

M. Francesca Monn and Matthew J. Mellon

Penetrating perineal trauma is an unusual urologic injury. Even less common is a delayed presentation. Herein we present the case of a patient with delayed development of a corporal cutaneous fistula 3 months following perineal trauma.

UROLOGY 129: e1, 2019. © 2019 Elsevier Inc.

CASE

A 19-year-old man presented to clinic with persistent perineal bleeding with erections 3 months after falling onto a glass table. At the initial injury, a glass chard was removed from his perineum which was closed by a general surgeon. Three months later, the man developed perineal bleeding with nocturnal erections. Pelvic MRI identified a right proximal corpora cavernosum tear with fistulization to the perineum (Fig.1). These findings prompted exploration where the corporal injury was identified with active extravasation. The laceration was debrided and closed with interrupted 4-0 PDS. Corporal bodies were completely mobilized off of the urethra, debrided, and the right corporal body was grafted with a 2 x 2 cm AlloDerm graft along with 3-0 PDS. Artificial erection showed no extravasation. The patient had no further bleeding episodes and is 42 months from surgery with normal erectile function.

Corporal body injury from penetrating perineal trauma is uncommon especially without urethral injury.1,2 The need for fistula tract debridement, wound closure in layers, and the potential for corporal grafting is highlighted here. Patients should be counseled regarding potential need for re-exploration and sexual dysfunction.

Figure. Pelvic MRI demonstrating extravasation from the corporal body along with the fistula tract to the perineum.

The wound was closed in layers. Recurrent bleeding 2 weeks later with a hemoglobin of 5.9 ng/dL prompted perineal re-exploration twice. On first re-exploration, the corpora was closed with 2-0 PDS and a dartos flap after the original 4-0 PDS was noted to have ruptured. On second re-exploration, the 2-0 PDS was again ruptured, so the

References


Funding statement: There was no funding source for the conduct of the study.
Conflict of interest statement: The authors have no conflicts of interest to disclose.
From the Indiana University School of Medicine, Department of Urology, Indianapolis, IN
Address correspondence to: Matthew J Mellon, MD, Indiana University School of Medicine, Department of Urology, 1801 Senate St. Suite 220 Urology, Indianapolis, IN 46202. E-mails: mmellon@iu.edu; mmonn@iu.edu
Submitted: March 2, 2019, accepted (with revisions): April 9, 2019

https://doi.org/10.1016/j.urology.2019.04.013
0090-4295
© 2019 Elsevier Inc.
All rights reserved.