



EDITORIAL COMMENT

This study highlights penile fracture, an important event in some men's lives. Not rare but relatively uncommon in Western countries, penile fracture usually occurs during sexual activity in young men with normal erections. Because the magnitude of the force needed to cause penile fracture is great, the injury is dramatic with sudden brief pain followed by penile swelling and ecchymosis. The authors supply further evidence supporting the value of early surgical treatment of these injuries.

Less dramatic coital injuries occur more frequently in men whose erections are still good enough for penetrative sex, but not rigid enough to avoid delaminating injuries to the tunica albuginea of the corpora.¹ These injuries are often silent, may be recurrent, and tend to occur not at the penile base as usually seen in penile fracture but more distally. Healing occurs without treatment. The scar that results is usually palpable and causes penile shortening as well as erectile deformity. Peyronie's disease (PD), as this condition is known, is far more prevalent than penile fractures occurring in as many as 8.9% of men between the ages of 40 and 75.²

Erectile dysfunction (ED) is defined as the inability to attain or maintain an erection sufficient for satisfactory intercourse on more than 50 % of attempts.³ Men with secondary ED usually have underlying organic causes. Unless secondary ED occurs after trauma or pelvic surgery, it is usually preceded by a period when erections have decreased rigidity but still allow penetrative sex. Normal thrusting during coitus in men with decreased penile rigidity may cause injuries which result in PD. I have suggested that we call this prodromal phase of ED erectile insufficiency.⁴ If one accepts this, then it is clear that erectile insufficiency together with ED are the cause and not the result of PD. This understanding can allow us to institute measures to prevent PD or its recurrence as well as to provide better treatment for men with this common disorder.⁴

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AUTHOR REPLY

We appreciated the valuable comments on our recently published article in *Urology* and agree with them. Peyronie's disease and erectile dysfunction (ED) can occur after trauma, such as penile fracture (PF), especially in patients treated conservatively, with high rates of long-term complications.^{1,2}

In our study, all patients underwent surgery immediately after diagnosis and we observed the appearance of ED in 8 (13.7%) cases. Moreover, most patients who develop ED are affected psychologically, but usually improve with time.

A recent meta-analysis demonstrated that penile curvature rates are lower in early surgery compared to those for the late approach.³ We observed penile curvature in only 8 (13.7%) patients with deviation <30° in all cases. Besides this, the rupture of the corpora cavernosa resulting from PF can often evolve to fibrosis and penile nodule formation.² In our study, we found penile fibrosis during physical examination in 44 (75.8%) cases.

Therefore, sexual complications such as ED, curvature and penile nodule may occur in the late postoperative period of PF. This should be born in mind and treated by healthcare practitioners.

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