

## AVULSION INJURIES OF PENIS

### Report of two Cases

\*Dr. Anand Kumar M. S. \*\*Dr. P. B. Singh M. S., M. Ch. (Urology)

\*\*\*Dr. N. N. Khanna M. S., M. A. M. S.

#### Introduction :

Injuries of penis is unusual due to its mobility and well guarded position. Recently however with the wide spread use of high machinery in farming, industries and increased incidence of gun shot injuries the incidence of penile injuries is increasing. Trauma involving penis may affect one or all of its structural components. Here we are reporting two cases of avulsion of penile skin.

#### Case Report No : 1

V. 26 years male patient was admitted to the University Hospital with complete avulsion of penile skin 4 days after injury. Patient's dhoti was caught in a high speed moving belt in farming resulting into injury. Clinical examination revealed grossly infected denuded penis (Fig. 1). There was no other associated injury.

Routine investigations were within normal limits. Patient was kept on conservative management and when wound was healthy partial thickness skin grafting was done. He had uneventful recovery (Fig. II).

#### Case No. 2

S. 35 years male patient was admitted on the same day with avulsion injury of penile and scrotal skin due to fall on the belt of machine. Examination revealed denuded

penis with skin hanging like a flap from the coronal sulcus. Both the testis were exposed due to avulsed scrotal skin. The wound was clean and healthy (Fig. III and IV). Patient was operated in emergency and raw surface was covered with the same skin. The patient had an uneventful recovery (Fig. V).

#### Discussion :

Avulsion of the skin from external genitalia is a rare surgical emergency. In most of these cases it is caused by industrial and farm

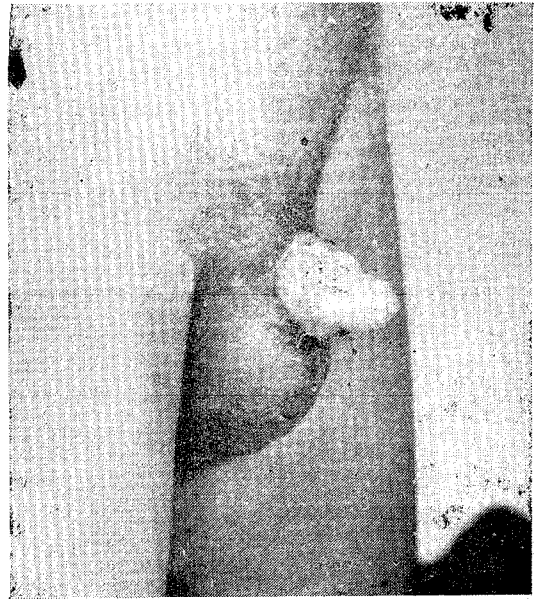


Fig I : Clinical photograph showing denuded penis

\*Lecturer in Surgery \*\*\*Lecturer in Urology \*\*\*Professor in Surgery  
Department of Surgery, Institute of Medical Sciences, Banaras Hindu University  
VARANASI—221005, INDIA.

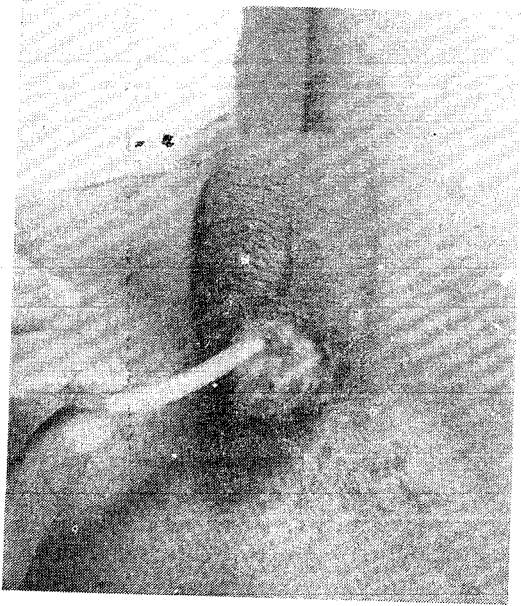


Fig. II : Clinical photograph of the same patient after split thickness skin grafting.



Fig. III : Clinical photograph showing avulsed penile skin attached to coronal sulcus.

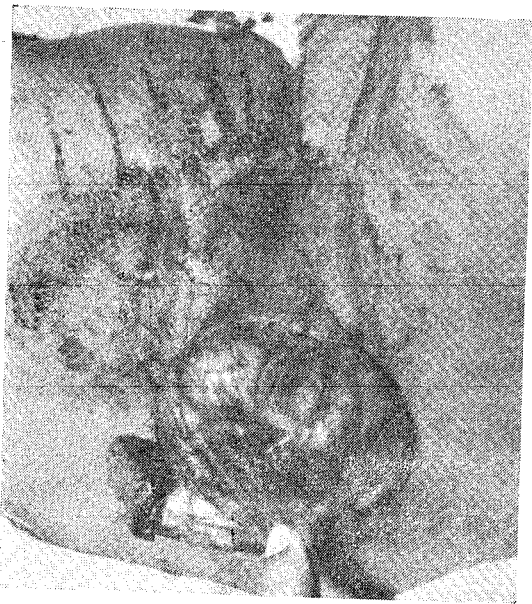


Fig. IV : Clinical photograph showing avulsed scrotal skin with exposed testes.



Fig. V : Post operative clinical photograph of the same case (Skin) attached to coronal sulcus used to cover the raw surface).

accident of "power take off" variety although it has been reported in bullfighters (Gonzalez, Vllou, 1963) and by moving ricksaw chain (Khanna, 1968). In cases of "Power take off" loose garments are caught in turning power shaft and skin of male genetlia is avulsed by traction and twisting. Avulsion injury can involve penile skin, scrotal skin or combination of both. It can be complete leading to loss of skin or can be incomplete. Some time there is associated injury to other structures also, like testis cord, urethra etc.

Management of these depend upon type and extent of injury. The patients sustaining circumferential avulsion of penile skin, all skin proximal to injury should be saved. Skin

distal to injury should be removed and defect should be covered by split thickness skin graft from its proximal origin to coronal sulcus. If distal skin is not removed the interposed split thickness skin graft will cause obstruction of lymphatic drainage of distal skin leading to lymphoedema (Peters and Bright, 1976). If avulsion is incompletes same skin can be used to cover the defect provided it is viable as we have done in our second case. Local skin flap has been used to cover the defect instead of skin graft (Douglas 1957) but split thickness skin graft has been proved to be superior as it has given equally good results and technique is simple (Balakrisnan, 1956, Cambell 1967, Manchanda et al. 1967).

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