

CASE REPORT**Penile gangrene complicating a urethral stenosis: exceptional mode of revelation**O. Elidrissi¹ | Y. Laarach² | A. Debbagh^{3*}¹Department of Urology, Ibn Rochd University Hospital Center, Casablanca²Department of Urology, Ibn Rochd University Hospital Center, Casablanca³Debbagh University Hospital Center, Casablanca**Abstract**

Penile gangrene is a rare and serious pathology, the etiologies are multiple. We report the case of an 82-year-old patient, with no particular pathological history, who presented with necrosis of the penis on a stenosis of the urethra discovered intraoperatively treated by total amputation of the penis and a perineostomy diversion. The post-operative suites were satisfactory.

Keywords: urethral stenosis, gangrene, penis.

1 | INTRODUCTION

Penile gangrene is a very rare pathology, which mainly affects immunocompromised patients, whose management is difficult. Although the vasculature of the penis is rich, arterial occlusion causes ischemia and then necrosis.

MRI is the essential complementary examination, which limits the extent of the necrotic area. Treatment is based on broad-spectrum antibiotic therapy combined with surgery. We report a case of necrosis of the penis secondary to stenosis of the urethra, treated by total amputation with perineostomy.

2 | OBSERVATION

An 82-year-old man, chronic smoking, without comorbidities. The onset of symptoms dates back to a year by the installation of intermittent hematuria associated with SBAU (dysuria, decreased jet urination, watering urination and feeling of incomplete emptying of the bladder).

The evolution was marked, 15 days before admission by necrosis of the glans and part of the penis, motivating the patient to consult the urological emergency. On clinical examination, we find a conscious patient, HD stable and respiratory, afebrile. On examination of the external genitalia, necrosis of the glans was noted, the skin of the abscessed penis containing a collection of greenish coloration. Figure 1 the scrotum and the perineum were intact. The biological assessment showed a leukocytosis at 12000 / mm³, an Hb level at 12 mg / L, elevated CRP at 215 mg / L, a renal function which was normal, a correct HBA1C level with a sterile CBEU.

Our case management was emergency hospitalization with the realization of an CBEU and a broad spectrum antibiotic therapy (Céftriaxon, Gentamycin

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and Metronidazol) and a rapid routing to the operating room.

The patient underwent an emergency necrosectomy, taking away the necrotic laundromat section Figure 2 . An urethroscopy was performed objectifying several ureteral strictures Figure 3 and a narrowing of the membranous urethra crossed with a cold blade, without suspicious lesions along the urethra. Before the notion of intermittent hematuria, the patient also benefited from a cystoscopy objectifying a large tumor of the left lateral wall Figure 4 , a biopsy resection was made. The urinary derivation mode was a definitive perineostomy. Figure 5

The postoperative follow-ups were normal, with normalization of the biological balance, the patient was declared outgoing on day 7.



FIGURE 3: urethral stricture



FIGURE 1: Penile gangrene

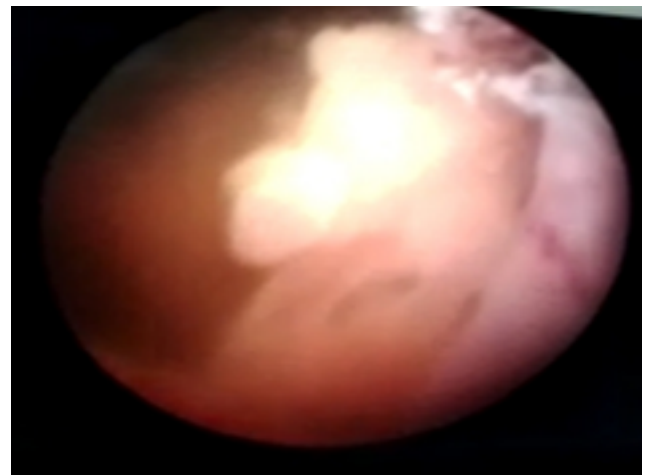


FIGURE 4: Bladder tumor



FIGURE 2: Total amputation of the penis



FIGURE 5: Périneostomie

3 | DISCUSSION:

Penile gangrene is a rare but serious pathology; installation is progressive because the vascularization of the penis is rich and ensured by several arteries (1). The main etiologies are diabetes, the accumulation of calcium secondary to chronic renal failure, trauma, thromboembolic complications and infection (2). In our case, repeated urinary tract infections caused by stenosis of the urethra would probably be the cause of this gangrene in our patient.

There are two types of gangrene: dry gangrene, and wet gangrene with signs of secondary infection. Conservative treatment is most often performed in dry gangrene, while partial or total penectomy is indicated in wet gangrenes with tissue infection (3). The tourniquet is contraindicated intraoperatively to limit the extent of ischemic areas (4), that was respected during our intervention.

Early penectomy is necessary to improve the quality of life and limit loco-regional extension, but has no impact on the mortality rate 71% (5, 6).

4 | CONCLUSION:

Penile gangrene is a rare and serious pathology, which requires rapid and adequate management.

In order to avoid medico-legal complications, informed consent must be signed, including the risk of penectomy. Management is different depending on the type of gangrene.

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