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Management of Trauma of the Male External Genitalia: A Case Report from the Markala Reference Health Center

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Abstract **Case Report**

Trauma of the external genitalia is defined as a set of local lesions, involving tissues and organs, caused by an external agent following various mechanisms. The objective of our work was to write the management of two cases of trauma of the external genitalia at the Csréf of Markala.

Keywords: Trauma to the external genital organs,Markala.

INTRODUCTION

EMB trauma is defined as a set of local lesions, involving tissues and organs, caused by an external agent following various mechanisms. The injuries are either blunt trauma, penetrating trauma or avulsion, as shown in one of our cases [1]. These injuries affect a relatively young population [2]. The various injuries may affect the reproductive function, hence the interest in early and adequate management in a specialised environment in order to preserve testicular and copulation functions [2]. The aim of this study is to highlight the different aspects of the management of trauma to the external genitalia at the Markala Reference Health Centre, based on two cases.

OBSERVATION 1

Mr D.K, farmer, 41 years old with no particular medical or surgical history, third of six children, polygamous, who came to the emergency room with a traumatic wound of the external genitalia. The trauma occurred 6 hours before his admission, following an altercation between his two wives. The victim wanted to separate the two protagonists and was violently scratched in the private parts by his second wife who accused him of being the cause of their marital problems.

On inspection, we found an avulsion of the external genitalia as shown in the image below with massive haemorrhage. The patient's general condition was well preserved, without any notion of loss of consciousness, and the vital parameters were good overall, as was the biological work-up. We diagnosed the patient with trauma to the external genitalia by penoscrotal avulsion. No urological abnormalities. We therefore decided to proceed with reconstructive surgery.

Intraoperatively, after washing the wound with saline and betadine and a lesion assessment, we proceeded with a penoscrotoplasty plus drainage, placement of a CH16 urethrovesical catheter with 6cc in the balloon; Antibiotic therapy plus Anti-inflammatory and Analgesic. At D2 post-op, we proceeded to the removal of the drain; the evolution was marked by a suppuration at D6 which required an examination of the pus plus a well-directed antibiogram. At D20 we obtained total remission of the surgical wound without

any other late complications apart from the presence of scarring of the surgical wound.

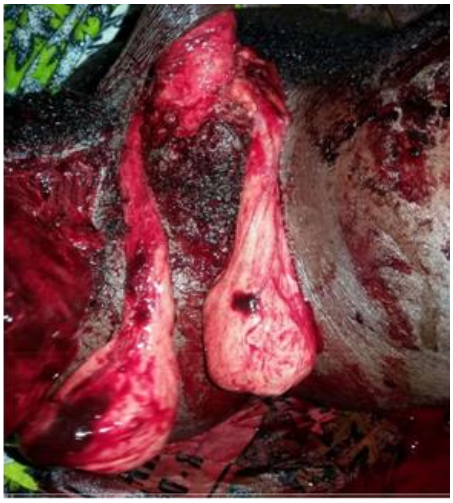

Figure 1: On clinical examination

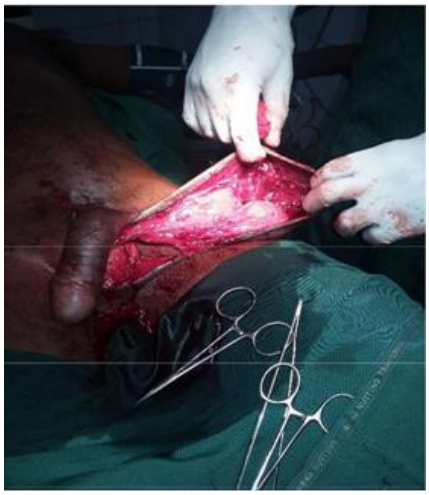

Figure 2: In the operating theatre

Figure 3: End of the penoscrotal plasty procedure in the operating room

OBSERVATION 2

Mr. T.T, a 30-year-old apprentice driver, married and father of two, living in Markala, with a history of hernia repairs as a child, was admitted to the Urology Department of the Markala Reference Health Centre for trauma to the external genitalia following an argument with a client that ended in a brawl with violent exchanges of blows. The client was said to have voluntarily grabbed the external genitalia of her opponent. On inspection Mr TT was in good general condition, but very stressed. The vital parameters were normal apart from the pain of the wound; the biological

check-up was good, no urinary anomaly, miction well preserved with normal-looking urine. We retained the diagnosis of a trauma of the penis by skin avulsion as shown in the images below.

Figure 4: Cutaneous avulsion of the penis

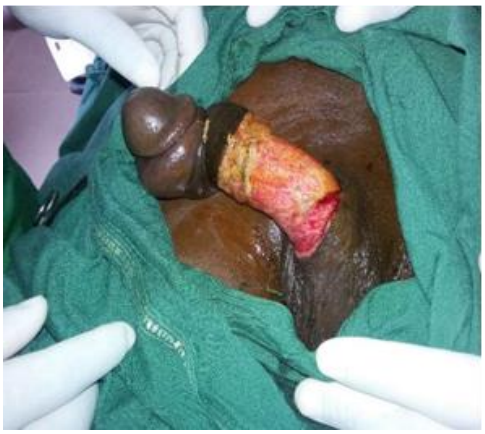

Figure 5: Preparation for the procedure

Intraoperatively, after washing and assessment of the lesion, we performed a penoplasty with Vicryl 2.0 crimped in separate stitches; placement of a CH.16 urinary catheter with 5cc in the balloon, cover antibiotic therapy accompanied by anti-inflammatory and analgesic drugs. At D8, beginning of thread removal every other day. The evolution was favourable with no further sexual sequelae.

Figure 6: Image of the plasty

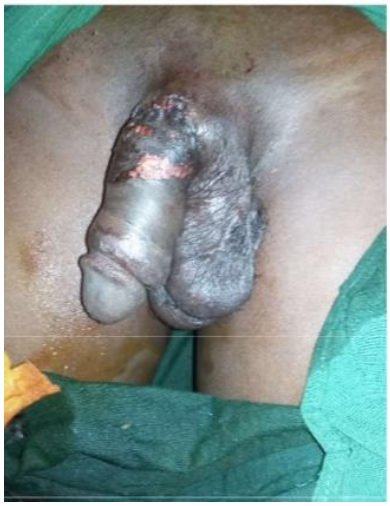

Figure 7: End of the plasty

Figure 8: Wound closure

COMMENTS AND DISCUSSION

We recorded two cases of trauma to the external genitalia in the Urology Department of the Markala Referral Health Centre over a two-year period, from 1 January 2020 to 1 January 2022. In the literature, trauma to the external genitalia is relatively rare compared to other types of urological trauma. In the series of Coulibaly MT in 8 years they collected 13 cases, approximately two cases per year [2]. The assessment of the incidence is probably due to several factors, taking into account the mechanism of occurrence of these traumas, some of which are due to a public road accident or a fall from a straddle and others due to avulsion following interpersonal violence. Moreover, EMB injuries are the prerogative of young subjects, particularly patients under 44 years of age, with a frequency that varies between 65 and 80% according to the authors [3,4,5-6] and with an average age that ranges between 25 and 29 years [6,9,11].

In our study, the average age of the patients was 35.5 years with extremes of 30 to 41 years. The age of onset of these traumas could be due to the carelessness of life because of their young age for some and for others to the risk linked to their professions. The delay in consultation played a very important role in the follow-up of the treatment and the prognosis. In our case, the consultation time was short for the first patient, 2 hours after the incident, and for the second, 5 hours before their admission to the emergency room, which allowed us to have a satisfactory state. Thus, the sole recourse to questioning and clinical examination generally seems insufficient to establish a precise and complete lesion assessment, which leads many authors to propose a surgical exploration in front of a picture comprising pain and an increase in volume of the bursa [7]. This surgical approach in our case was decisive, given the severity of the lesions and the significant blood loss. Thus, we performed a penoscrotoplasty for the first case for penoscrotal skin avulsion and for the second case a penoplasty for skin avulsion of the penis. Intraoperatively, the testicular adnexa were normal without any other particularities. Both patients were operated on under spinal anaesthesia.

CONCLUSION

Trauma to the external genitalia is uncommon, but it is potentially serious because it can lead to urinary or sexual complications, with serious psychological consequences. Trauma to the external genitalia is most often open trauma, encountered in road accidents or during fights. All in all, it is a real urological emergency which must be treated quickly and effectively. It can be decisive in the process of sexuality and urinary comfort which are part of the indispensable needs of a man's life in society.

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