

Let's Talk About What's Hard

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2017 HoG State Meeting Case Presentation

March 3, 2017

WARNING

The following presentation contains some foul language, nudity, and images that some viewers may find upsetting

Case Presentation

- 32yo white male
- Past medical history:
 - severe hemophilia B
 - hemophilic arthropathy of bilateral knees and elbows
 - Marfan's syndrome
 - atrial fibrillation
 - blind in one eye
 - hepatitis C
- Current hemophilia treatment: Aporlix
 - Previous issues with mixing the factor.

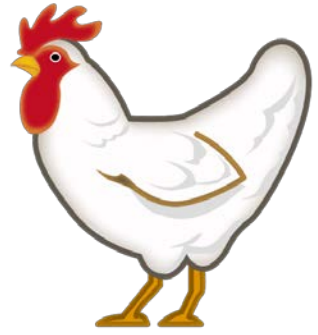
Case Presentation

- Past surgeries:
 - Aortic root repair
 - Full dentition extraction
 - Bilateral knee arthroscopic synevectomies at 5 and 7 yo
 - Left orchiectomy for testicular torsion

- Last seen in clinic for his annual comprehensive visit in 9/2016

Case Presentation

- Called to the HTC clinic nurse on 12/5/2016
- Embarrassingly he reported:
 - This morning “my penis and testicles are blackish purple and feels like a bleed”
 - I had sex with my wife last night
 - Last infused 3 days ago and is not due for next infusion until tomorrow
 - “This has never happened before”



How to talk about this?

- Approach from a professional standpoint
- Discuss these topics when discussing safe sexual practices
- Gauge the patient's comfort with using medical terms
- Nicknames used:
 - Dick, dong, schlong, wiener, peen, so many more
 - Not wenis



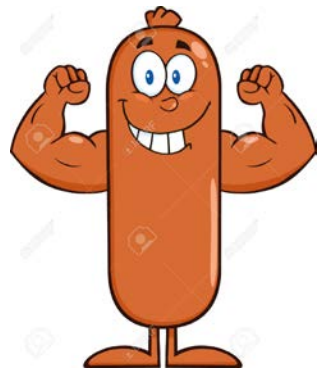
What to do first?

- When was the bleeding recognized?
- Did you hear/feel a “pop”?
- Recognize associated injuries
 - Urethra, bladder, vascular
- Consider GU referral
- Consider imaging such as urethral imaging or testicular sonography



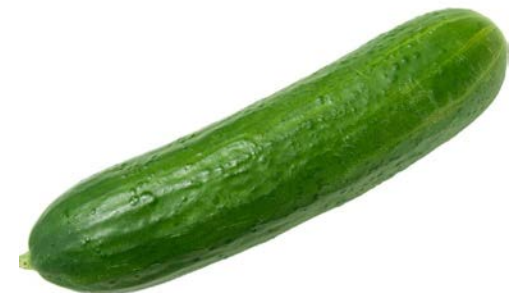
Topics to be discussed

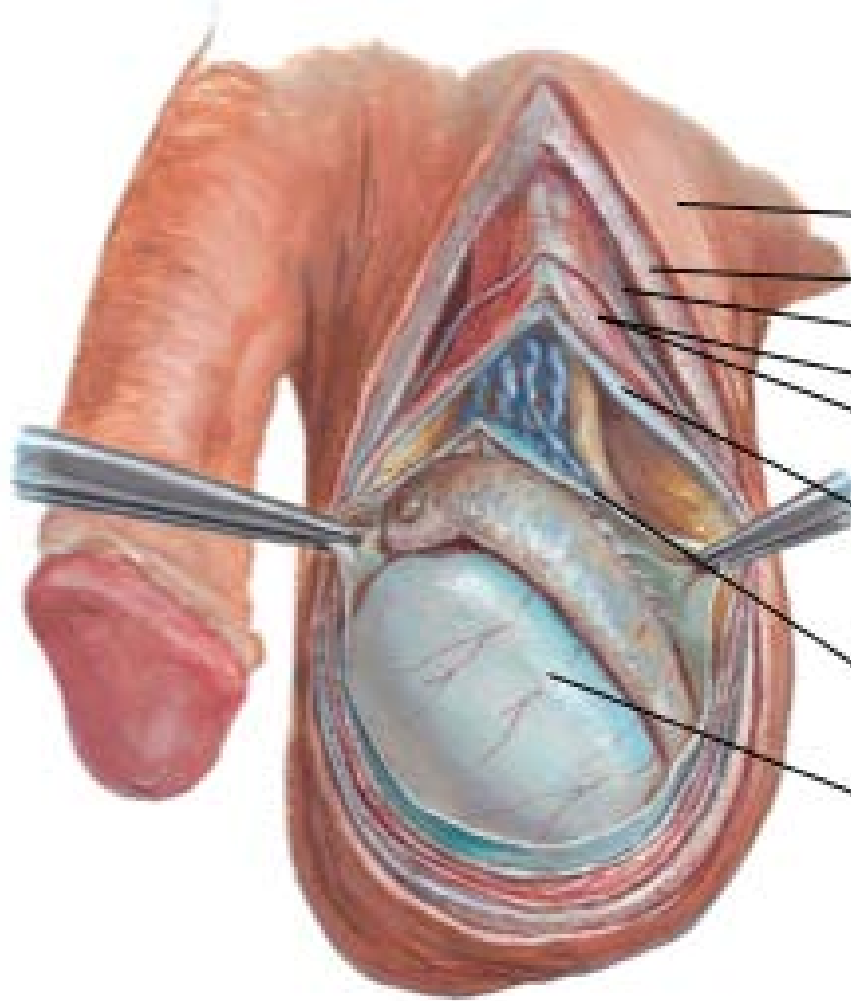
- Traumatic penile injuries
 - Penile soft tissue injuries
 - Penile fracture
- Hemospermia



Penile soft tissue injuries

- Incidence: Undetermined
- Mechanisms: trauma such as injuries from machinery and zippers , infection, burns, human or animal bites
- Symptoms: External/internal bleeding, swelling, pain, and discoloration of the urine





Scrotum Layers

Skin

Dartos fascia & dartos muscle

External spermatic fascia

Cremaster muscle

Cremasteric fascia

Internal spermatic fascia

Tunica vaginalis

- Parietal layer
- Visceral layer

Penile injuries: A 10-year experience

S.V. Krishna Reddy, MCh (Urol); Ahammad Basha Shaik, MD;† K. Sreenivas, MBBS**

*Department of Urology, Narayana Medical College, Nellore, Andhra Pradesh, India; †Community Medicine & Biostatistics, Narayana Medical College, Nellore, Andhra Pradesh, India

- Retrospective review of 156 cases
- May 2002 – December 2012
- 26 patients without urethral injury



Group	N	Type of Injury
1	12	Penile fracture injury
2	5	Penile amputation injury
3	2	Penile penetrating injury
4	7	Penile soft tissue injury

Penile soft tissue injuries

Table 7. Group 4. Patient characteristics and clinical presentation and management of penile soft tissue injuries cases (n = 7)

Particulars	No. patients	Percentage
Age, years		
Range	8-22	
Mean	10	
Marital Status		
Married	Nil	-
Unmarried	7	100%
Etiology		
Degloving penile injury following a road traffic accident	1	14.3%
Dog bite	2	28.6%
Zipper entrapment injury	4	57.1%
Management		
Primary suturing of degloving injury	1	14.3%
Wound exploration and suturing of dog bite	2	28.6%
Foreskin removal by cutting the sliding piece of zipper	4	57.1%



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Table 2. Group 1. Patient characteristics and clinical presentation of penile fracture cases (n = 12)

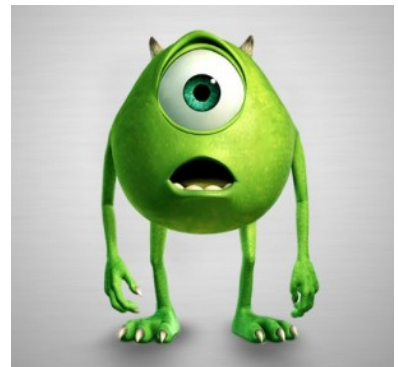
Particulars	No. patients	Percentage
Age, years		-
Range	20–55	-
Mean	28	
Marital status		
Married	10	83.3%
Unmarried	2	16.7%
Duration before presentation	6 hours	50%
	3-6 weeks	50%
Etiology		
Forceful coitus following papaverine injection to penis	3	25%
Forceful abnormal coitus	5	41.6%
Forceful coitus with woman on top	1	12%
Masturbation	3	25%
Rolling over in bed with erect penis	Nil	-
Clinical presentation		
Cracking sound, pain, swelling and detumescence, deformity	12	-
Bleeding for urethra	Nil	-





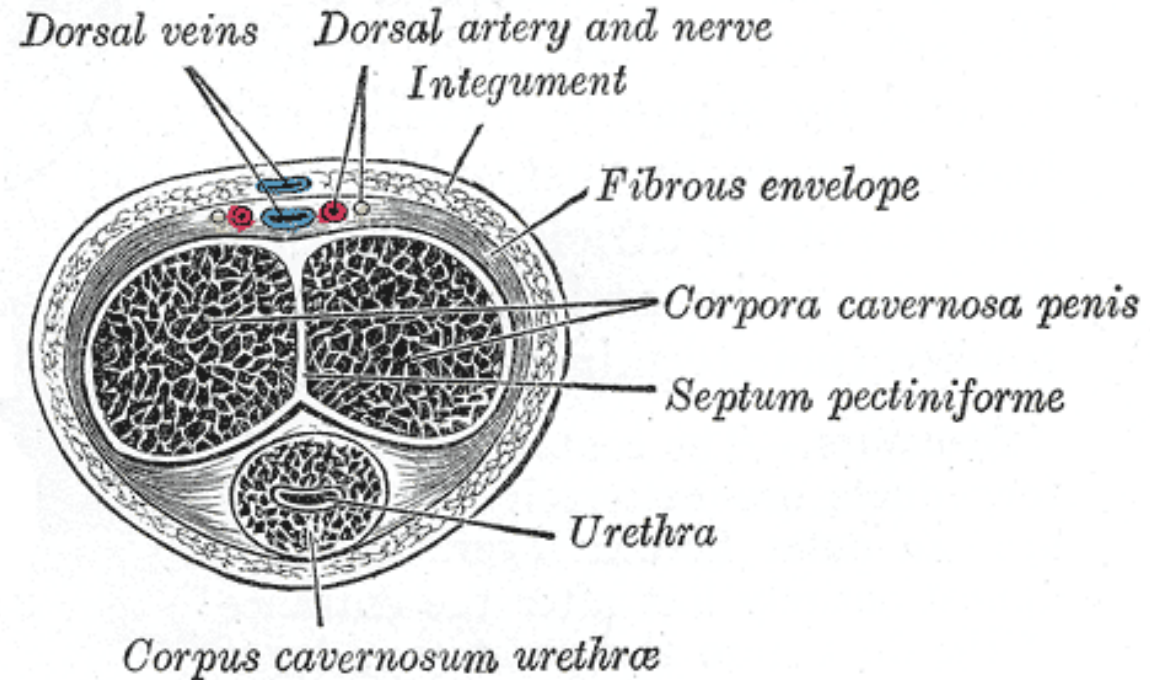
Penile fracture

- First reported ~1,000 years ago
 - Abul Kasem, Cordoba Spain
- Relatively uncommon but grossly underreported
- A urologic emergency
- 10-20% involve urethra



What is a penile fracture?

- Abnormal, sudden bending of the erect penis
- Rupture of the tunica albuginea (fibrous envelope)
 - Sexual manipulation
 - Most dangerous sex position = cowperson*
 - Masturbation

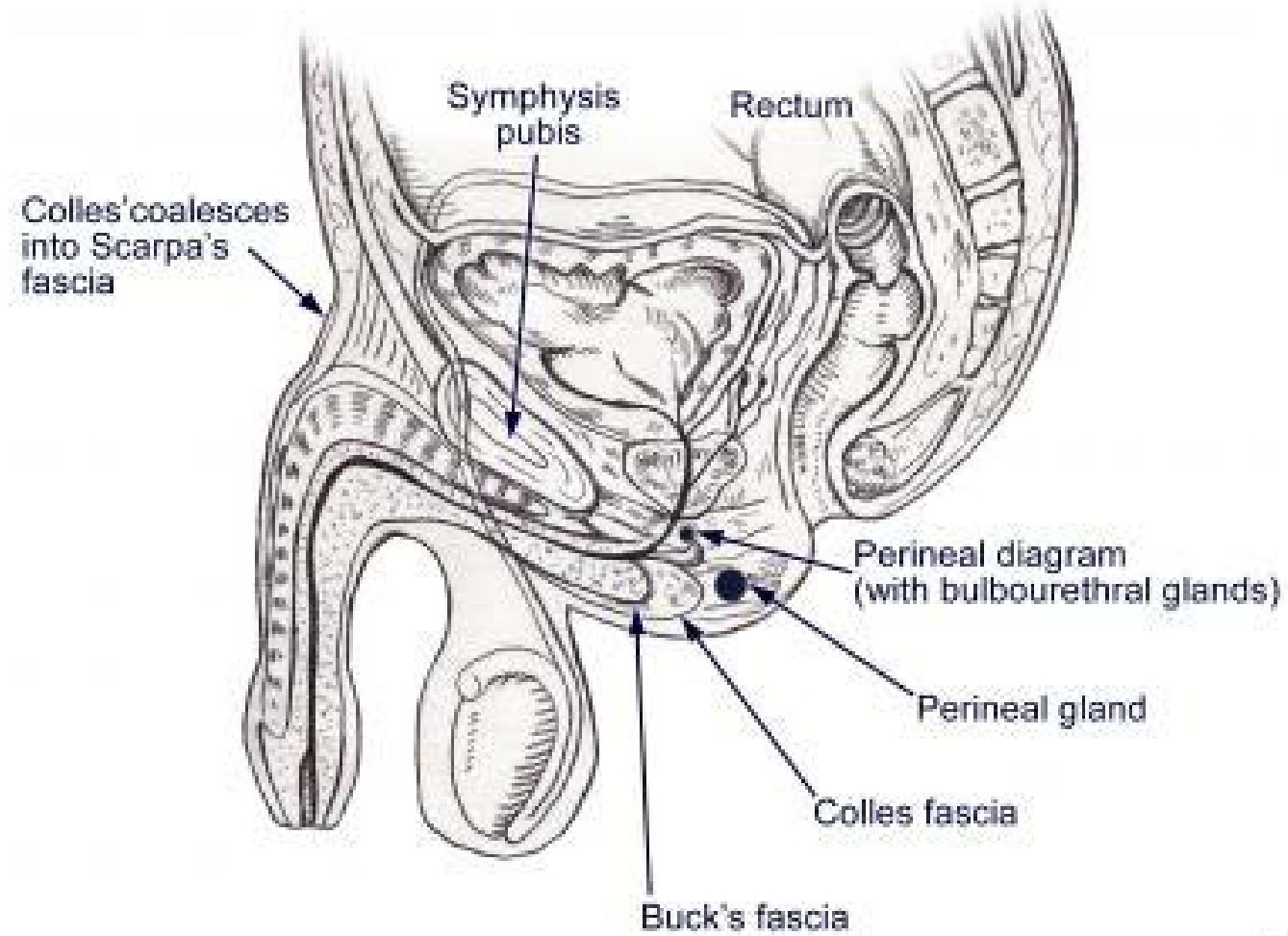


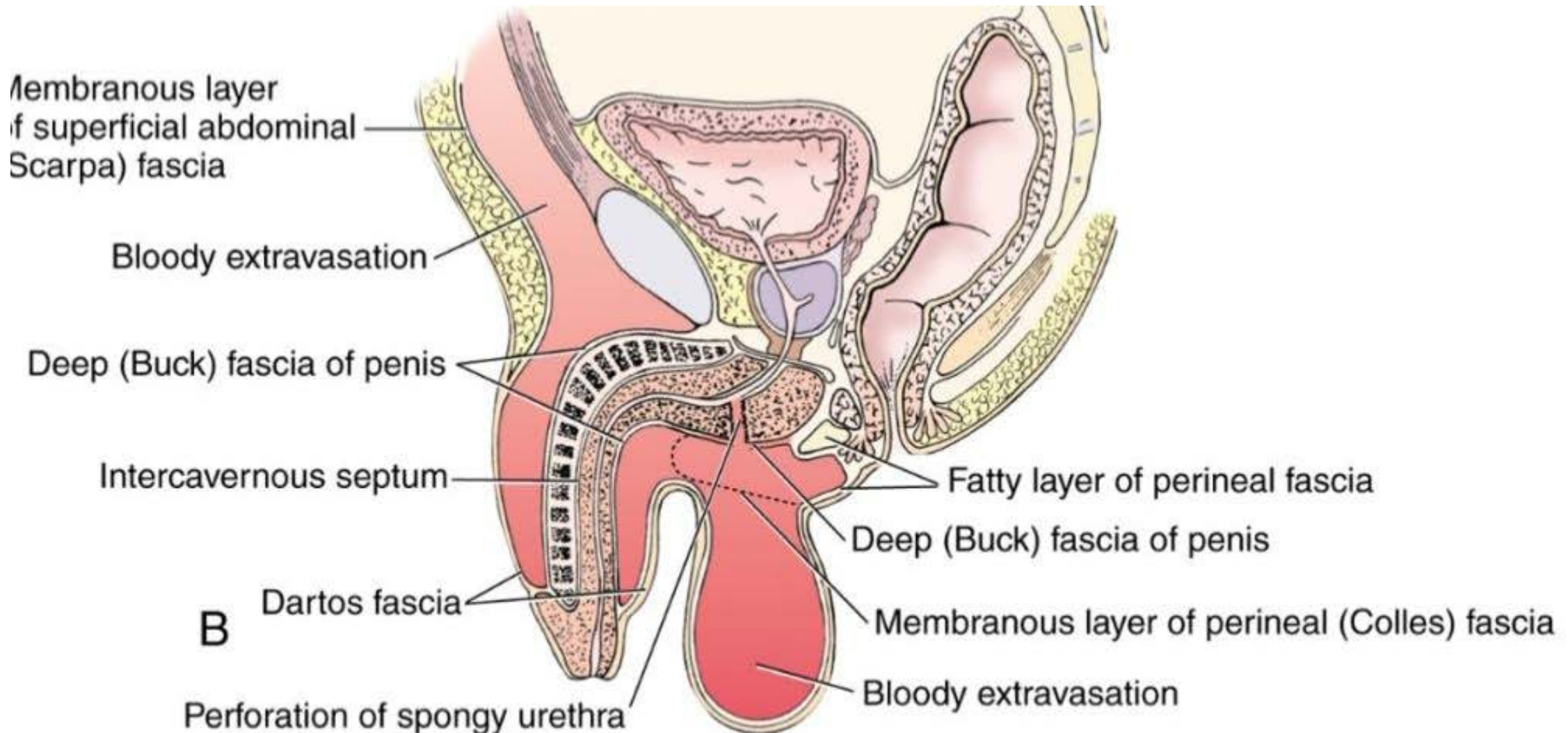
* Reis L, et al. Advances in Urology. 2014.

Penile fracture diagnosis

- Careful H&P
 - Sudden popping sensation
 - Immediate lost of erection
- Physical Examination
- Imaging
 - diagnostic ultrasonography
 - cavernosography
 - MRI







Median sections

WARNING

Visually displeasing images on next slide



Fig. 1. Photograph of fracture of penis with "egg"

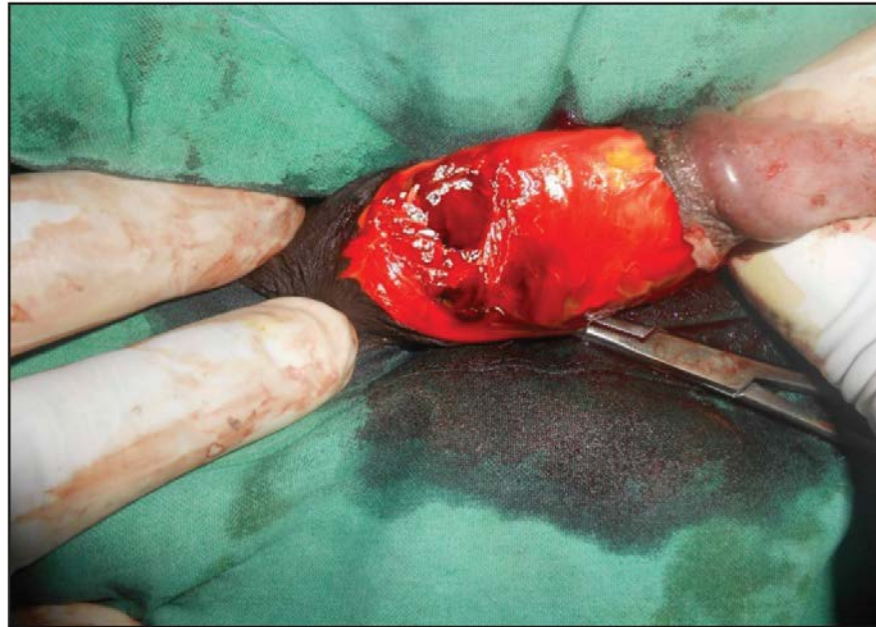
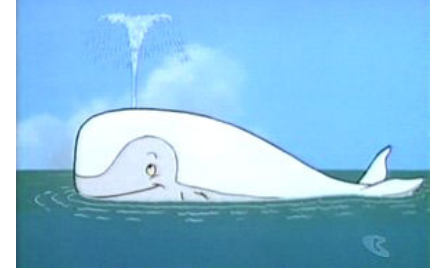


Fig. 3. Photograph of fractured penis showing rupture of the corpora cavernosum.

Penile fracture treatment



- No prospective trials
- Excellent outcomes = treatment in 24 hours
 - >500 cases suggest that surgical repair leads to better outcomes
- High complication rates (29-53%) of nonoperative therapy
- Primary goals of surgical repair:
 - Relief of painful symptoms
 - Prevent erectile dysfunction
 - Normal voiding
 - Prevent complications

Complications of Penile Fracture

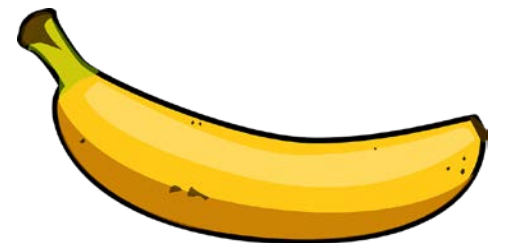
- Penile curvature
- Erectile dysfunction
- Pain during intercourse
- High-flow priapism
- Fistula



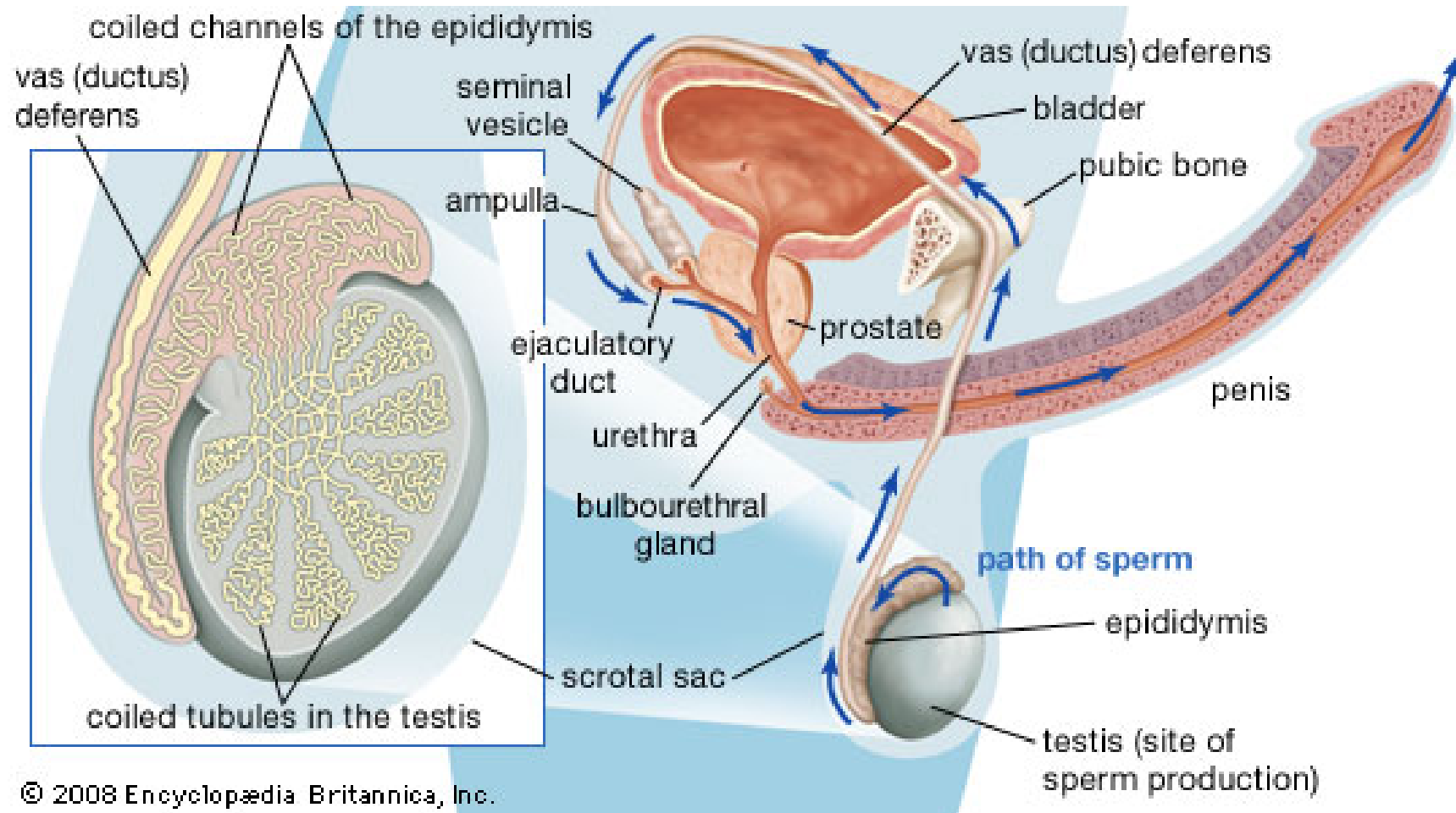
Hemospermia

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- Also known at hematospermia



Ejaculation



Hemospermia (or hematospermia)

- The presence of blood in semen (or ejaculate)
- Consider self-limiting by many professionals
- Anxiety provoking in patients
- Usually benign
- Comments of symptoms date back to Hippocrates
- Limited literature – case reports and cohort series



Prevalence of hemospermia

- Difficult to elucidate
 - Self-limiting nature
 - Patient embarrassment
 - Lack of provider inquiry
- No distinction between visible and non-visible hemospermia
- ~1-1.5% of all urological referrals
- All ages (15-75) with a mean age of 37
- Mean duration: 1-24 months
- 90% who have 1 episode will have a recurrence



Hemospermia in prostate cancer screening

- N: 26,126 men
- Age: ≥ 50 yo OR ≥ 40 yo with history of prostate cancer or of black race
- Prevalence of hemospermia: 0.5%



Causes of Hemospermia



Category	Causes
Congenital	Seminal vesicle or ejaculatory duct cysts
Inflammatory	Urethritis, prostatitis, epididymitis, tuberculosis, CMV, HIV, schistosomiasis, hydatid, condylomata of urethra and meatus, urinary tract infection
Obstruction	Prostatic/seminal vesicle/ejaculatory duct calculi, post inflammatory, seminal vesicle diverticula/cyst, urethral stricture, utricle cyst, benign prostatic hypertrophy
Malignancy	Prostate, bladder, seminal vesicle, urethra, testis, epididymis, melanoma
Vascular	Prostatic varices, prostatic telangiectasia, haemangioma, posterior urethral veins, excessive sex or masturbation
Trauma/iatrogenic	Perineum, testicle, instrumentation, post haemorrhoid injection, prostate biopsy, vaso-venous fistula
Systemic	Hypertension, haemophilia, purpura, scurvy, bleeding disorders, chronic liver disease, renovascular disease, leukaemia, lymphoma, cirrhosis, amyloidosis

CMV, cytomegalovirus; HIV, human immunodeficiency virus.

Treatment of Hemospermia

- Usually self-limiting
- Treat underlying cause
- Ensure blood source not from partner or hematuria
- Rest and abstinence from sexual activity



Hemospermia in Patients with Congenital Coagulation Disorders: A Study of Three Cases



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University of Padua Medical School, Department of Medical and Surgical Sciences, Padua, Italy

	Bleeding Disorder	Age	Sexual Activity	Episodes of Hemospermia	Management and Treatment
1	Hem A, severe	55	Single, female friend and masturbation	4 in 3 months	3 resolved spontaneously; 1 resolved after FVIII
2	Prothrombin deficient	36	Married, wife only	2 positive condom tests	Resolved with rest and abstinence. No tx needed.
3	vWD 1	32	Single, 2 women, masturbation	2 separate occasions in 3 month (3-4 in 20 days)	DRE, PSA, cystoscopy. After first bout, abstinence but restarted and had second bout 2 days later; tx with plasma derived vWF and FVIII x 1

Hematospermia has been experienced by one-third of hemophilia patients

Chie Sato¹, Kagehiro Amano², Yasuharu Nishida³ and Katsuyuki Fukutake²

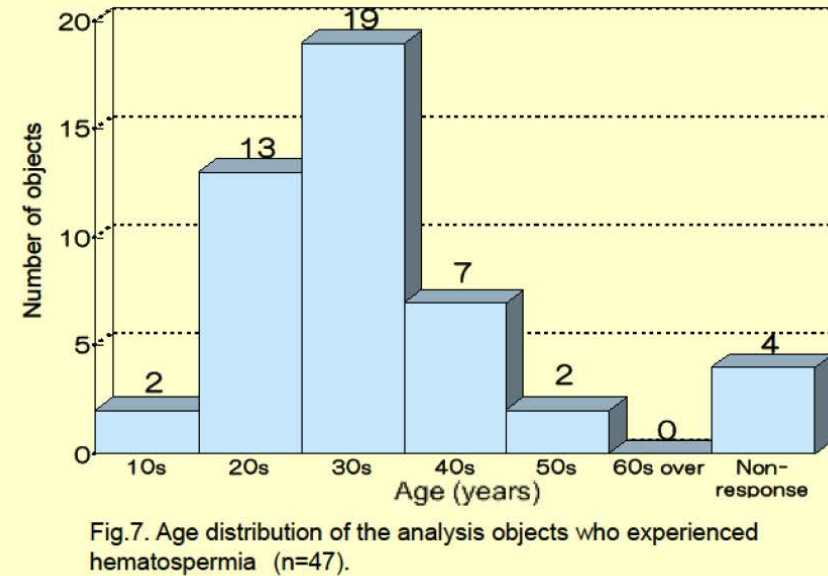
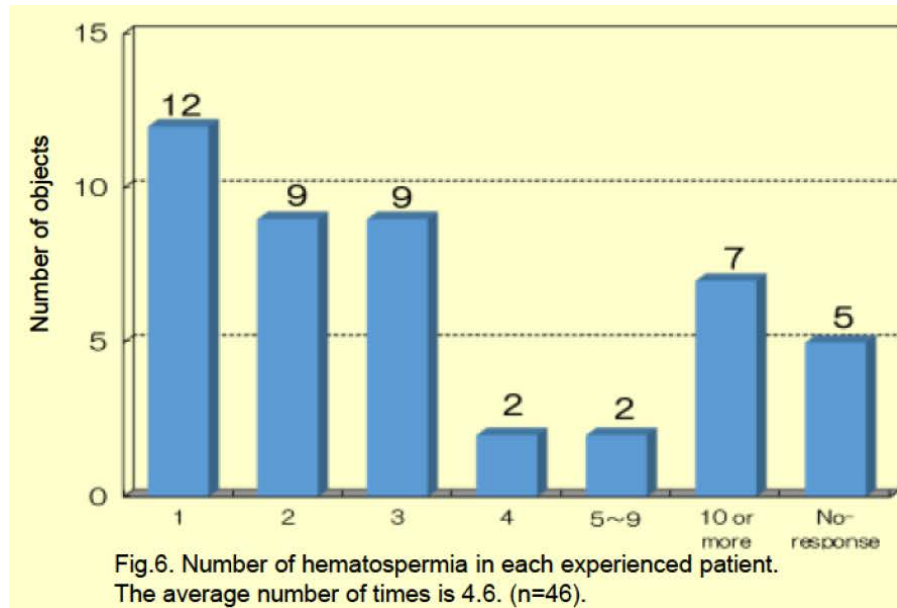
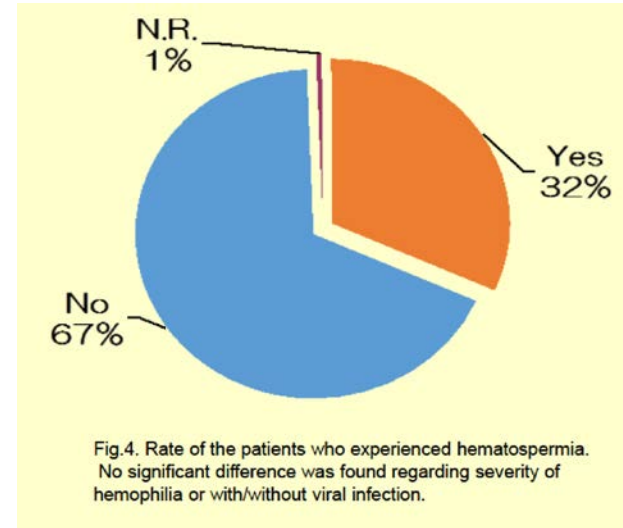
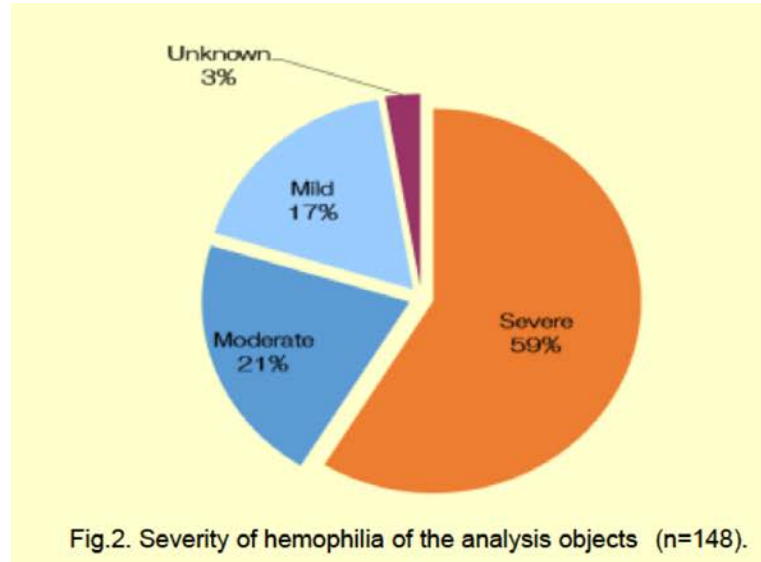
1) Department of Nursing, Tokyo Medical University Hospital, Tokyo, Japan

2) Department of Laboratory Medicine, Tokyo Medical University, Tokyo, Japan

3) Department of Infectious Diseases, National Hospital Organization Osaka National Hospital, Osaka, Japan.

- WFH 2014 Abstract
- Anonymous questionnaire given to 317 hemophilia patients in Japan
- Response rate: 48%
- N=148
- Mean age: 40.3





Case Presentation Follow-up

- Reassured patient given no other symptoms
- Infused a dose the same day he called
- 2 days later, his bleed was resolving
- Had PCP visit scheduled a few days later but no mention of the bleed by PCP note



THANK YOU!

