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Case Report

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Congenital Penile Curvature in a Young Man: A Case Report and Review of Literature

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ABSTRACT

A varied level of penile deformation characterizes congenital penile curvature. It may to some extent affect the quality of the patient's sex life. We report a case of congenital penile curvature diagnosed at adult age. A corrective surgery was performed by plication of the tunica albuginea of the cavernous body. A review of the literature underscores the rarity of publication on this condition and the treatment modalities.

KEYWORDS: Congenital penile curvature; Penileplication; Corpora cavernosa; Tunica albuginea.

INTRODUCTION

Congenital penile curvature is rare and affects 37 in 100,000 men.[1] The prevalence of such condition, without hypospadias, épispadias or spongiosal hypoplasia rates of 4-10%.[2] Very few cases have been reported in Africa. Several reconstructive techniques of surgery have been described and performed, including Nesbit[3] operation or its variants pertaining to tunica albuginea plication. We present one case report of congenital penile curvature treated by simple plicature of the corpora cavernosa.

CASE REPORT

This case report is based ona 24-year-old, married, father of a child, who complained of erectile dysfunction leading to difficulties in vaginal intromission due to a deviation of the penis. Physical examination showed a right lateral deviation of the penis and no palpable induration and plaques. A systematic intracavernous injection of Alprostadil 20 mg (erection test) determined the direction, the degree of curvature that was lateral right, at an angle of 85° with a slight clockwise rotation of 20° (Figure 1). The patient was suggested surgical treatement for penis stiffening and surgery began after his approval of the same. A tunica albuginea plication of the left corpus cavernosum on its lateral face, at the 1/3 proximal union 1/3 medium and the 1/3 distal union 1/3 medium, was made with non-absorbable single-strand 2/0 according to the technique described by Essed and Schroeder (Figure 2). The surgery performed was a simple procedure that lasted 32 minutes. Reviewed post-operatively on a regular basis until the 18th month, the patient was satisfied with the quality of his intercourse since the intervention and the score recorded on the basis of International Index of Erectile Function (IIEF) was 26. However, the patient reported a slight discomfort at the level of the plication area and a slight penile shortening subjectively.

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Figure 1: View of Congenital Penile Lateral Right and Rotation Curvature after Induced Erection.

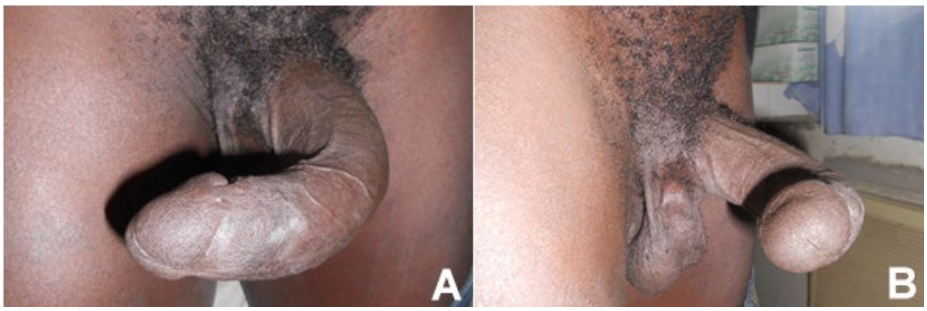
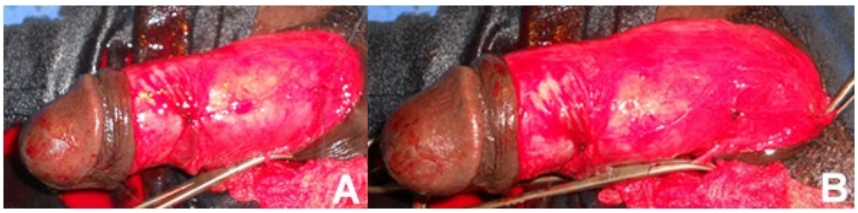


Figure 2: Peroperative View and Correction of the Curvature: Tunica Albiginea Plication of Corpus Cavernosum with non-absorbable Single-Strand 2/0.



DISCUSSION

Congenital penile curvature is most commonly reported in children and is usually associated with other penile anomalies. Penile curvature manifests itself more often in adolescents or young adults, at the time of puberty or first sexual intercourse.[1,2] Isolated curves are rare: the incidence was estimated at 0.6% in study conducted on 500 newborns in Israel.[2] Congenital penile curvatures are manifested as a deviation of the penis during erection. The direction of penile curvature may be dorsal, ventral or lateral, left, or right. Most ventral curves are associated with hypospadias. The etiology is often in determinate. The surgical treatment indication of the congenital penile curvature depends on several factors surch[4]:

- The degree of curvature, the threshold of 30° is classically admitted but a threshold of 20° can be retained;
- The orientation of the curve, the dorsal curves are better tolerated;
- The rotation of the curve;
- Psychological and sexual repercussions.

The procedure of surgical target the convexity of the albuginea of the corpora cavernosa. This is sometimes called “plastics of the corpora cavernosa”. Nesbit technique was the first method to be described in 1965 in which one or more excisions were introduced in the ellipse at the level of the albuginea, on the opposite side of the curvature.[3] Many variations of methods derived from Nesbit technique have been proposed. These include methods of incision, but without excision or methods of plicature. Tunica albuginea plication of corpus cavernosum was described in 1985 by Essed and Schroeder.[5] One of the objectives of this functional surgery was to restore a straight and naturalerction, to perform minimal surgical intervention so as to avoid possible complications or aggravating the previous condition. This technique is applied directly on the corpora cavernosa at the level of the convexity of the curvature; Wide reversing dots with single strand non-absorbable wire produce a plicature. An artificial erection at the end of the procedure validates success of the surgical correction. No resection of albuginea is practiced. The procedure is performed for 20-30 minutes for which the patient needs to be hospitalized for 36-48 hours. The same principle had been used by Gholami and Lue and to put 16 knots.[1]

In case of rotation of the corpora cavernosa, the technique of Shaeer which consists of making a longitudinal incision on each corpora cavernosa and 2 lines of internal and external suture by overjet, could be used.[6]

The satisfactory results of our study are consistent with the observations from of the published series reporting the various techniques approaching the convex face of the curvature: in which 78 to 91% satisfaction is archived by the technique described by Essed and Schroeder.[5] Gholami[1] reported satisfaction in 96% of the cases and a complete recovery in 93% of the cases. Camerlo[7] operated by introducing simple plication in 8 patients with a congenital penile curvature and obtained results with 100% satisfaction: no residual curvature, no penile shortening, no erectile dysfunction. The complications reported by the authors the procedure penile shortening, recurrence of the curvature, pain during erection, aesthetic sequelae, urethral wound, hematoma of the penis, and suture.[8,9] Some authors have reported post-operative recurrences: in 29.5% of the recurrences presented by Schulteiss[8] reported in 61 patients operated by tunica albuginea plication.

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CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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