

Management of Male Genital Burn Injury a Case Report

Dr.Divyanshu Joshi(JRII) , Dr YP Monga(MS Mchplasticsurgery) ,

Dr Sajad Ahmad Para(MS Mchurosurgery). Dr Ankit Garg (MS).

Department of General Surgery Subharti Medical College Meerut.

Abstract: A 49 year old male came to opd with h/o exposure to intense flash fire while working under high tension line one week earlier . without any entry wound a thick eschar of charred skin was seen in the region of penis and adjacent scrotum tip. Urethral meatus was barely visible and penile shaft and glans were not visible . Thorough debridement of the burn wound revealed buried shaft of the penis and glans though there was full thickness loss of skin. remaining scrotal skin was mobilized and sutured to cover the scrotal contents. penile shaft was split skin grafted and there was partial loss of glans. patient was managed with sterile dressings with betadine and NS. With antibiotic coverage and supportive therapy there was satisfactory graft uptake . patient was discharged after 2 weeks and to be followed up in opd .Advanced surgical techniques have made it possible to construct a phallus that allows a patient to void while standing.The ability to reconstruct the damage caused by genital burns often depends on how well the normal structures have been maintained after the acute injury. Careful debridement is the rule in acute management of genital burns .For many patients, reconstruction requires numerous stages .

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I. Introduction

Management of male genital burn could pose a formidable challenge for both urologist and plastic surgeons . It may affect the patient physically, mentally, and sexually. surgery in such cases could range from simply providing skin cover to reconstruction of the shaft of the penis & penile urethra by complex tissue transfer techniques. Skin is one of those tissues, that its properties vary from individual to individual and from place to place on the same individual. specific characteristics of skin such as sensibility color, texture, thickness, extensibility, innate skin tension, and blood supply unique to this region may be difficult or impossible to restore^[1].

Case Report: A 49 year old male was caught in high tension line wire while working as an electrician and was exposed to intense flash fire.

Patient was managed initially at a different hospital and then brought to plastic surgery opd one week later.

On Examination: there was no entry wound on the body and limbs lower abdominal quadrants sustained superficial burn injury . A thick eschar of charred skin was seen in the region of penis and adjacent scrotum tip of the urethral meatus was barely visible penile shaft and glans were not visible at all .Foleys catheter was draining the bladder through SPC .

Operative procedure:urethra was catheterized through the visible meatus. Thorough debridement of the burn wound revealed buried shaft of the penis and glans though there was full thickness loss of skin. remaining scrotal skin was mobilized and sutured to cover the scrotal contents. penile shaft was split skin grafted and there was partial loss of glans

Post OP: patient was managed with sterile dressings with betadine and NS. With antibiotic coverage and supportive therapy there was satisfactory graft uptake . patient was discharged after 2 weeks and to be followed up in opd .

Follow up: Patient has normal erectile function . patient burn wounds have healed up completely there is some reduction in the length of shaft and distorted glans due to contracture of SSG . Though he is able to perform normal sexual function.

II. Discussion & Conclusion

Advanced surgical techniques have made it possible to construct a phallus that allows a patient to void while standing. The results with split-thickness skin grafts are so good that full-thickness grafts are rarely used for coverage of the penis. The dermal graft has been used for years to augment the tunica albuginea of the corpora cavernosa. The ability to reconstruct the damage caused by genital burns often depends on how well the normal structures have been maintained after the acute injury. Careful debridement is the rule in acute management of genital burns. For many patients, reconstruction requires numerous stages. ^[2]

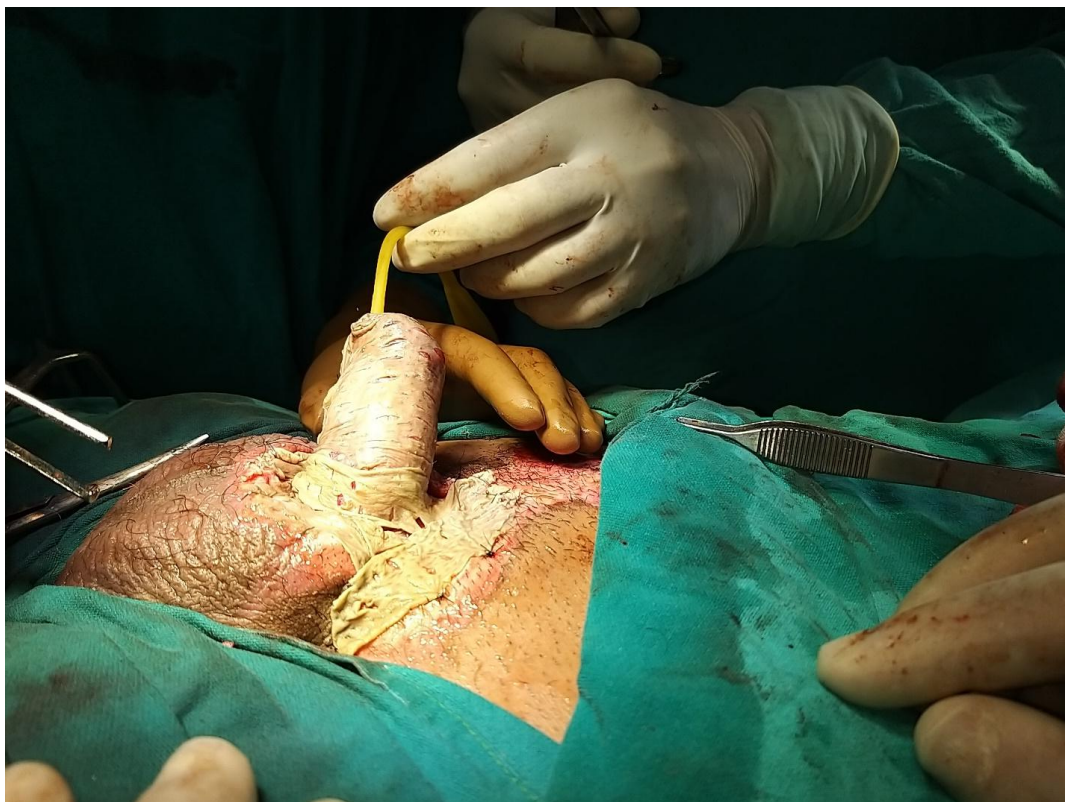
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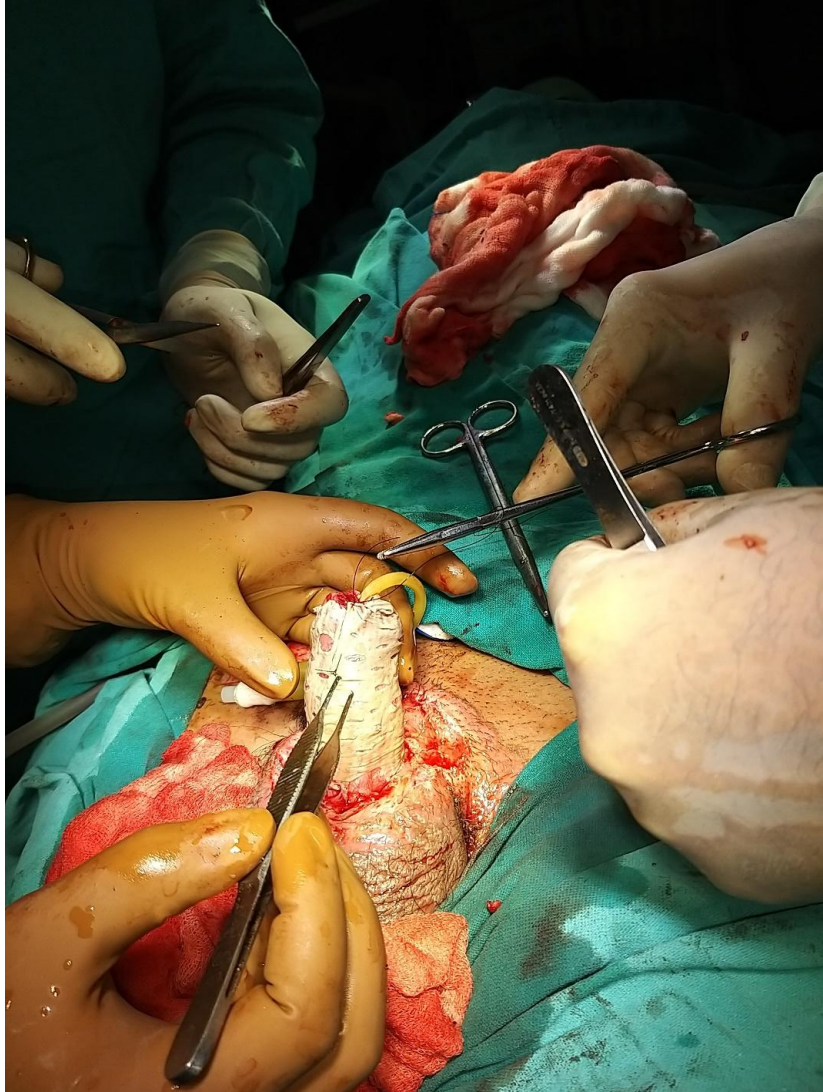
- [1]. McCammon, Kurt A, and Jack M Zuckerman. "Surgery of the Penis and Urethra." Campbell-Walsh Urology , 11th ed., ELSEVIER, 2016, p. 907.
- [2]. McCammon, Kurt A, and Jack M Zuckerman. "Surgery of the Penis and Urethra." Campbell-Walsh Urology , 11th ed., ELSEVIER, 2016, p. 916.

Pre operative pictures.



Intra op pictures:





Follow up pictures.





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