

IMAGES IN EMERGENCY MEDICINE

Trauma

Man with painful penile swelling

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1 | PATIENT PRESENTATION

A 41-year-old man presented to the emergency department (ED) with acute painful swelling of the penis. He noticed a painful cord on the dorsal aspect of his penis, near the penis root, which worsened during erections. There was no associated itching, discharge, hematuria, or dysuria. He denied any history of recent trauma. He admitted to one sexual partner, his wife. Penile examination revealed a dorsal cord-like swelling (Figure 1). The patient underwent ultrasonography examination that confirmed the diagnosis (Figure 2).

2 | DIAGNOSIS

2.1 | Mondor's disease of the penis

In 1955, Braun-Falco described phlebitis of the dorsal veins of the penis.¹ It is a benign and, usually, self-limited process. Patients typically present with constant or episodic painful cord-like indurations on the dorsal aspect of the penis. The etiology of this condition is usually unknown; however, possible causes are penile trauma, excessive sexual activity, prolonged sexual abstinence, infection, pelvic tumors, and the constrictive elements used during certain sexual practices. This may be due to stretching and torsion of the penile veins, causing endothelial denudation, and the subsequent release of thromboplastic substances that can activate the coagulation cascade.² The diagnosis of the disease is mainly clinical, supplemented with Doppler ultrasonography.⁴ The differential diagnosis includes sclerosing lymphangitis, Peyronie's disease, and a fractured penis.

Conservative treatment was prescribed for 5 days with nonsteroidal anti-inflammatory drugs (diclofenac) and 500 mg of ciprofloxacin twice daily for prophylaxis. He was instructed to abstain from sexual activity. There was complete resolution of the painful swelling after 3 weeks.



(A)



(B)

FIGURE 1 (A) Dorsal cord-like swelling, extending from the pubic symphysis to mid-shaft of penis. (B) Dorsal cord-like swelling, extending from the pubic symphysis to mid-shaft of penis

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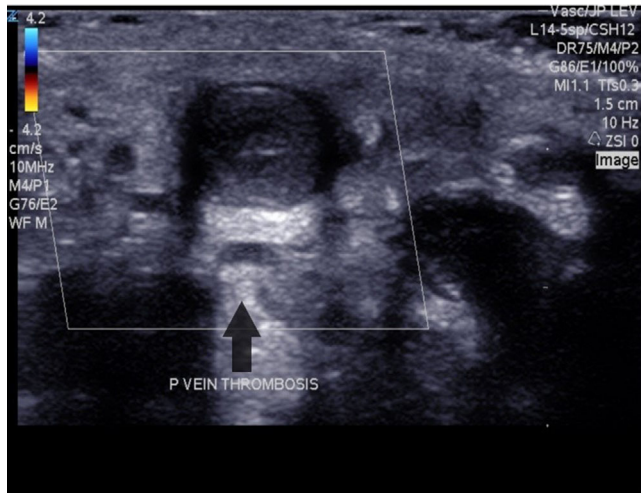


FIGURE 2 Doppler ultrasonography examination that revealed a non-compressible portion of superficial dorsal vein as well as the lack of venous flow signals

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