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Stretch due to Penile Prosthesis Reservoir Migration

E. Baten*, T. Vandewalle, K. van Renterghem

Jessa Ziekenhuis, Hasselt, Belgium

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ABSTRACT

A 43-year old patient presented to the emergency department with stretch, due to impossible deflation of the penile prosthesis, 4 years after successful implant. A CT-scan showed migration of the reservoir to the left rectus abdominis muscle. Refilling of the reservoir was inhibited by muscular compression, causing stretch. Removal and replacement of the reservoir was performed, after which the prosthesis was well-functioning again. Migration of the penile prosthesis reservoir is extremely rare but can cause several complications, such as stretch.

Case presentation

A 43-year old patient presented to the emergency department with stretch, due to impossible deflation of his penile prosthesis.

A partial deflation of the penile prosthesis was only possible after several attempts at deflation.

Two weeks earlier, he presented to the consultation because of multiple penoscrotal condylomata. Although he reported sporadic, spontaneous erections, the prosthesis was still functioning well.

An AMS 700 Ultrex penile prosthesis (15 cm + 2 cm rear tip extender) was implanted 4 years ago, because of severe erectile dysfunction due to diabetes type 1 and chronic Inflammatory demyelinating polyneuropathy (CIDP). The conceal reservoir was implanted in the right preperitoneal space and filled to a volume of 65 mL.

No post-operative complications were reported and the patient was satisfied with the excellent function of the erectile prosthesis.

A CT-scan was performed and showed a migration of the reservoir from the right preperitoneal space into the left rectus abdominis muscle. The reservoir was compressed by the muscle, causing impossible deflation of the penile prosthesis. No disconnections between the components or leakage were observed.

Surgery was performed 2 weeks later with removal of the migrated reservoir and replacement of the reservoir in the right preperitoneal space.

Additionally the pump was also replaced because of failure to inflate the prosthesis peroperatively. The failure of the pump can be caused by the multiple manipulations, which were performed in an attempt to deflate the prosthesis.

Our patient recovered well and was able to return home the next day.

The penile prosthesis was (re-)activated 3 weeks later, with an excellent result (Figs. 1 and 2).

Figure 1. Stretch of the penile prosthesis due to intramuscular compression of the reservoir.

* Corresponding author. Koning Albertplein 4, Kessel-Lo 3010, Belgium. Tel.: +32 472 643366.
E-mail address: Evert.baten@gmail.com (E. Baten).

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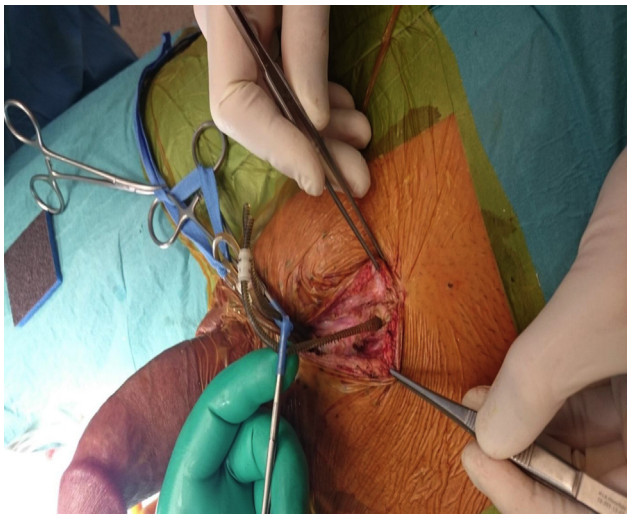

Figure 2. Surgical exposure of the migrated reservoir.

Discussion

The implant of penile prosthetics has become a common procedure over the last decades, with an annual implant rate of 25.000 in North America alone.[1] Improvements in prosthesis technology and surgery reduced the complication rate to less than 2% within 5 years. Erosion, infection and device malfunction however, are potential, severe complications which may require removal of the device. Migration of the reservoir is an extremely rare event. Sadeghi-Nejad et al describe a reservoir migration rate of only 0.7%.[2] Small bowel obstruction as a complication of penile prosthesis reservoir or a migration into the bladder have been reported but migration into the rectus abdominis muscle, causing stretch, has not been described so far.[3]

Conclusion

Migration of the penile prosthesis reservoir is extremely rare but can cause severe complications, requiring surgical intervention.

Conflict of interest

There is no conflict of interest.

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