

RUPTURE OF PENIS MUSCLE AND ITS MANAGEMENT IN GERMAN SHEPHERD DOG

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ABSTRACT

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A German shepherd male dog with history of profuse bleeding from penis due to dog bite was diagnosed as "penis muscle rupture" and was successfully treated.

Key words: Penis muscle, German shepherd dog, dog bite.

INTRODUCTION

Penile fracture, commonly defined as a rupture of the tunica albuginea and corpus cavernosum, is a serious urological disorder demanding surgical management. Determination of the extent of severity and location of the rupture in the tunica albuginea takes foremost priority and requires imaging procedures such as ultrasound. In some cases, the urethra is injured as well. Although penile fracture is easily recognized and classified as a "first-look diagnosis", therapy remains controversial to date. Early surgical treatment is strongly recommended because of the excellent results, less morbidity and an early return to sexual activity (De Giorgiet *al.*, 2005). A case of penile injury and its surgical management in German shepherd dog is reported.

CASE HISTORY AND OBSERVATION

A two year old German Shepherd (GSD) male dog was reported to Emergency Critical Care Unit, Madras Veterinary College, Chennai-7 with a history of bleeding from the penile region and the history revealed that the male dog was bitten by another bitch which was in proestral phase of estrous cycle. Clinical examination revealed rupture of penis muscle corpus cavernosum around 2 cm in length with profuse bleeding from the injured part. However, there was no injury to the penile urethra and it was intact.

TREATMENT AND DISCUSSION

The dog was stabilized with fluids and it was pre medicated with Inj. Atropine sulphate (0.04 mg/kg BW, SC). The general anaesthesia was induced with Inj. Xylazine Hydrochloride (1 mg/kg BW, IV), Inj. Ketamine hydrochloride (5mg/kg BW, IV) and Inj. Diazepam (10 mg, Total dose). The injured part was cleaned with normal saline, debris and blood clots were removed. Then, the suture was carried out with end to end anatomosis of ruptured corpus cavernosum muscle and tunica albugenia by using simple continuous suture separately (Douglas H. Slatter, (1993) using absorbable suture material (catgut No.1/0). The dog was treated with Inj. Evacef (20 mg/kg BW, IV), Inj. Melonox 0.02mg/ kg BW, Inj. Chlorphenaramine maleate 2 ml, IM and the penile region was lubricated with Lignocaine jelly. The treatment was followed for seven days. The dog was recovered uneventfully.



Fig. Surgical correction of ruptured penis muscle

Penile fracture, penile amputation, penetrating penile injuries and penile soft tissue injuries which are considered to be a urologic emergencies and typically require surgical intervention. The goal of treatment for penile trauma is universal and is preservation of penile length, erectile function and maintenance of the ability to void while standing (Douglas H. Slatter, 1993 and Klaus Dieter Budras, 2007). Common clinical features in penile injury include sudden bleeding, pain, deviation, haematoma and some time there may be a scrotal and perineal haematoma. Associated injuries include urethral rupture and predisposing factors includes excessive force at coitus or manipulation, coital injury, fibrosclerosis of the tunica albuginea and chronic urethritis. Most authors advocated early surgical repair using absorbable sutures. Complications of the injury include coital difficulty, urethral fistula, penile plaque and erectile dysfunction. Current management favours early surgical exploration to prevent complications (Eke N, 2002). Conservative management carries a high risk of penile curvature and painful erection, therefore surgery

should be performed within a few hours following trauma. In the present case, penis rupture was corrected by separate suture of two layers of penis muscles and its postoperative care.

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