CORRESPONDENCE

A Rare Cause of Acute Urinary Retention

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55 years man presented with catheter in situ. He had gone to a physician elsewhere with acute urinary retention. He had a catheter inserted and Alpha blockers were started. After 3 weeks therapy, the physician removed the catheter and trial of voiding was attempted. Patient could not void for which a Retrograde Urethrogram was performed (Figure 1). His Urethrogram was reported normal and he was referred to us by physician for further management. His previous medical history revealed that he had PP implanted 7years back on failure of other measures for erectile dysfunction, following which he had fathered two children. Due to financial problems, penile prosthesis was put only in the right corpora by the operating surgeon. Pre operative blood and urine investigations were normal. On review, the Urethrogram showed evidence of extravasation of dye near fossa navicularis (Figured 1). Cystoscopy showed erosion of PP near fossa navicularis (Figures 2 and 3). Right corporotomy was done and PP removed. It was confirmed that there was no implant in the left corpora. The erosion site was sutured. Post operatively patient voided well after catheter removal.

There are numerous causes of acute urinary retention. In males, Prostatic hypertrophy and urethral stricture are common. Here we present a rare, surprising cause of urinary retention in a 55 year old, namely erosion of Penile prosthesis (PP). PP is a last option in erectile dysfunction patients after failure of oral medications. The use of PP is being increasingly seen in developing countries like India. In India, however inflatable prosthesis are seldom used due to high cost. Surgeons resort to inserting malleable prosthesis, which have the disadvantages of being fixed and semi- rigid. In literature, it has also been mentioned as prosthesis insertion in single corpus cavernosum is adequate for coitus.[1] Hence in many developing countries, again due to financial constraints, surgeons resort to putting prosthesis in only one cavernosa instead of insertion into both cavernosae. In literature, erosion has been described to occur either due to long duration catheterization (> 15 years) or post intervention like urethral dilatation. Since these patients had long duration catheters; their presentations were varied and not described in detail[2]. We discussed the 1st case of spontaneous erosion of malleable single sided prosthesis occurring 7 years postoperatively. Here, we would also stress on the presentation as acute retention, since this is the 1st case of spontaneous erosion reported.

In present case, the erosion was missed out initially. Hence, we feel that in patients who have had PP inserted, Physicians and Urologists should consider the possibility of erosion as primary cause of urinary retention. Such patients need immediate exploration. We postulate that spontaneous erosion occurred due to the disproportionate sizes of corpora and lack of support in opposite corpora due to use of single sided prosthesis. The erosion may be due to the fixed, semi- rigid prosthesis on one side causing trauma to the urethral mucosa. Usage of single sided malleable PP cures erectile dysfunction but should not be entertained as there is more likely chance of erosion into the urethra.

Fig. 1: Retrograde urethrogram

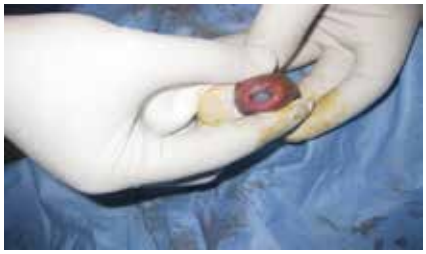

Fig. 2: Exploration on table showing prosthesis tip eroding the urethra

Fig. 3: Cystoscopy showing the eroded prosthesis in the urethra

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