

URETHRAL MANIPULATION SYNDROME

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Summary: Presence of urethral manipulation syndrome (UMS) is investigated in the patients undergone urethral manipulation at least two times in our clinic and a case proved as UMS was presented.

Key Words: Urethral manipulation, ventral penile deviation

Penile curvatures (deviations) are defined as angulation of the penis during erection and can be congenital or acquired(5). Due to a disparity between the length of the dorsal and ventral tunica albuginea of the cavernous bodies, a ventral curvature occurs in the vast majority of cases of congenital penile curvatures. Acquired penile curvatures which mostly arise on the basis of Peyronie's disease are almost always dorsal curvatures(4).

Penile deviations caused by urethral manipulations were systematically described by Kelâmi(3) in 1984 for the first time and defined as urethral manipulation syndrome (UMS) by the author.

In this study we aimed to evaluate the occurrence of UMS in patients who had undergone some urethral manipulation at least twice.

Materials and Methods

We documented that 146 male patients had undergone urethral manipulations (transurethral resection{TUR}, urethrocystoscopy, urethrotomy, urethral dilation, cystolithotripsy) at least twice in our clinic from January, 1976 to December, 1988. The ages of the patients were 4-81 (mean 51) years. All the patients were asked to visit us if they had angulation of the penis during erection which occurred after these manipulations. Thirteen patients answered the call and only 1 patient was diagnosed to have UMS.

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Case Report

A 64-year-old male underwent TUR of the prostate in September 1985, urethral dilation in December 1986 and TUR of the residual prostatic adenoma in January 1987. He noticed a ventral penile deviation during erection a few months after the last urethral manipulation. A slight ventral deviation was noted in a nonerect condition. An induration (2x1x1 cm) was palpated in corpus spongiosum distal to the penoscrotal junction. Penile sonogram was found to be normal. The patient was asked to take photographs of his erect penis at home (autophotography) (Fig.1,2). The patient stated that his coital function was not impaired. The deviation angle according to "five-line system" (2) was 40° and it did not change after 1 year.



Figure 1. Lateral view of the deviation.

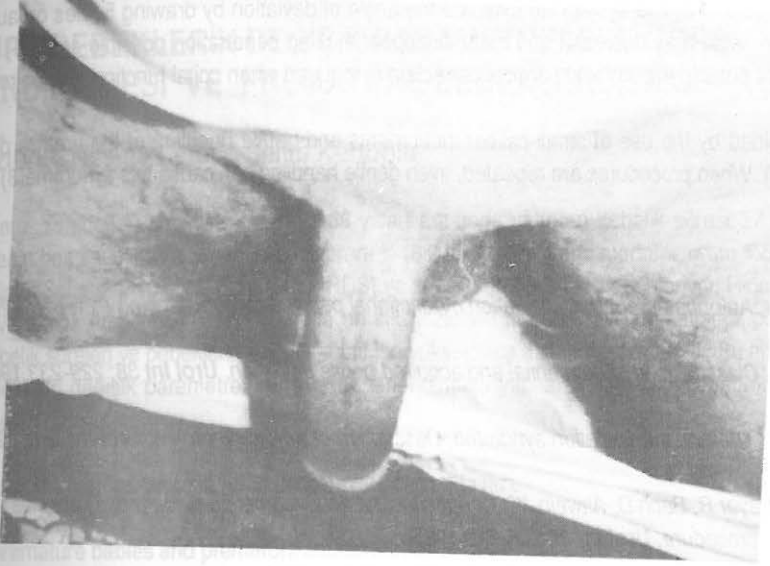


Figure 2. Dorsal view of the deviation.

Discussion

The criteria for UMS were determined by Kelâmi(3) and he reported that there were no structures to be recognized by ultrasound. But Yachia(5) reported that fibrosis of the corpus spongiosum could be detected sonographically in UMS patients. The deviation in UMS is always ventral and can be noticed when the fibrosis is in the penile shaft; if the fibrosis develops at bulbous urethra, it does not cause deviation (3,5). In most cases the glans penis does not engorge during erection as it used to and this is another point of distress for the patients(3). This condition can not be treated surgically(5).

Eleven cases reported by Kelâmi (3) had undergone repeated urethral manipulations. For this reason we investigated the patients who had undergone urethral manipulation at least two times.

Autophotography is a simple way and the most objective method of evaluating penile curvatures. A penile deviation can be observed mostly in the erect position. The most physiological and ideal solution is to have the patients take photographs of the erect penis in their regular, intimate surroundings(1). With these pictures, the degree of curvature, made follow-up of progression or regression of the curvature can be assessed, and results of surgical corrections can be compared(5).

Kelâmi(2) suggested a "five-line system" to evaluate the angle of deviation by drawing 5 lines on autophotographs. In UMS the deviation angle may decrease and even disappear making penetration possible again(3). Curvatures of the penis are surgically curable lesions and surgical correction is required when coital function is impaired(5).

UMS may be avoided by the use of small-caliber instruments and gentle handling of the urethra during instrumental manipulations(3,5). When procedures are repeated, even gentle handling can cause this syndrome(3).

References

1. Kelâmi A: Autophotography in evaluation of functional penile disorders. *Urology* 21: 628-629,1983.
2. Kelâmi A: Classification of congenital and acquired penile deviation. *Urol Int* 38: 229-233,1983.
3. Kelâmi A: Urethral manipulation syndrome. Description of a new syndrome. *Urol Int* 39:352-354,1984.
4. Porst H, Mayer R, Bach D, Altwein JE: Congenital and acquired penile curvatures:Diagnosis and outcome with the Nesbit procedure. *Urol Int* 40:206-210,1985.
5. Yachia D: Congenital and acquired penile deviations: Assessment and surgical correction. In W.Eicher, Kubli, Herms(eds): *Plastic Surgery in the Sexually Handicapped*. Springer-Verlag, Berlin, Heidelberg 1989, pp 47-60.