Case Report

Received: February 4, 1992

Accepted: May 12, 1992

Urol Int 1993;50:119-120

Malleable Penile Prosthesis Removal Leaving behind the Rear Tip Extenders: A Clinical Presentation

A.	Avi	Stein
Y.	Yeheskel	Shotland
A.	Aharon	Lurie

Department of Urology, Lady Davis Carmel Hospital, Haifa, Israel

Key Words

Penile prosthesis
Postoperative infections
Rear tip extenders

Abstract

Perineal pain and a foreign body in a scout abdominal X-ray are reported as presenting symptoms of a patient who later gave an anamnesis of a penile prosthesis implantation which had become infected and was removed. The foreign bodies turned out to be two rear tip extenders of the prosthesis left behind causing the perineal pain.

Avi Stein, MD, Department of Urology, Lady Davis Carmel Hospital, 07 Michal Street, Haifa, (Israel)

The Case

A 61-year-old patient had undergone a penile prosthesis implantation in 1987 (malleable penile prosthesis – AMS (American Medical Systems) 600). The operation was performed due to organic impotence following a prolonged history of noninsulin-dependent diabetes mellitus. About 3 months later, due to a severe infection, the prosthesis was removed. Four years later the patient presented to his family physician with perineal pain. A scout X-ray of the abdomen and the perineal area was performed and revealed two foreign bodies in the perineal area. His family physician and the radiologist who interpreted the X-rays were not aware of the fact that the patient had had previous operations for impotence and elaborated the idea of teratoma with teeth. Later, as the patient was asked about previous operations in the area, the idea came up that the malleable prosthesis was removed due to infection but two rear tip extenders had been left behind and were identified with the foreign bodies on the X-rays (fig. 1). The extenders were removed through a penoscrotal incision and the patient recovered uneventfully.

Fig. 1. X-ray identifying the two rear tip extenders.

Comment

The AMS 600 penile prosthesis is semirigid and malleable. It consists of a pair of tapered silicone rods containing a woven stainless steel wire core. It has an outer peel-off sheath that can reduce the width of the rod. The available lengths (12, 16 and 20 cm) can be extended by rear tip extenders in 1-cm increments. Problems associated with implantation may be structural or functional [1-3]. The structural problems are related to mechanical failure of the device or to anatomic sequelae of implantation, such as erosion, infection, mi-

© 1993 S. Karger AG, Basel
0042-1138/93/0502-0119
\$2.75/

gration and pain. Infection can be a very severe complication in prosthetic surgery. After the prosthesis has been implanted, local tissue reaction forms a periprosthetic capsule. This capsule essentially isolates the prosthesis from the host's immune system [4]. This allows a privileged site of bacterial growth. Both gram-positive and gram-negative bacteria may infect this space. The most conservative and safe way to treat prosthetic infection is removal of the prosthesis. Perforation of the corpora with or without urethral involvement could also occur due to decubitus. We report a case of forgotten rear tip extenders in a diabetic patient who had his penile prosthesis removed due to infection. Such a complication has not yet been reported. Events of this nature could be avoided observing the rule that a prosthesis should never be removed before a detailed OR report of the implanted device is available.

References 1 Kaufman JJ, Lindner A, Raz S: Complications of penile prosthesis surgery for impotence. *J Urol* 1982; 128:1192-1194.
Thomalla JV, Thompson ST, Rowland RG, et al: Infectious complications of penile prosthetic implants. *J Urol* 1987;138:65-67.
Montague DK: Periprosthetic infections. *J Urol* 1987;138:68-69.
Nickel JC, Heaton J, Morales A, et al: Bacterial biofilm in persistent penile prosthesis associated infection. *J Urol* 1986; 135:586-588.

120 Stein/Shotland/Lurie Forgotten Rear Tip Extenders after

Removal of Prosthesis