We present the case of a 63 years old male with a past health of high blood pressure, diabetes, an important peripheral arteriopathy, who underwent a radical cystectomy and an ileo-colic orthotopic neobladder as a treatment of a transitional cell carcinoma of the bladder sixteen years before and a right radical nephrectomy to treat a renal cell carcinoma four years before. Owing to a multifactorial erectile dysfunction, the implantation of a three-piece inflatable devices penile prosthesis is performed three years before.

The patient comes to Emergency in our Institution having urinary hesitancy and an acute pain in the right corpus cavernosum.

FIGURE 1. Retrograde urethrography: a normal bulbar urethra
sum coinciding just with the moment of the micturation.

The cystourethrogram shows a fistula communicating the uretra and the right corpus cavernosum (FIGURES 1, 2 and 3), in order to which a surgical removing of the prosthetic material is performed and the corpus cavernosum is sutured.

The patient is discharged in the second postoperative day with antibiotic treatment, once he has got a spontaneous micturation with no hesitancy.

FIGURE 2. Voiding image: contrast leakage in the proximal end, around the right piece of the prosthesis.

FIGURE 3. Voiding image: a contrast leakage is still showed. Ileo-colic orthotopic neobladder.

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Accepted for publication: April 12th, 2008.