A 33-year-old male presented to the Emergency Department (ED) with a chief complaint of a painful penis. The patient had been having intercourse with his wife approximately six hours earlier when he felt a bending of his penis, heard an audible “snap,” followed by abrupt pain. The patient was in moderate pain in the ED and was treated with parenteral analgesia. Physical findings were notable for a diffusely tender and ecchymotic penile shaft with deformity (Figures 1). There was no blood at the urethral meatus, and testicular and abdominal examinations were benign.

Penile fracture, or rupture of the tunica albuginea, is caused by trauma to the erect penis most frequently during masturbation (60%) or sexual intercourse (19%).\(^1\) It is a relatively uncommon presentation to the ED; almost invariably it presents with the classic history of trauma to the penis, a “snap” and rapid swelling of the penis with erectile detumescence. The diagnosis is generally easy to make with certainty, although thrombosis or rupture of the superficial dorsal vein of the penis can be confused with penile fracture.\(^2\) While urethral injury is uncommonly associated with these fractures, it can occur. Treatment is generally surgical although conservative, non-surgical management sometimes is done. Complications include subsequent erectile dysfunction in up to 27% of patients, infection, strictures and deformity.\(^3\)

**Figure.** Diffusely tender and ecchymotic penile shaft with deformity