Supplementary material

Supplementary Table 1. Summary of main findings of the systematic review.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authors and year | Age | Signs and symptoms | Diagnosis | Size and location of the fistula | Injury mecha-nism | Time of presentation after injury mechanism | Hand-ling | Follow-up time | Complications at follow-up |
| Klugo *et al*. [2], 1972 | 51 | Purulent urethral discharge, urethritis, infection of the corpora cavernosa | Retrograde urethragraphy | Extensive, in the right corpus cavernosum | Sapheno-cavernous shunt (to treat priapism) | x | Urinary diversion through suprapubic catheter | 2 wk | Urethral diverti-culum |
| Buckspan *et al*. [3], 1977 | 45 | Purulent urethral discharge and erectile dysfunction | Cystoscopy and urethrography | 2 cm Right corpus cavernosum | Shunt cavernous- spongy region of the penoscrotal junction (to treat priapism) | 3 wk | Suprapu-bic cystosto-my | 1 yr | Residual sinus, partial erectile dysfunction |
| Planiswa- my *et al*. [16], 1981 | 28 | Hematuria | Retrograde urethrography | Dorsal middle urethra | Heavy Object Fall | Immediate | Suprapu-bic cystosto-my | 3 wk | x |
| Ochsner *et al*. [8], 1982 | 22 | Urethro-rrhagia during erection | Retrograde urethrography | Right bulbar urethra | Saddle injury | 1 mon | Surgical repair (excision of the fistulous tract with subsequent repair) | 1 mon | Hassle-free |
| Robbins *et al*. [4], 1984 | 28 | Purulent discharge | Urethrogram | Middle urethraLeft corpus cavernosum | Caver-nous shunt spongy (to treat priapism)(initially the fistula did not occur, it occurred three months after the shunt, it was probably after a urethral catheterization) | 3 mon | Urinary diversion through suprapubic catheter | 6 wk | Urethral strictureUrethral diverticulum |
| Motiwala [19], 1993 | 23 | Hematuria and painful erection | Caverno-graphy | x | Sexual Relation-ship | x | Conservative (analgesia, antibiotic and sexual abstinen-ce) | 4 wk |  |
| Hargreaves*et al*. [9], 1994 | 41 | Urethro-rrhagia | Urethroscopy | In the urethra with the right corpus cavernosum, 3 cm from the urethral meatus | Inter-course, penile fracture | Imme-diate | Surgical repair with 3/ Dexon |  | x |
| Seftel *et al*. [10], 1996 | 17 | Urethrorrhagia during erections | Cystoscopy | Bulbar urethra, right area, cavernous-spongy fistula | Soccer Ball Strike | Several days | Digoxin 0.25 mg daily | 2 mon | x |
| Meyer *et al*. [5], 2002 | 53 | Purulent urethral discharge | Ascending urethragraphy | Dorsal urethra | Spongious cavern shunt (to treat priapism) | 6 wk | 1º Urethral catheter and antibiotic therapyA month goes by2º urethro-cavernous fistula excision | 2 mon | Urethral diverticulum,erectile dysfunction |
| Castell *et al*. [11], 2008 | 37 | Urehtrorrhagia, penile rupture | Ultrasound (checked with urethrogram) | Middle third of the right corpus cavernosum | Penile fracture | In the moment | 1º Cystostomy and catheter | 1 mon | Urethral stricture |
| Manjunath *et al*. [17], 2015 | 58 | Dorsal cutaneous- urethral fistula,abscess in dorsal penile region | Retrograde urethra-graphy | Proximal urethra, corpus caver-nosum, skin | Quackels shunt for priapism | 35 d | Urinary diversion through suprapubic catheter | x | x |
| Caraceni *et al*. [18], 2016 | 66 | x | Radiocontrast cystourethrogram | Bulbar urethra, left corpus cavernosum1–2 cm | Penile prosthesis reimplantation | 1 mon | Surgical fistula repair with Tachosil | 16 mon | Hassle-free |
| Pearlman *et al*. [12], 2018 | 48 | Sildenafil and urethra-rrhagia-resistant erectile dysfunction | Penile Doppler | x | x | x | Surgical fistula repair with Tutoplast skin and pericardium graft | 8.5 mon | Erectile dysfunction and urethrorrhagia persist |
| Han *et al*. [22], 2019 | 26 | Urinary retention and urethrorrhagia | x | Bulbar urethra | Saddle injury (sexual act?) | 18 d | Surgical fistula repair | 10 mon | x |
| Rehder *et al*. [6], 2020 | 66 | Purulent urethral discharge | Voiding cystoure-thrography | Proxi-mal bulbar urethra, corpora cavernosa and spongiosa | Urethrotomy and intralesional mitomycin injection at the level of proximal bulbar urethral stenosis | 13 d | Urethral catheterization and antibiotherapy | 1 yr | x |
| Capretti *et al*. [20], 2020 | 74 | Urinary incontinence and extrusion of the right penile prosthesis cylinder | x | Urethral cavernous fistula in the left corpus cavernosum | Accident with perineal trauma in a patient with a penile prosthesis | x | Removal of the left penile prosthesis cylinder | 4 yr | Need for urethral sphincter and prosthesis replacement |
| Botkin *et al*. [7], 2021 | 69 | whitish urethral discharge | Cystoscopy | Bulbar urethra, 0.5 cm | Exit of the right penile prosthesis after penile prosthesis replacement | 6 mon | Right Cylinder Removal and urethroplasty with Primary Anastomosis | 7.5 mon | Purulent discharge, penile abscess, pain at the tip of the penis, fistula recurrence requiring urethroplasty |