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Sexual Pleasure Leading To Penile Strangulation: - A Case Report

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ABSTRACT:

Background:

Penile incarceration, tourniquet and strangulation injuries are known to occur in adults as well as children. Penile incarceration from metallic and non-metallic objects has been reported throughout the world since 1755[1].

Penile strangulation or entrapment is an unusual entity that requires urgent treatment due to its potential complications. Several cases have been reported in the medical literature, some of them describing serious injuries such as necrosis, gangrene, and amputation of the penis. Penile strangulation is an unusual clinical condition and the consequences may be severe.

Summary:

For sexual pleasure a patient load a metallic ring over his penis, which got stuck there, and following many attempts he was no able to remove that ring, leads to sever pain and swollen penis distal to ring. Patient immediately rush to our hospital, Ring was removed carefully with the help of a cutter. Patient got relieved from pain immediately, swelling subsides slowly, no colour changes were noticed after that. He was kept under observation and discharged in satisfactory condition.

KEYWORDS: - *strangulation, gangrene, amputation, necrosis*

CASE REPORT

A man presented to the emergency department with severe pain and swelling in penis. The patient had placed a metal ring on his penis approximately five hours prior to presentation to achieve sexual pleasure. The penis was grossly swollen distal to the metallic ring visible at the

peno-scrotal junction. The glans penis appeared cyanosed. Penile pulsation was present and sensation was intact. Attempts to manually decompress the penis and remove the constricting ring were unsuccessful. The combination of a stainless steel large ring cutter and spatula was used to cut and remove ring.

Ring was successfully removed without any injury and patient got immediate relief from pain. The swelling also subsided within a couple of days. Patient was discharged in satisfactory condition.

PROCEDURE STEPS:-

STEP 1

Corporal aspiration and warm moist pack compression was applied.

STEP 2

A spatula was passed in between penile skin and ring. Then cutter was passed over spatula and ring cut at two places. (Figure 1 and 2)

STEP 3

Then ring pieces were gently taken and whole ring was removed. (Figure 3 and 4)



FIGURE 1



FIGURE 2



FIGURE 3



FIGURE 4

DISCUSSION

Penile incarceration from metallic and non-metallic objects has been reported throughout the world since 1755. The largest series reported is by Dakin in 1948 [2]. Men present between ages 15 and 56 [2]. Various metallic strangulating objects like wedding ring, metal plumbing cuff, bullring, hammer-head, and plastic bottleneck have been reported in various literatures [3-4] Patients present to the clinic at widely diverse times after penile incarceration, ranging from 3

hours to 1 month [2]. Our patient was a 17-year-old boy with penile incarceration, due to heavy metal ring placed at the root of the penis. There was a gross penile edema up to the root of the penis. Hence, it was categorized as a Grade II injury as per the gradation scheme by Bhat Al *et al.*[5]

Grade I:

Edema of distal penis with no evidence of skin ulceration or urethral injury.

Grade II:

Injury to skin and constriction of corpus spongiosum but no evidence of urethral injury. Distal penile edema with decreased penile sensation.

Grade III:

Injury to skin and urethra but no urethral fistula. Loss of distal penile sensation.

Grade IV:

Complete division of corpus spongiosum leading to urethral fistula and constriction of corpus cavernosa with loss of distal penile sensation.

Grade V:

Gangrene, necrosis, or complete amputation of distal penis [5]

In the infants, strangulation injuries have been reported to be caused by maternal hair (toe tourniquets syndrome) [7] another case was

reported in child who tied a thread around his penis to get rid of primary nocturnal enuresis [8].

CONCLUSION

Penile incarceration from metallic object is a rare presentation, and requires urgent intervention to prevent complications. The choice of method for removal depends on the type and size of metal hoop, incarceration time, trauma grade and availability of equipment. Early treatment is essential to avoid potential complications, including ischemic necrosis and auto amputation.

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