

Penile Strangulation By Multiple Metallic Rings, Its Treatment And Use Of Hand Doppler

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Abstract

Constricting devices, strangulating penis may cause devastating injury with potential to cause even gangrene, or amputation of penis.

The treatment of penile strangulation is decompression of constricted penis to allow free blood flow. This can be confirmed by hand Doppler as we do in our case. As there is no standard protocol for management of penile strangulation, every case needs individual approach and positive attitude to remove it simply and with minimum discomfort to patient.

INTRODUCTION

Various metallic and non metallic devices placed on penis to increase sexual performance or for self erotic intentions and others. These objects may be ball bearing, rings, condoms, plastic bottle neck, hairs etc. Application of these devices may present a challenge to surgeon for opting the mode of treatment.

We report a case in which a Healthy, mentally fit male had put three metallic rings over base of penis with intention to increase sweetness of sexual pleasure, there after presented to emergency department with gross swollen penis and rim of necrosis over penis, as he him self was unable to remove it out.

CASE REPORT

A 32 year old male visited our hospital with penile edema, On examination three metallic rings were found on base of penis.

As per patient he was advised by some to pass metallic ring over penile base to increase sexual performance, on examination penis was grossly swollen and the rings causes a rim of necrosis over all the superficial tissue. It seems that even slight tension would have probably divide the penis at constriction site. However penis was released from rings by using metal cutting tool whole procedure took 35 minutes. Initially we thought that ultimately the condition of injured penis may lead to amputation, but we felt sense of relief by confirming pulsation at glans by hand doppler device.

Figure 1



Figure 2



RESULT

The wound was cleaned with removal of devitalized tissue,

antibiotic ointment was applied & dressed with Vaseline gauge & light pressure bandage applied. After 1-2 days penis looked almost normal. The skin ulceration healed slowly. At discharge patient had no problem with micturation or erection, also psychoanalysis revealed no abnormality.

CONCLUSION

Penile strangulation by metallic rings are not frequent but be most difficult to manage, as may lead to vascular emergency by impeding arterial supply and gangrene may result, leads to amputation, other than penile edema, obstruction in lymphatic flow. Management requires no particular skills but stressed as serious injury and early removal of strangulating object is essential.

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