

Mason on a Surgical Mission

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INTRODUCTION

Penile strangulation for auto-erotic purpose was first reported in the eighteenth century^{1,2}. Since then more than sixty cases have been reported in English literature^{1,2,3}. Incarceration of penis and scrotum is a unique variety of urologic emergency with only three cases described previously. [Table I] We report such an entity where a mason's help was sought to disengage a self implanted metal ring strangulating the penis and scrotum.

CASE REPORT

A 43-year-old male was admitted from the emergency department with his penis and scrotum strangulated within the lumen of a c-shaped (outer diameter 4.3 cm and inner diameter 3.2 cm), tempered-steel, metal ring. [Fig. 1] The ring had been stuck as a result of self auto-erotic practice at the base of his penis and scrotum for 12 hours and he had been unable to disengage the ring despite his own best attempts. The penis and scrotum was grossly oedematous, exquisitely tender but appeared well perfused. He was systemically well with no evidence of sepsis or renal failure. He had no urinary symptoms. Under spinal anaesthesia, we failed to remove the ring with lubrication, aspiration of the corpora cavernosa, multiple shaft punctures, and firm compression.

The ring was so hard that even standard orthopedic appliances failed to increase the gap between the two ends of the ring. A mason was called to theatre to help remove the ring. A periosteum elevator was teased between the ring and the

penile skin. Under heavy wet cotton padding, safe guarding the genitalia and both the thighs, a ceramic blade circular saw was used to make a cut through the full thickness of the ring 180° opposite the open ends, under constant cold saline and powdered ice irrigation to prevent thermal injury. The ring was split in half and removed. [Fig. 2] The underlying skin showed superficial pressure necrosis; this was cleaned and debrided. An 18 F foley's catheter was inserted without difficulty draining clear urine. The patient made an uncomplicated postoperative recovery. The patient was discharged after 10 days following a normal urethoscopic examination. The patient had made a full recovery at outpatient review 12 weeks later with normal micturition and erectile function.

DISCUSSION

The use of genital foreign objects for sexual gratification and orgasm is common. It rarely presents as a surgical emergency resulting from impaction following failed attempts of removal. Various objects including plastic and steel rings, ball-bearings, nuts, washers, wedding rings, bottles, rubber bands and even a hammer head has been reported¹⁻⁵.

Though initial placement over the flaccid and partially erect penis is provocative, it frequently leads to oedema of the distal part due to venous and lymphatic outflow obstruction. With increasing time the arterial supply is compromised leading to penile compartment syndrome^{3,4,5}. Further neglect invites devastating complications like skin ulceration,



Fig. 1:



Fig. 2:

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necrosis of the spongiosum and cavernous tissue, urinary extravasation, fistula formation or even gangrene⁵. Late complications following successful removal like urethral stricture and erectile dysfunction has been reported^{4,5}.

Though numerous methods of object removal have been described in the literature, none are universally applicable given the wide variation in patient presentation and type of constricting devices¹⁻⁵. Considering the fact of this true urologic emergency, prompt recognition and urgent decompression of the involved tissues are required to avoid these complications. Although removal of metallic objects is difficult the prognosis is good.

REFERENCES

1. Perabo FG, Steiner G, Albers P. Treatment of penile strangulation caused by constricting devices. *Urology* 2002; 59:137.
2. Patel C, Kim R, Delterzo M. Prolonged penile strangulation with metal clamps. *Asian J Androl* 2006; 8: 105-6.
3. Pannek J, Martin W. Penile entrapment in a plastic bottle. *J Urol* 2003; 170: 2385.
4. Dekou A, Konan PG, Ouegnin GA. Treatment of incarceration of the penis and scrotum *Prog Urol* 2006; 16: 623-4.
5. Carney JDD, McAninch JW. Retained penile constriction devices: management and complications. *J Urol* 2001; 165: 83.