

Case Report

Mason at a surgical mission

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Strangulation of penis and scrotum by objects for auto-erotic purpose though common may at times lead to grave complications. Removal of these objects is a challenging task. We report such a case where a mason came to our rescue following failed attempts at surgical removal.

Key words: Foreign body, penis, scrotum.

INTRODUCTION

Penile strangulation for auto-erotic purpose was first reported in the eighteenth century (Perabo et al., 2002; Patel et al., 2006). Since then sixty cases has been reported in English literature (Perabo et al., 2002; Patel et al., 2006; Pannek and Martin, 2003). Incarceration of penis and scrotum is a unique variety of urologic emergency with only three cases described previously (Table 1). We report such an entity where a masons 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 (Figure 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 the best of self 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 (Figure 2) 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 (Figure 3). 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 on out-patient 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 reported (Perabo et al., 2002; Patel et al., 2006; Pannek and Martin, 2003; Dekou et al., 2006; Carney and McAninch, 2001; Santucci et al., 2004).

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

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Table 1. Previously reported cases.

Serial number	Author	Journal
1	Perabo et al., 2002	Urology, 59: 137.
2	Dekou et al., 2006	Prog Urol, 16: 623-624.
3	Darby and David, 2010	CUAJ, 4: 76-78.



Figure 1. Strangulated penis and scrotal base with the ring.



Figure 2. Ceramic blade circular saw being used to cut the ring.

obstruction. With increasing time the arterial supply is compromised leading to penile compartment syndrome (Dekou et al., 2006; Carney and McAninch, 2001; Santucci et al., 2004).

Further neglect invites devastating complications like skin ulceration, necrosis of the spongiosum and or even cavernous tissue, urinary extravasation, fistula formation

gangrene (Carney and McAninch, 2001; Santucci et al., 2004). Even late complications following successful removal like urethral stricture and erectile dysfunction has been reported (Dekou et al., 2006; Carney and McAninch, 2001; Santucci et al., 2004). Though numerous methods of object removal have been described in the literature, none are universally applicable



Figure 3. The ring cut after disimpaction.

given the wide variation in patient presentation and type of constricting device (Perabo et al., 2002; Patel et al., 2006; Pannek and Martin, 2003; Dekou et al., 2006; Carney and McAninch, 2001; Santucci et al., 2004). 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.

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