

Penile Strangulation by Rubber Band - Case Report

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Abstract:

There are many reports of penile strangulation in the medical literature. Though this condition is not common but is definitely is of interest because of involvement of Penis. We report case of penile strangulation due to rubber band application who presented to us late after he had developed frank distal necrosis. Patient was managed with excision of necrotic tissue followed by skin grafting.

Keywords: Penis, Ischemia, Gangrene, Rubber band, Tourniquet

Introduction:

Penile incarceration, tourniquet and strangulation injuries are known to occur in adults as well as children. Various metallic and non-metallic devices are placed on penis for fun, to increase sexual performance or for self-erotic intentions and others. These objects may be ball bearings, rings, condoms, plastic bottle neck, rubber band, hairs etc. We present a case of a 30-year-old patient who presented late with gangrene of the penis due to strangulation by rubber band which is used often to increase potency and to prolong erection.

Case Report:

A 30-year-old male patient presented with distal penile gangrene due to self-application of rubber band one week before to increase sexual performance (Figure-1). On examination distal penile gangrene with clear line of demarcation was seen (Figure-2). There were no distal

sensations and multiple incisions showed no signs of any active bleeding. The patient was managed by performing excision of distal necrotic tissue and the raw area was covered by skin grafting (Figure-3&4).

Discussion:

Penile tourniquet injuries if neglected may be devastating and may culminate in frank ischemia with penile gangrene and amputation [1]. Review of literature showed several reports of penile strangulation caused by rings, nuts, hair, threads and bands, their removal and management is often not straightforward [2,3]. Though hair appears to be one of the commonest strangulating agents a rubber band was the strangulating agent in our case [3, 4]. Early recognition and removal are usually followed by complete recovery. If the tourniquet is not removed early, there may be progression to skin infection and ulceration. Therefore, it is of utmost importance for the physician to act quickly in order to prevent irreversible damage and necrosis of the

penis as occurred in present case [5]. When diagnosed very late, the dorsal neurovascular bundle may be transected, leading to the loss of sensation over the distal part of the penis with a high risk of partial or total amputation of the penis distal to the tourniquet [6, 7]. Four grades of injury were described by Harouchi and associates [8], Varying from superficial skin lesion only (Grade I) to the loss of the glans (Grade IV). In the pregangrenous stage, penile degloving, corporal aspiration and heparinization may be needed to restore pulsations distal to the strangulation. Penile Doppler flowmetry and penile arteriography and/or fluroscein angiography may aid in the evaluation of the ischaemic penis following the release of the strangulated penis. In frank autoamputation penile microsurgical re-implantation may salvage the victim if brought in time [9, 10].

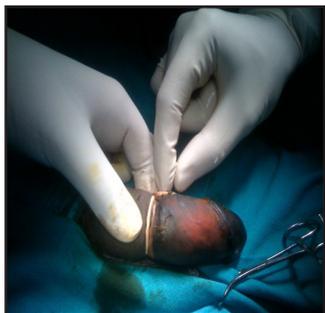


Figure 1: Rubber band with distal necrosis

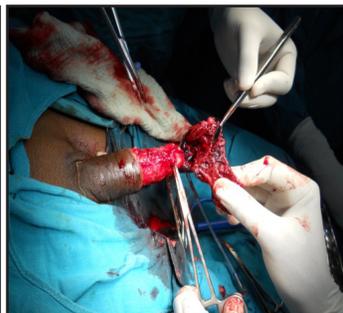


Figure 2: Excision of necrotic skin



Figure 3: Picture after excision



Figure 4: Final picture after skin grafting

References:

1. Nazir AY, Rasheed K, Moazzam F. Penile constrictive band injury. *J Pak Med Assoc* 1993; 43:135-7.
2. Kato Y, Kaneko S, Iguchi M, Kurita T. Strangulation of the penis by a ring. *Hinyokika Kyo* 1987; 33:1672-5.
3. Thomas AJ, Timmons JW, Perlmutter AD. Progressive penile amputation. Tourniquet injury secondary to hair. *Urology* 1977; 9:42-4.
4. Haddad FS. Penile strangulation by human hair. Report of three cases and review of the literature. *UrolInt* 1982; 37:375-88.
5. De Silva-Gutiérrez A, Osorio-Campos J, Arcos-Marcín M, Morales-Díaz J, Martínez-Méndez M. Glans autoamputation secondary to penile strangulation causing ischemic necrosis. *Rev Mex Urol*. 2008; 68:341-3.
6. Singh B, Kim H, Wax SH. Strangulation of glans penis by hair. *Urology*. 1978; 11:170-2.
7. Jezior JR, Brady JD, Schlossberg SM. Management of penile amputation injuries. *World J Surg*. 2001;25:1602-9.
8. Nazir Z, Rasheed K, Moazam F. Penile constrictive band injury. *J Pak Med Assoc*. 1993;43:135-7.
9. Snoy FJ, Wagner SA, Wooside JR. Management of penile incarceration. *Urology*1984;24:18-20.
10. Bhat AL; Kumar A; Mathur SC; Gangwal KC, Penile strangulation. *Br J Urol*. 1991; 68:618-21.

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