Case Report

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Bottle neck around penile neck-3 rare case reports

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ABSTRACT

A variety of metallic and non-metallic rings causing constriction to the external genitalia have been described in the literature across all ages. The adult population frequently reports erotic or autoerotic goals when intentionally placing constricting devices. In adults these constricting bands are placed deliberately by the person himself to influence blood circulation and thereby obtain prolonged erection and/or sexual pleasure. A compilation of 3 rare case presentations in the casualty of JJM Medical College Davangere were collected and studied. The present case series shows that sexual perversions can present as rare surgical emergencies and need aggressive early intervention to avoid vascular compromise and its squeal.

Keywords: Bottle neck, Penile neck, Sexual perversion

INTRODUCTION

A variety of metallic and non-metallic rings causing constriction to the external genitalia have been described in the literature across all ages. The adult population frequently reports erotic or autoerotic goals when intentionally placing constricting devices. In adults these constricting bands are placed deliberately by the person himself to influence blood circulation and thereby obtain prolonged erection and/or sexual pleasure. We report a case series where patients had used hard bottle neck as a constricting device around penile neck with varied presentation from oedema to ulceration and gangrene of the penis.

CASE REPORTS

Case 1

A 27 year old patient presented to our casualty with markedly swollen penis with history of using a plastic bottle for masturbation and prolongation of erection and sexual pleasure 6 hours before presenting to the casualty.

On examination the bottle neck had tightly constricted the base of the penis. The penis was swollen and edematous. No dribbling of urine or gangrenous changes had started. No change in skin colour or texture or alteration of sensation was noted. We inserted artery forceps under the constricting ring and opened the artery forceps following which we used scalpel blade no 22 and heated it to cut the hard plastic.



Figure 1: Case 1 which presented after 6 hours to casualty.

The penis was cleaned with povidone iodine solution and cathetarised with 16Fr Foleys catheter to avoid any urethral fistula and penis was dressed with glycerine magsulfate gauze piece (Figure 1).

Case 2.

A 36 year old patient brought by relatives to our casualty who was a known case of delusional psychoses had used a bottle neck for micturition and got stuck around the base of the penis. On examination no changes in skin colour or ulceration or pre-gangrenous changes were noted.

Constriction ring was present near midpenile shaft and distal penis was swollen. We inserted artery forceps under the constricting ring and opened the artery following which we used scalpel blade no 22 and heated it to cut the hard plastic.

The penis was cleaned with povidone iodine solution and cathetarised with 16Fr Foleys catheter to avoid any urethral fistula and penis was dressed with glycerine magsulfate dressing.



Figure 2: Neck of the bottle in the midshaft of penis.

Case 3

A 78 year old patient presented with use of bottle for micturition as he had complaints of dribbling of urine continuously.

On examination base of the penis had a tight constricting ring with swollen odematous distal penis with ulceration and pre gangrenous skin changes with Doppler showing vascular compromise as patient presented 20hrs after the incident.

On thorough psychiatric examination patient was found to have sexual perversion and history of similar bottle neck use in the past was elicited.

Doppler showed vascular compromise and gangrenous changes so penile amputation was done.



Figure 3: Vascular compromise and early gangrenous changes.

DISCUSSION

Penile entrapment caused by metallic and non-metallic constricting devices leads to various range of injury. Metallic device causes more injury than non-metallic.³ Penile incarceration from metallic and non-metallic objects has been reported throughout the world since 1755. The largest series reported by Dakin in 1948⁴ In 1755, Gauthier reported the first case of a foreign body externally applied to the penis.⁵ Various methods have been described for removal of constricting devices. When choosing a method, the material to be removed, severity of penile injury and availability of tools must be taken into account.⁶

Penile edema/ulceration/gangrene due to constriction by a bottle neck is a rare urological emergency. Bhat et al graded these injuries as follows³

- GRADE I: Oedema of distal penis. 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 oedema 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.

The severity of damage depends on the time interval between initiation of the foreign body causing anatomical and physiological disruption to the penile circulation and removal of the constricting device. Because each corpus cavernosum has an individual artery, and the thickness of Buck's fascia and corporeal tissue resists pressure on the deep vessels, gangrene is an uncommon presentation.⁷ The superficial skin devoid of subcutaneous tissue is first to be affected. Besides local complications of penile

strangulation, systemic complications include renal failure due to obstructive uropathy, etc may occur.8

CONCLUSION

Thus, our case series shows that sexual perversions can present as rare surgical emergencies and need aggressive early intervention to avoid vascular compromise and its sequelae. Such rare 3 case reports in a short span of time indicate the increasing sexual perversions in the society and the need of time is inter-medical departmental broad approach to tackle such emergencies and re-instate such patients in the society.

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