

## Case Reports

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**PENILE FOREIGN BODIES**

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**Summary.-** OBJECTIVE: To describe 8 cases of penile foreign bodies.

METHODS/RESULTS: We provide an essentially visual overview of various objects or foreign bodies affecting the penis.

CONCLUSIONS: The presence of penile foreign bodies is rarely due to an accident. These objects are placed for a wide variety of reasons, but primarily for erotic or self-arousal purposes. The consequences of penile foreign bodies can be mild or very severe, resulting in penile amputation.

**Keywords:** Penile. Foreign body. Urethra.

**Resumen.-** OBJETIVO: Mostrar 8 casos de cuerpos extraños en pene.

MÉTODOS/RESULTADOS: Realizamos una presentación fundamentalmente visual de variados artilugios o cuerpos extraños de ubicación peneana.

CONCLUSIONES: Raramente la existencia de cuerpos extraños peneanos se debe a accidentes. Los cuerpos extraños en pene son colocados por muy diversas razones, destacando principalmente dentro de actividades eróticas o autoeróticas, pudiendo tener consecuencias desde leves, a casos en los que puede acabar en amputación peneana.

**Palabras clave:** Pene. Cuerpo extraño. Uretra.

**INTRODUCTION**

We present 8 cases of penile foreign bodies that had been self-inserted by the patient or, in the case of piercings, by nonmedical personnel. Most were for sexual reasons; only one case was the result of an accident. This report is essentially visual and each case is described only briefly.

**PATIENT 1**

A 28-year-old patient went to the emergency room when he found it impossible to remove a metal ring he had placed on his penis 16 hours earlier. (This case was reported as a clinical note 3 years ago by our group<sup>1</sup>). The steel ring was 0.4-cm thick, had an inner diameter of 2 cm, and was located in the middle third of the penis (Figure 1-A) He did not wish to specify the purpose of placing the object.

The patient was sedated with midazolam, and local anesthesia was applied, similar to that used in a posthetyomy.

## CORRESPONDENCE



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FIGURE 1A.



FIGURE 1B.

An initial attempt to reduce the edema was not effective. We tried different instruments, such as jewelers' saws, gouges, and a Gigli saw, but were unable to section the ring (the Gigli saw broke after 2 or 3 movements). The staff of the hospital workshop provided us with shears (Figure 1B, 1C, and 1D), and the ring was sectioned at two points, a portion of the ring was removed, and the penis was released from the ring, with small cutaneous lesions that required some sutures. Twenty-four hours later, the penis had a normal appearance and the patient was discharged.

### PATIENT 2

A 74-year-old patient with arthrosis deformans of the hands had great difficulty directing the urinary stream and often wet his clothing. The patient's daughter urged

him to solve the problem in some way; hence, he used a wedding ring and the tap washer as a urethral occlusion device (Figure 2A, 2B, 2C).

### PATIENT 3

A 50-year-old patient inserted a cable resembling those used for bicycle brakes into the urethra for sexual or masturbatory purposes (Figure 3A), but was unable to remove it by pulling. Bulging was palpated in the urethra at the penoscrotal angle, where the cable appeared to be trapped. Urethrotomy was performed at this area, and the existence of a loop or knot that hindered removal of the cable was confirmed (Figure 3B, 3C). The postoperative was unremarkable, and an absence of stenosis was documented by urethrography at 3 months.



FIGURE 1C.



FIGURE 1D.



FIGURE 2A.



FIGURE 2B.

**PATIENT 4**

A 32-year-old patient went to the emergency room for nonspecific abdominal pain; the examination revealed peculiar nodules in the penile skin. On questioning, the patient admitted that he had progressively self-implanted silicone balls through small incisions to improve sexual performance (Figure 4).

**PATIENT 5**

A 30-year-old patient consulted for micturition symptoms and urinary infection. He had several piercings on various parts of the body; one piercing had perforated the urethra at the fossa navicularis and exited through the meatus, creating a urethral fistula at the coronal level (Figure 5-a, 5-b). It had been placed under local anesthesia by non-medical professionals engaged in these activities.



FIGURE 2C.

**PATIENT 6**

A 25-year-old man consulted for erectile dysfunction; the examination revealed a piercing in the frenulum (Figure 6) that had been placed by a friend.

**PATIENT 7**

A 24-year-old patient with no history of interest was seen in the emergency room for a jagged wound, 3 to 4 cm

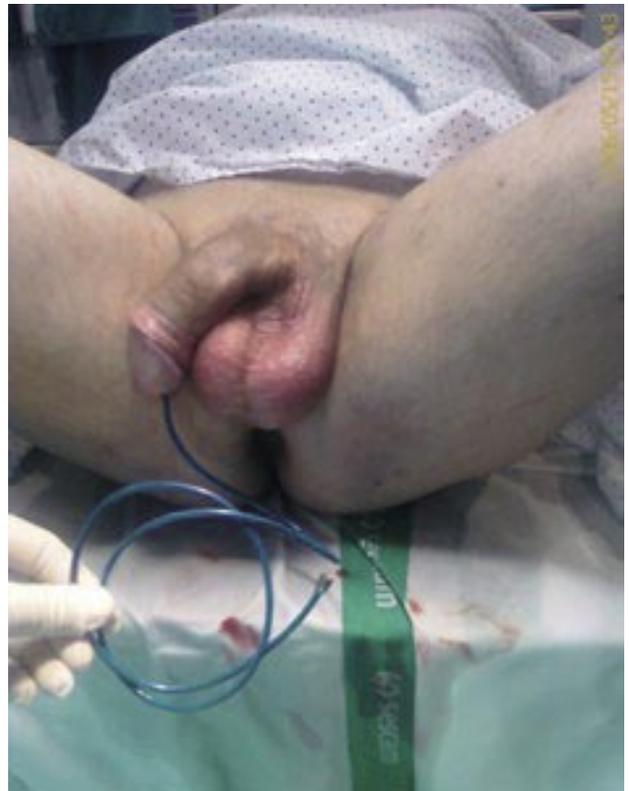


FIGURE 3A.



FIGURE 3B.



FIGURE 3C.

in length, located in the dorsolateral middle region of the penis. Initially, he did not clarify the trauma mechanism. The wound was examined in the emergency room under local anesthesia and found to be deep, affecting all penile layers, with an opening of the cavernous body of approximately 2 cm. While cleaning the wound, we

observed small fragments of a material resembling clay or porcelain, which we were unable to precisely identify at that time. The cavernous body, other layers, and skin were sutured. The postoperative was unremarkable except for a moderate penile hematoma. Three weeks later, at the first outpatient visit, the patient was again



FIGURE 4.



FIGURE 5A.



FIGURE 5B.



FIGURE 6.

questioned about the mechanism that produced the injury and admitted that he had introduced the penis into a narrow-necked ceramic bottle as a masturbatory maneuver, but it had become trapped and he could not withdraw it. He then broke the bottle with a hammer, at which point the fragments produced the injury. He reported no erectile dysfunction problems at a later follow-up visit. Because no photographs of this case are available, drawings are provided (Figure 7A, 7B, 7C).

#### PATIENT 8

A 65-year-old patient had experienced a hunting accident in which several shotgun pellets were embedded into subcutaneous tissue in various parts of the body. One of the pellets became lodged in the glans and caused profuse bleeding that ceased rapidly with compression. We saw him in the outpatient department, where he had come for mild prostatism several years after the

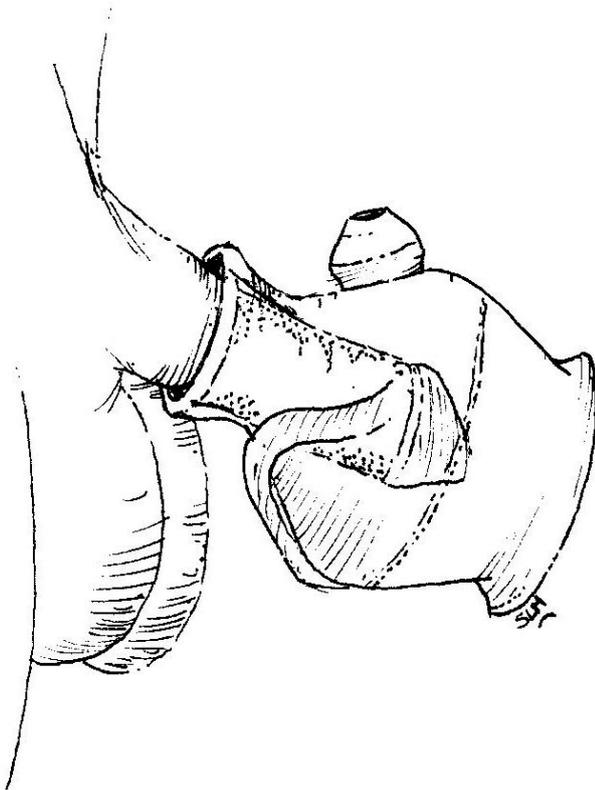


FIGURE 7A.

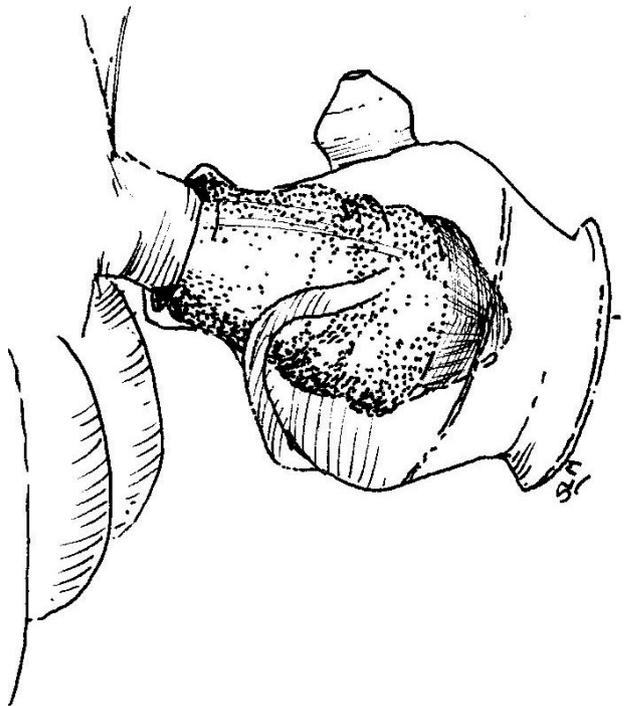


FIGURE 7B.

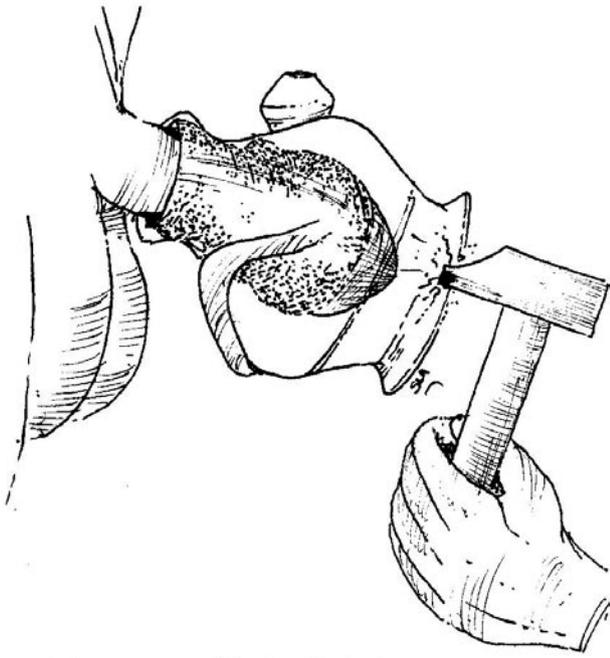


FIGURE 7C.

accident. The patient mentioned that he had never experienced discomfort.

## DISCUSSION

A number of reports in adults have described placement of objects or devices on the penis, in most cases to enhance sexual satisfaction by attempting to prolong erection. These reports describe the use of rings, rubber bands, metal nuts, bearings, self-circumcision devices,

and even hair (2). Additionally, several cases have been published on penile injuries resulting from erectile dysfunction treatment with vacuum-constriction systems, due to improper, prolonged use of such systems (3). Some reports describe cases in which a variety of foreign bodies (ballpoint pen, plant roots, wires, plastic tubes, etc) had been introduced into the urethra for onanistic purposes (4). This is less common in boys, although penile entrapment injuries can occur from misuse of devices to treat enuresis or incontinence, (2,5) and there are reports of self-insertion of foreign bodies into the urethra prompted by curiosity or self-examination (6).

Some of these objects can produce penis strangulation and, depending on the time of evolution, can become a vascular emergency, initially because venous drainage is impeded, and later because the arteries become involved. The clinical manifestations range from simple edema to necrosis and gangrene, which require complex operations and, in some cases, amputation of the member (7,8).

The treatment in cases of entrapment requires urgent action to prevent further injury; severity will be greater, the longer the constricting object is in position. In some cases, an attempt will be made to reduce the penile edema (1,9-11). If this is unsuccessful, the object must be cut using an appropriate instrument for the material and thickness of the item. Some of the tools used are from the trauma department or the hospital workshop, and include drills, hammers, chisels, saws, radial saws (10-13), gouges, and metal shears. Patients 1 and 2 of our series fall into this group. Other patients require surgery, such as patient 3 of our series, who underwent urethrotomy to remove an intraurethral foreign body. Some patients will need treatment for the injuries caused by a foreign body; for example, patient 7 of our series experienced cavernous body rupture that required suturing. Other in-

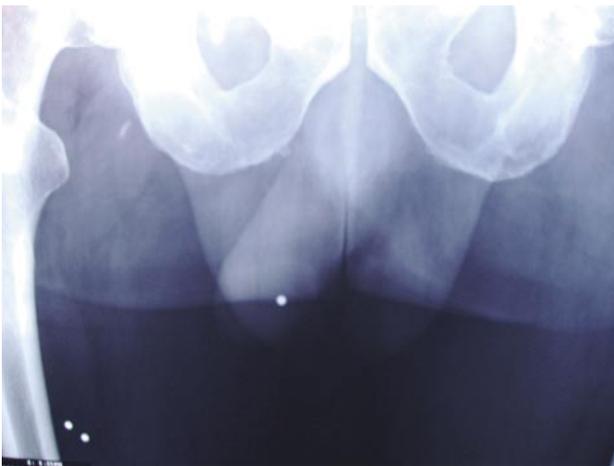


FIGURE 8A.



FIGURE 8B.

juries, such as those occurring in patients 4, 5, 6, and 8, require no treatment and are mere curiosities, unless infection occurs.

Some patients with penile foreign bodies present psychiatric conditions. 4,6,8,12 None of our patients had an obvious psychological history, and only the second patient appeared to have mild dementia.

## CONCLUSIONS

The presence of penile foreign bodies is rarely due to an accident. These objects are placed for a wide variety of reasons, but primarily for erotic or self-arousal purposes. The consequences of penile foreign bodies can be mild or very severe, resulting in penile amputation.

## REFERENCES AND RECOMENDED READINGS

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