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Case report

Disintegrating perineal disease: A variant of watering-can perineum



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KEYWORDS

Watering can perineum;
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Abstract

Watering-can perineum is a known complication of inflammatory urethral stricture disease. We report a case of disintegrating perineal disease, a fulminant variant of watering-can perineum, in an immunocompetent patient.

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Case

A 66-year-old male presented with swelling of scrotum and multiple discharging sinuses in inguinal region, scrotum, and perineum for last five years. He gave history of difficulty in voiding thirteen years ago. He underwent multiple urethral dilatations for his voiding difficulty thirteen years ago. After urethral dilatations he was apparently voiding with satisfactory flow. Five years ago he developed swelling in penoscrotal region that gradually increased with appearance of multiple discharging sinuses. On examination whole of scrotal, perineal, and inguinal skin was showing scarring, inflammation, induration, and disfigurement (Fig. 1). His evaluation

for urinary tract tuberculosis, actinomycosis was negative. Micturating cystogram showed multiple intercommunicating fistulae in perineum (Fig. 2).

Discussion

Watering-can perineum refers to urination through multiple urethrocutaneous fistulae in perineal region. Fulminant, long-standing purulent inflammation associated with watering-can perineum has been described in immunocompromised patients [1]. Due to stricture urine extravasates into periurethral glands leading to periurethral abscesses, that when burst on skin, form urethrocutaneous fistulae. Entity was common in the era of gonococcal urethritis [1]. Other described causes of watering can perineum are balanitis xerotica obliterans, tuberculosis of urethra or schistosomiasis [2]. Fungal infections (Eumycotic mycetoma or Actinomycotic mycetoma) and Lymphogranuloma venereum (LGV) infections can mimic watering can perineum by presenting as multiple discharging sinuses [3]. However these sinuses discharge black, pale, or red grains without

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Figure 1 (Panel A) Scarring (black arrow), inflammation, and disfigurement of scrotal skin, (Panel B) multiple urethrocutaneous fistulae (white arrows), and (Panel C) purulent discharge from fistula.



Figure 2 Micturating cystogram through suprapubic cystostomy showing contrast from proximal urethra extravasating to skin through multiple intercommunicating tracts.

showing any communication with urethra. Treatment of watering can perineum is suprapubic urinary diversion and delayed urethral reconstruction once infection and inflammation is settled.

Conclusion

Patients with urethral stricture should be on long-term follow up. Early recognition and management of stricture disease can prevent devastating morbidity associated with disintegrating perineal disease.

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Conflict of interest

None.

References

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