

Case Report **Penile Strangulation by Home-Made Erectile Device**

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ABSTRACT

A 44-year-old man was admitted with penile edema and pain after having forced a narrow ring of cast iron around the base of his penis five days earlier. He was able to void without problems and there was no evidence of urinary retention. The patient, his general practitioner, and a general surgeon failed to remove the ring by various compression maneuvers. The patient was admitted to the department of urology. However, we had no instruments in our armamentarium capable of cutting cast iron. We contacted the engineering workshop of the hospital, where the engineers recommended the use of an electric iron saw. In order to protect the soft tissue from the sharp teeth of the saw a metal blade covered with a rubber sheet was passed under the iron ring. To prevent heating the saw blade was irrigated with cold water. The patient was given a muffler to protect his hearing. The ring was cut in two places and could be removed without damage to the skin. The patient was discharged the next day. One year later he reports having normal erectile function and no voiding problems.

Keywords: Penis, strangulation, erectile dysfunction.

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INTRODUCTION

A vacuum erection pump and rubber ring is a useful mechanical measure in erectile dysfunction, frequently prescribed by urologists. However patients themselves are developing a lot of similar remedies for achieving sexual stimulation. The aim of this paper is to report a patient who was unable to remove a home-made erectile device of cast iron for five days after application.

CASE REPORTS

A 44-year-old unmarried man with a university degree was admitted with a ring of cast iron around the base of his penis. He had used this ring several times and usually there were no problems removing it after

ejaculation. However, this time he could not remove the ring himself. He went to his general practitioner who tried to squeeze the penis and force it backwards through the ring. The same maneuver was tried in the emergency department, but without success, and the patient was referred to the department of urology.

He presented with a significantly swollen and red penis measuring 7 cm in diameter and 15 cm in length distal to the ring which had an inner diameter of 25 mm, length of 38 mm and no internal threads. It was conical and the greatest wall thickness was 20 mm. The patient reported having no voiding problems and there was no evidence of urinary retention.



Fig. 1: Ring of cast iron around the base of the penis that was not removed for four days. The penis measured 15 cm in length and 7 cm in diameter distal to the ring.



Fig. 2: Cutting the ring with the steel saw under continuous irrigation. A protective blade is placed inside the ring.



Fig. 3: The ring has been cut in two places and the forward part removed. An indentation of the penile shaft is seen. The skin is intact.

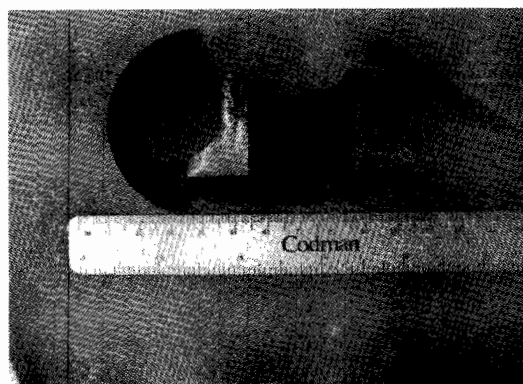


Fig. 4: The cast iron ring measuring 25 mm in internal diameter, 20 mm in greatest thickness and 38 mm in length.

We realized that we had no instruments in the operating room for cutting cast iron and contacted the department of mechanical engineering, who recommended using an electric iron saw. We expected development of heat and feared thermal injury to the penis. We were also afraid that the sharp teeth of the saw blade could injure the penis. To prevent this, a blade of metal covered with a rubber coating was passed underneath the ring, and the saw blade was irrigated with cold water during the procedure. The patient was given a muffler to protect his hearing. The question arose as to who should cut the ring, the urologist having experience with operations on the penis, or the engineer having experience with the use of the electric iron saw? It was decided that the urologist should do the "operation" assisted by the engineer.

The patient was given spinal anesthesia and the ring was cut in two places without soft tissue damage (Fig. 1- 4).

The next morning the penis showed a few circular, superficial wounds from the ring and was still edematous (Fig. 5). The patient was discharged. He was offered an outpatient follow-up visit, but did not attend. One year later he reports normal erectile function and has no problems passing urine.

DISCUSSION

Penile injuries are rarely seen, compared to injuries of other parts of the body. Most penile injuries occur during normal sexual



Fig. 5: The morning after removal of the ring.

activity, e.g. penile fracture with rupture of the corpus cavernosum. Penile injury may also occur after the use of various home-made measures to improve sexual satisfaction, such as flower vases and vacuum cleaners. Self-mutilation of sexual organs is also seen in psychiatric patients. Vacuum erection devices and penile rubber rings are recommended for temporary erectile dysfunction, e.g. after radical treatment of prostate cancer. Severe complications with strangulation, skin necrosis and urethral bleeding have also been reported after using these officially licensed medical products¹.

In the present case a well-educated man ignored an obvious risk of damaging his penis in order to increase sexual satisfaction. Even though the penis was considerably edematous, the urethra was not compressed and the patient could pass urine without problems.

The penis achieved a significant increase in length, mostly due to foreskin edema. The ring of cast iron could be cut with an electric saw without damaging the edematous penis. A rubber sheet was chosen for protection, as we expected that the soft rubber would fill the small gaps between the teeth of the

saw blade and thereby reduce the risk of damaging penile tissue. Heat development was prevented by water irrigation. There seems to be no permanent damage to the patient's erectile function.

Ivanovski et al. recently reported two similar cases with a worse outcome². One 70-year-old patient presented with infected gangrene of the penis caused by strangulation with a plastic bottleneck for a period of 4 days. The patient had urinary retention and uremia. A total penile amputation was performed, and a perineal urethrostomy was constructed. The other case was a 64-year-old patient admitted with a grossly swollen and red penis. He had a 30 mm wide and 3 mm thick steel ring around the base of his penis, which was covered with fibrotic skin. The urologist was not able to cut the ring with a steel saw and had to excise the penile skin before the ring was removed intact².

Erectile dysfunction is reported by 60% of Norwegian men older than 40 years³. A lot of people live in small, close-knit societies that may prevent men from seeking medical advice for erectile dysfunction. However, men should be warned against using a home-made device like a metal ring around the base of the penis, whether it is for masturbation, for improving erection or obtaining increased penile length.

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