Case Report

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CHRONIC PENILE STRANGULATION

ROBERTO I. LOPES, SILVIA I. LOPES, ROBERTO N. LOPES

Women's Beneficent Society, Syrian and Libyan Hospital, São Paulo, SP, Brazil

ABSTRACT

Chronic penile strangulation is exceedingly rare with only 5 cases previously reported. We report an additional case of progressive penile lymphedema due to chronic intermittent strangulation caused by a rubber band applied to the penile base for 6 years.

A 49-year-old man presented incapacity to exteriorize the glans penis. For erotic purposes, he had been using a rubber-enlarging band placed in the penile base for 6 years. With chronic use, he noticed that his penis swelled. Physical examination revealed lymphedema of the penis, phimosis and a stricture in the penile base. The patient was submitted to circumcision and the lymphedema remained stable 10 months postoperatively.

Chronic penile incarceration usually causes penile lymphedema and urinary disturbance. Treatment consists of removal of foreign devices and surgical treatment of lymphedema.

Key words: penis; lymphedema; compression; device
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INTRODUCTION

While penile incarceration with foreign bodies is generally acute and common enough to be seen by most urologists throughout their careers, chronic penile strangulation by the same mechanism is exceedingly rare and to our knowledge only 5 cases have been reported in the literature (1-3). We report a case of progressive penile lymphedema due to chronic intermittent strangulation caused by a rubber band.

CASE REPORT

A 49-year-old single white man was admitted to the hospital because of his incapacity to exteriorize the glans penis. Approximately 6 years prior to admission, he began to use a rubber-enlarging band, acquired in a sex shop, in order to enhance sexual experience and to prolong erection. The rubber-band with 2-cm in diameter was placed in the penile root for approximately 3 hours, 3 to 4 times a week, during the night. With chronic use, he noticed that his penis swelled and that he was unable to ejaculate, but he could maintain prolonged erections, usually over 4 hours without any episode of priapism. He was extremely satisfied with his sexual performance and genital appearance. Two years after the beginning of the rubber band usage, he observed progressive penile swelling and an incapability of exteriorizing his glans penis one year later. However, he only decided to seek medical assistance after 3 years. He denied previous episodes of urinary infection and voiding dysfunction.

Physical examination revealed lymphedema of the penis without scrotal involvement (Figure-1). The penis was covered with dark brown hypertrophic skin and it had a 6.7 cm in diameter. A stricture could be observed in the penile base corresponding to the place on which the band was applied. Phimosis was

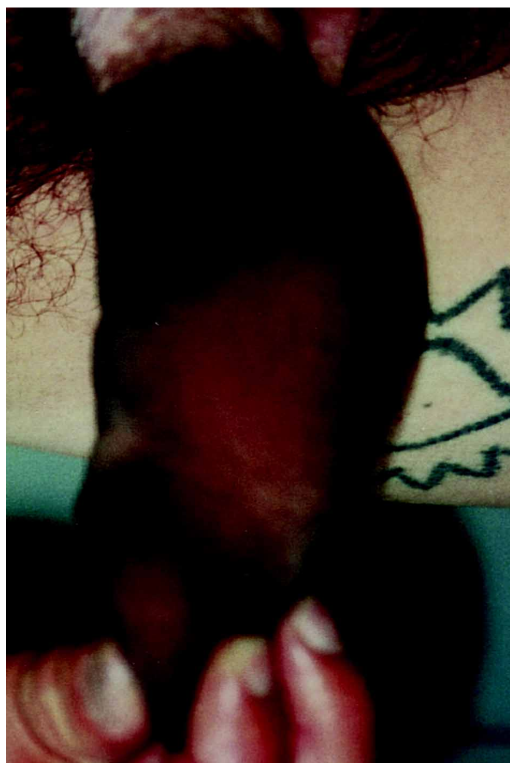

***Figure 1 -** Penile lymphedema caused by chronic strangulation.*

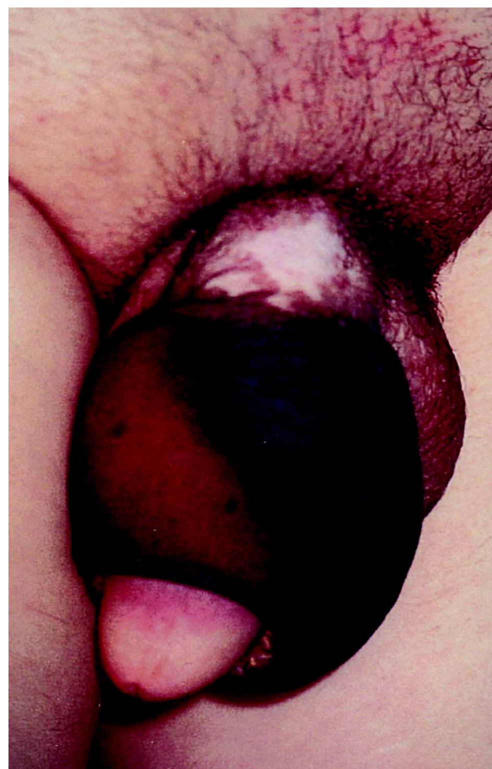

***Figure 2 -** Cosmetic result after circumcision.*

present. No skin ulceration, urethral injury, loss of sensation or other alterations were noticed. Urinalysis and urine culture were not suggestive of urinary tract infection.

The patient was advised to stop immediately the rubber-band usage and a month later, we performed a circumcision. Cosmetic result was acceptable (Figure-2) and the patient stated he was well satisfied with function and appearance. Lymphedema remained stable 10 months postoperatively.

COMMENT

Chronic penile strangulation by foreign bodies may be the result of the impossibility to remove the object applied to the penis (1,2) or caused by inappropriate usage of devices developed for autoerotic purposes and to prolong erection (3) that may be regularly acquired at specialized shops.

Chronic penile incarceration usually led to penile lymphedema and may also cause voiding dysfunction (1), urinary infections (1,2), skin ulcerations (1), necrosis (1), urethral cutaneous fistula (2) and colonization of hypertrophic skin (3). Treatment consists of removal of foreign devices and/or medical orientations on the correct usage of erection devices. Surgical treatment of lymphedema may involve lymphangiectomy with covering of denuded areas with skin flaps or full and split skin grafts (3), and in some cases, penectomy and circumcision may be indicated (1,2).

In the present case, we did not indicate removal of all lymphedematous tissue because the patient was satisfied with his penile appearance and sexual performance since the onset of penile lymphedema.

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Correspondence address:
Dr. Roberto Iglesias Lopes
Rua Baronesa de Itu, 721 / 121
São Paulo, SP, 01231-001, Brazil
Fax: + 55 11 3666-8266
E-mail: robertoiglesias@ terra.com.br