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Penile Strangulation by a Metal Ring in a Child

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Abstract

Introduction: Penile strangulation by a foreign body is a rare but potentially serious urological emergency. Although often associated with autoerotic practices in adults, it occurs mainly in children by accident or play.

Observation: An 11-year-old boy was admitted with penile pain and dysuria after a metal ring (ball bearing) was inserted around his penis during play. Examination revealed a swollen, erythematous penis with phlyctenes and a cyanotic glans. The diagnosis was penile strangulation with grade 1 lesions. The ring was removed using the sliding technique. No post extraction complications were noted.

Discussion: In contrast to adults, children most often introduce objects around their penis out of curiosity. The objects involved are varied (toys +++). The DAWOOD classification in 03 grades is useful for the assessment of lesions. Complications can be serious but can generally be avoided with prompt intervention. Removal techniques vary according to the object and the patient's condition.

Conclusion: Penile strangulation in children requires prompt management to avoid serious complications. A preventive approach through education about the dangers of inserting objects around the penis is desirable.

Introduction

Penile strangulation by a foreign object is a rare but potentially serious urological emergency requiring prompt and appropriate management. It can jeopardize the functional prognosis of the penis and even the patient's life [1,2]. It is often seen in adults in the context of autoeroticism but can also occur in children, usually by accident or during play [2]. This type of incident can lead to severe complications, such as irreversible tissue damage, necrosis, or even gangrene of the penis if intervention is delayed [3]. We report a case of an 11-year-old boy who presented with penile strangulation by an unusual object. Through this case, we will highlight the circumstances, clinical signs, potential complications, and removal methods, comparing the characteristics observed in children and adults.

Case presentation

The patient was an 11-year-old prepubescent boy (Tanner stage 1) with no significant psychiatric history or enuresis, admitted for penile pain and dysuria after introducing a metal ring around his penis during play, seven hours before admission. Home removal attempts using lubricants were unsuccessful. Examination upon admission revealed a swollen, erythematous penis with blisters, a cyanotic glans, and a metal ring (ball bearing) at the base of the penis (Figure 1). Glans sensitivity was preserved, and there was no bladder distention. A diagnosis of grade 1 penile strangulation according to Dawood's classification was made. The ring was removed under general anesthesia using the slipping technique after decompressing the corpora cavernosa by puncture. The glans recolored post-removal (Figure 2), and there were no complications during follow-up.

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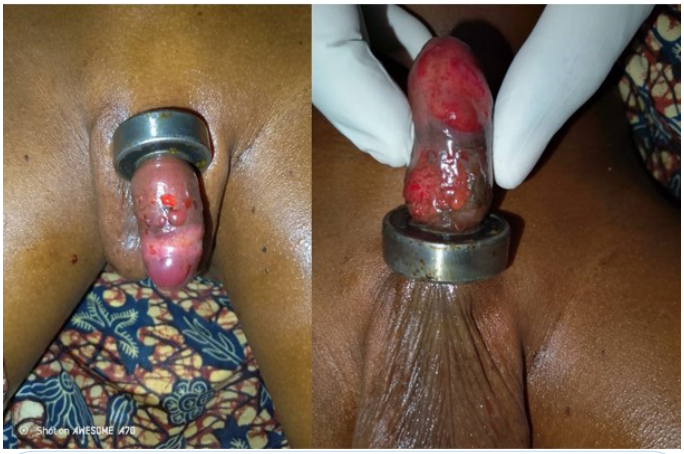

Table 1: Image showing a metal ring (ball bearing) at the base of the penis.

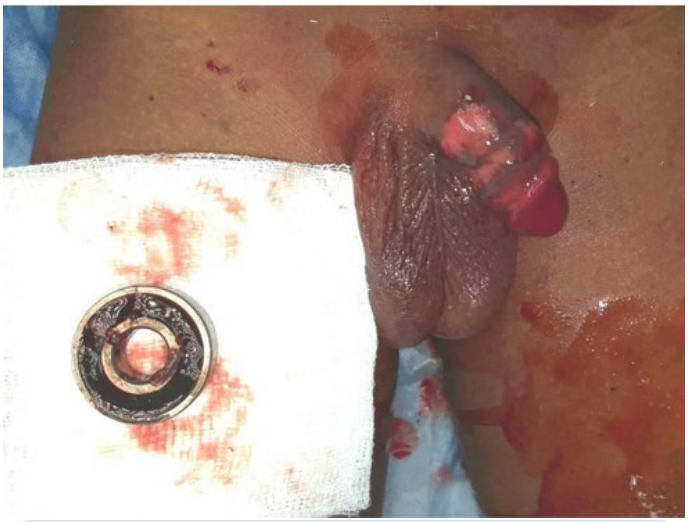

Table 2: Recolored glans after the metal ring removal.

Discussion

In children, penile strangulation is often accidental, resulting from natural curiosity or playful activities [1,3]. Unlike adults, where these incidents are typically associated with autoerotic practices or psychiatric disorders [3,6,8,9], children lack the same sexual intentionality, as seen in this case where an 11-year-old boy with no psychiatric history inserted a metal ring around his penis during play. The most commonly involved objects in penile strangulation in children are toys, elastics, and rings made of various materials [2,9]. Notably, cases of penile strangulation by hair have been reported in children with enuresis, often intentional (by the child or parent) to prevent bedwetting [9]. In this case, the causative agent was a metal object, specifically a ball bearing. The use of such a hard and potentially abrasive object presents particular challenges in terms of removal.

The clinical presentation depends on the degree of strangulation and duration. Typical clinical signs of penile strangulation include intense pain, dysuria, peno-glanular edema, erythema, and glans cyanosis. Prolonged strangulation can lead to penile ulcerations, skin necrosis, and even amputation in extreme cases [1,6]. In this case, clinical examination revealed a swollen and erythematous penis with a cyanotic glans, indicating local ischemia.

Dawood et al.'s revised classification [4] in three grades is the simplest to apply in routine practice, as it depends solely on clinical examination. It can thus be used in emergencies. Grade 1 corresponds to superficial tissue injury with distal edema. Grade 2 indicates deep tissue injury, and grade 3 corresponds to tissue loss, gangrene, erosion of the corpora cavernosa, or urethral fistula. The absence of bladder distention and the grade 1 lesions found in our patient were likely due to the relatively short delay before consultation.

When the consultation delay is long and the constriction severe, one may encounter a necrotic or ulcerated penis or, in extreme cases, amputation [4,6,8]. Home extraction attempts are common but usually fail and tend to aggravate skin lesions [1,8]. The hospital becomes the last resort, with patients and their families often arriving highly anxious. Two main groups of techniques can be used to remove strangling objects: the slipping technique and the ring-cutting technique (using a saw, ring cutter, bolt cutter, or metal grinder) [1,5,7,9]. The choice of method depends on the object's nature, its location on the penis, the grade, and the available equipment [1,5,7-9]. In this case, the slipping technique was chosen due to the bearing's thickness and grade. Intracavernous puncture allowed for effective and safe decompression of the penis.

It is noteworthy that this child had no psychiatric history, contrasting with some adult cases where psychiatric disorders may contribute. In such cases, lesions are usually severe due to delayed presentation [2,3].

Conclusion

Penile strangulation by a foreign object in children, although rare, requires prompt and appropriate management to avoid serious complications. Removal methods must be adapted to the object's nature and the patient's clinical condition. Awareness campaigns for children and especially adolescents about the dangers of inserting foreign objects around the penis could help prevent such incidents, although they are rare.

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