

# Penile strangulation: An unusual sexual practice that often presents an urological emergency

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## CASE 1

A 38-year-old man of Moroccan nationality presented to the emergency department with the problem of penile strangulation. He had inserted a metallic ring over his penis for two hours for autoerotic purpose and subsequently was unable to remove it due to progressive penis swelling. The ring was stuck at the root of his penis, causing an edema (Figure 1).

Inspection of the genitalia demonstrated a tightly encircling steel cuff on his engorged penile shaft.

The ring could not be removed because of the genitalia swelling. There were difficulties in urine passage but no damage to the underlying skin.

The metal ring could not be dislodged even after aspirating 40ml of blood from the corpus cavernosum with a butterfly needle.

After consultation with orthopaedic surgeon, a cutter was deployed.

With the patient under general anesthesia, the metallic ring was cut on one side and widened slowly with a small metal spatula (Figure 2, 3).

The patient was spontaneously voiding per urethra, without difficulty, immediately after the constricting ring was removed.

A final color-Doppler sonography showed an unhindered blood flow without thrombosis in the cavernous body.

The patient's recovery was quick and he was discharged the day after when the penile edema had subsided.

## CASE 2

A 66-year-old man Caucasians came at the emergency room with a metal bearing on his penis that had been in place for 5 hours. His wife had placed the bearing on the coronal sulcus of penis after intercourse so that he could achieve another erection.

They tried to remove the bearing with soap and oil without any result. The penis was markedly swollen and dark bluish, but there was no difficulty in urine passage. Local anesthesia with 10 ml of 2% lidocaine was administered circumferentially in the penile shaft.

The penis glans softened after 20 ml of blood aspiration with a butterfly needle and removed bearing.

After removing the metal bearing, the circulation was quickly restored to the intact penis and swelling was gradually subside. The patient underwent an uneventful recovery.

## CASE 3

A 45-year-old insulin-dependent diabetic man with significant peripheral neuropathy had a 3-year history of erectile dysfunction.

He was initially started on intracavernosal agents but became dissatisfied and a vacuum erection device (VED) was prescribed. After 3 months of correct VED use, the patient presented to the emergency room complaining of pain and swelling of his penis and scrotum secondary to an incarcerated penile constriction device (a plumbing pipe) placed 10 hours before during a sexual intercourse.

He unsuccessfully tried to remove the object starting to have frequency of micturition that could have eventually lead to a total inability in the urine passage. Severe edema of the glans, distal penis and scrotum was present. Multiple attempts to relieve the distal penile edema under local anesthesia failed. Attempts to remove the pipe with the cutter and orthopaedic saw were unsuccessful due to the thickness of the pipe.

We contacted the fireman who used a non-medical device: an electric saw. It was not possible to place a protective metal tongue in order to prevent injuries to the penile skin.

Finally pipe was removed cutting it in two pieces with the electric saw.

The patient was catheterised and a total of 800 ml of urine was drained.

Antibiotic therapy with ciprofloxacin 1000 mg per day for 10 days was administered to prevent infection in the ischemic and macerated genitalia tissue from the perineal skin flora. He was discharged two days after the catheter removal.

One week later the patient did not come to the programmed follow-up, therefore we have no information about the possible consequences after some time.



**Figure 1.**

Case 1.  
Photograph shows a metallic ring at the base of the penile shaft.



**Figure 2.**

Case 1.  
Photograph shows the attempt to cut the metallic ring with a cutter.



**Figure 3.**

Case 1.  
Ring cut after removal.