

·Case Report·

Prolonged penile strangulation with metal clamps

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Abstract

Various different objects have been reported to strangulate the penis. We reported on a patient who used metal radiator clamps for an extended period of time. Workup included history, physical examination and urinalysis. The patient was taken to the operating room for further evaluation with cystourethroscopy and orthopedic wire cutters were used to break the metal bands. (*Asian J Androl* 2006 Jan; 8: 105-106)

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1 Introduction

In the published literature there were numerous reports of various foreign objects being used to strangulate the penis [1, 2]. However, there have been no previous reports of long-term penile strangulation with metal radiator clamps for the self-treatment of penile fracture. We reported the management of such a case.

2 Case report

A 45-year-old man presented to the emergency room (ER) at the Lyndon Baines Johnson Hospital requiring the removal of two clamps that had been placed over his penis for 6 months, ostensibly for a “fracture” sustained from a fall. The patient denied any hematuria or urinary symptoms, except occasional dysuria. However, he did inform us that he had suffered with erectile dysfunction

since the penile “fracture” had occurred. The medical history of the patient included bipolar disorder, but there was no surgical history. The only medication the patient was taking was Divalproex sodium. Physical examination revealed that the patient had been circumcised and that his scrotum appeared normal. On the shaft of his penis, just proximal to the corona, were two metal radiator hose clamps in a tandem arrangement. There was



Figure 1. Two metal radiator hose clamps encircling the penis.

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significant overgrowth of the skin through the clamps, and the screws securing the clamps were rusted (Figure 1). Laboratory studies including urinalysis were negative. A tetanus shot was given to the patient in the ER and a retrograde urethrogram was obtained. It revealed no urethral stricture or contrast extravasation. The patient was taken to the operating room (OR) and under general anesthesia, the hypertrophied skin was excised off the clamp. There were no urologic instruments available that were suitable for breaking the metal bands, but after searching through the various surgical sets in the OR, wire cutters from the orthopedic set were chosen. Cystoscopy was performed after the clamps were removed to examine the urethra and bladder; no mucosal abnormalities were seen. Even though it was difficult to ascertain if the patient had sustained a penile for 6 months, an examination of the penis after the clamps were removed did not reveal any palpable defect in the tunica albuginea. Wet-to-dry dressings were applied to the denuded skin. The patient was scheduled for follow-up, which included a psychiatric evaluation and an evaluation of erectile dysfunction. Unfortunately, the patient did not return to the hospital for the follow-up after discharge.

3 Discussion

The application of various strangulating devices, both metal and non-metal, has been described in previously published case reports. Perabo *et al.* [1] reported a number of cases in which various strangulating devices were used by patients, including a wedding ring and a plumb-

ing cuff. However, these patients presented to hospital no more than a few days after the inciting events. No previous report has described a patient placing metal radiator hose clamps in a tandem arrangement on his penis and keeping them there for a long period of time (6 months in this case). The removal of such objects after an extended period of time presents a challenge to urologists because of the significant overgrowth of skin through the clamps and the lack of tools needed to remove the strangulating devices. The use of nonurologic and even non-medical equipment to remove strangulating devices soon after placement has been reported [2]; however, there is no publication that described the removal of mesh-like constricting devices after an extended period of time in which significant overgrowth of skin through the devices has occurred. We found that orthopedic wire cutters were very useful in removing the constricting clamps without further damaging penile integrity. The administration of a tetanus shot is recommended in such cases because of the metallic composition of the clamps and, in this case, the tissue erosion and rusting of the clamps that had taken place over the extended period of time. Finally, an evaluation of the urethra might also be necessary to confirm its integrity.

References

- 1 Perabo FG, Steiner G, Albers P, Muller SC. Treatment of penile strangulation caused by constricting devices. *Urology* 2002; 59: 137.
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