Rare Case of Paraphimosis in a Middle Aged Male

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CLINICAL IMAGE

Paraphimosis is the retraction of the foreskin behind the glans penis in uncircumcised males. It is more common in young boys and is not usually seen in middle aged or elderly males [1]. By some estimates, the incidence of paraphimosis in adolescent males is as high as 0.7% of the uncircumcised population [1]. The tight band-like constriction caused by the retracted prepuce presents itself as a medical emergency and can lead to vascular engorgement and swelling which can potentially precipitate into tissue necrosis and gangrene [2]. Once the diagnosis is made, immediate attention is warranted towards timely treatment aimed at the reduction of paraphimosis. Non-invasive treatment techniques are attempted first. These include the use of gentle manual compression, osmotic agents or ice [3-6]. More invasive techniques like the glans aspiration, dorsal slit procedures etc are applied only after the unsuccessful trial of the non-invasive techniques described above [6-9].

The picture above is that of a middle aged male who presented to the Emergency Department with the chief complaint of "chest pain." Patient had a significant cardiac history and Cardiology service was consulted. While the team was interviewing the patient, the physical exam revealed a severely retracted prepuce. Patient was asked about the physical exam finding and he revealed that he had actually arrived in the ED not because of the angina but because of the severe penile pain since morning. No definitive cause for the paraphimosis could be discovered however, the patient insisted that the onset of paraphimosis occurred right after urination that morning. Urology service was consulted and patient was injected with lidocaine as seen in the picture above. Once enough analgesic was injected, the paraphimosis was manually reduced.

Besides the rarity of the disease, our case further emphasizes the need to consider psychosocial aspects associated with paraphimosis. While the patient had been in debilitating pain throughout the day, he kept the event a secret out of sheer embarrassment. It took him the entire day just to arrive to the hospital and even then he was too uncomfortable to disclose his chief complaint. Medical problems associated with the male genital organs are a source of social stigma. Our case emphasizes the need for proactive and thoughtful evaluation of issues related to male sexuality including, but not limited to, paraphimosis, erectile dysfunction and male breast cancer as the social burden of guilt associated with these problems may stop men from coming forth and prevent them from acquiring timely medical help they need.

REFERENCES


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