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Penile incarceration secondary to a penile ring device

Deirdre Mary Fanning

Department of Urology, Beaumont Hospital, Dublin, Ireland

Correspondence to Deirdre Mary Fanning, fanningdee@yahoo.co.uk

DESCRIPTION

A man presented to the emergency department with severe penile pain and swelling. The patient had placed an industrial standard metal ring on his penis approximately 5 h prior to presentation to enhance sexual pleasure. He had consumed approximately 72 units of alcohol over the preceding 3 days. Examination of the scrotum and testes was unremarkable. The penis was grossly swollen distal to a metallic ring visible at the penoscrotal junction (figure 1). Closer inspection revealed that the ring mechanism

consisted of two rings of differing diameters. The external ring moved in a circular manner over the internal ring. A ridge was present on the inner broader ring, preventing removal of the outer ring (figure 2). The glans penis appeared cyanosed. Penile pulsation was present and sensation was intact. Attempts to manually decompress the penis and remove the constricting ring were unsuccessful. The patient refused all forms of analgesia and anaesthesia. The combination of a stainless steel large ring cutter, a hand held rotary saw and pliers successfully removed the ring.¹ Local fire services assisted in the procedure. Regular cold water sprays were used throughout the removal process to prevent thermal burns from the mechanical stress of cutting and sawing.² An expander tool, requiring substantial strength was then used to remove the ring. The procedure took approximately 90 min to complete and was well

Figure 1 Incarcerated penis is evident with the constrictive metal ring located near the peno-scrotal junction. A ring cutter is placed between the skin and ring.

Figure 2 View of the penis following removal of the outermost metal ring.

Figure 3 View of the penis following removal of both metal rings. Areas of abrasion are evident.

Figure 4 View of the metal rings on removal. The inner ring had an external diameter of 1.95 mm, internal diameter of 1.85 cm and a width of 0.8 cm. The outer ring had an external diameter of 2.16 cm, internal diameter of 2 cm and a width of 0.5 cm. The external ring moved in a circular manner over the internal ring. A ridge was present on the inner broader ring, preventing removal of the outer ring.

tolerated. Following removal of the ring, the penis rapidly detumesced (figures 3 and 4). A strong pulsation was palpable throughout the penis. Penile sensation was intact. There were no long-term adverse sequelae.

Competing interests None.

Patient consent Not obtained.

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