



CASE STUDY

A CASE OF PARAPHIMOSIS OF UNUSUAL ETIOLOGY: THE COIT

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Abstract

The paraphimosis is a complete and tight constriction of the prepuce behind the glans. The authors report a case of paraphimosis occurring during coitus while the patient was wearing a condom. The management consisted of a posthectomy after failure of the no operative treatment. After 6 months, the patient resumed sexual activity and did not report any sexual problems.

Keywords: paraphimosis, coitus, posthectomy, glans.

1 | INTRODUCTION

The foreskin is a strongly innervated cutaneous mucosal tissue [1], and it plays an important protective and erogenous role due to its complexity of its ramifications and the existing interactions between glandular and preputial nerve receptors [2, 3]. However, its conservation exposes the risk of the onset of pathologies (preputial adhesions, balanoposthitis, HIV, cancer of penis, phimosis and paraphimosis) [2, 4,5,]. Paraphimosis is a urological emergency occurring in children and the uncircumcised adult [8]. The interest of this clinical case, the first to our knowledge in our country, was the occurrence of paraphimosis during coitus.

2 | OBSERVATION :

This is a 37-year-old uncircumcised patient with no particular urological history who consulted the Bouaké CHU emergency surgery for pain of the penile penis. The pain had set in abruptly without radiation and there had been no overall detumescence of the penis. Furthermore, during coitus, the patient had not heard a cracking sound. The physical examination showed the presence of a condom (photo 1).



FIGURE 1: Présence de préservation sur la verge / Presence of condom on the penis

Supplementary information The online version of this article contains supplementary material, which is available to authorized users.

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Withdrawal of the condom revealed a complete and tight striction of the foreskin behind the glans, pain in the penis, externalization of the glans, with an edematous crown at its base (photos 2 and 3). There was no necrosis.



FIGURE 2: couronne du gland oedémaéeę / Crown of the oedematous glans



FIGURE 3: striconserréeę du prépuce en arrière du gland / Tight constriction of the prepuce behind the glan

The diagnosis of paraphimosis had been made and the urgent recalotage by gentle and progressive re-traction of the sedated foreskin was unsuccessful. A prosthectomy was then performed under local anes-thesia.

The subsequent operations had been simple. After a 4-month follow-up, the patient again had a satisfactory erection allowing him to have sex.

3 | DISCUSION :

Pathologies of the foreskin are represented by preputial adhesions, balanoposthitis, cancer of the penis, phimosis and paraphimosis [3, 4]. These preputial affections are frequent and remain one of the reasons for consultations in medical and surgical pediatrics [3]. Paraphimosis is a urological emergency. It occurs after complete and tight necking of the foreskin behind the glans which leads to blood sequestration in the glans and edema of the distal

penis reducing blood flow to the glans. Paraphimosis occurs in an uncircumcised or partially circumcised man. This condition should be distinguished from phimosis, which is elective, corresponds to a stenosis of the preputial ring making retraction of the foreskin impossible [5].

However, failure to treat phimosis can lead to paraphimosis, serious consequences including urinary retention, glans ulceration or ischemic necrosis of the glans mucosa, in some extreme cases, gangrene of the penis and self-amputation which can occur in a few days or weeks.

The etiology of paraphimosis is most often iatrogenic, it frequently occurs after examination of the penis, urethral catheterization or cystoscopy. The most common cause is the examiner failing to retract the foreskin after insertion of a transurethral bladder catheter in the uncircumcised patient [7]. Other rare causes have been reported in the literature (erection, penile hemangioma) [6]. Paraphimosis occurring during coitus is rare and the literature is poor on this etiology.

Treatment for paraphimosis involves reducing the edema of the penis and restoring the foreskin to its original position. This reduction should be manual, gentle and gradual under sedation initially and surgery by prosthectomy in case of failure of non-operative treatment [3]. In our case, the non-operative treatment ended in failure and we per-

formed a prosthectomy. This failure could be explained on the one hand by the importance of the edema of the glans and on the other hand, the existence of phimosis not having been the object of consultation.

4 | CONCLUSION

The coitus exposes to the risk of occurrence of paraphimosis in uncircumcised patients. Treatment is primarily preventive by prosthectomy.

5 | REFERENCES

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