

# Pseudoparaphimosis : A Hairy Affair

**K L Ng, MS, D T Mahadevan, MBBS, T H Htun, FRCS, A H Razack, FRCS, N Dublin, FRCS**

Division of Urology, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

### INTRODUCTION

Paraphimosis is one of the few urological emergencies commonly encountered in urology practice. It is a condition in which the foreskin has been retracted and left behind the glans penis, constricting the glans and causing painful vascular engorgement and oedema. In worst instances, when the foreskin cannot be manually drawn forward, the patient will have to undergo emergency dorsal slit or circumcision.

Paraphimosis occurs in uncircumcised males and its leading cause is often iatrogenic, after failure of the doctor or allied health care professional to draw the foreskin back over the glans after examination or post per urethral catheterization. Occasionally, acute paraphimosis is seen typically in a reluctant adolescent who presents with the socially embarrassing problem that has been present for many hours or days.

Manual reduction of the paraphimosis should always be attempted and often successful, however in certain instances especially in those with delayed presentation, an emergency dorsal slit or circumcision should be performed. However, in this case we would like to report the cause of the pseudoparaphimosis in a circumcised male with the culprit being his pubic hair.

### CASE PRESENTATION

We report a case of an 84 year old Malay gentleman who presented to our accident and emergency [A&E] unit with penile painful swelling for 3 days duration. He has no significant past medical history and he is able to carry out his own activities of daily living while living with his children. He was brought into our emergency unit by his children after they noted that he was complaining of penile pain and has difficulty passing urine.

On arrival, he was not in distress but was complaining of painful penile swelling. He had a low grade temperature with normal pulse rate and slightly elevated blood pressure. On examination, his circumcised penis was grossly edematous especially at the glans penis. There was a constricting band on the penile shaft proximal to the oedematous glans penis; which on closer inspection, was a clump of his pubic hair (Figure 1 and 2).

Immediately, the constricting ring of pubic hair was cut to relieve the obstruction. Beneath the previous constricting band of pubic hair, there was a resultant circumferential ulcer at the body of the penis. Therefore he was admitted to our urology ward for further management of his penile ulcerating

wound. The oedema of the glans penis settled conservatively and his circumferential penile wound healed uneventfully with daily dressing.

In the ward he was catheterized to prevent any contamination to the penile wound and his pubic hair was trimmed in his genitalia region to facilitate wound dressing and to prevent any further mishaps with the pubic hair. On further questioning, he also had some lower urinary tract symptoms which were attributed to his benign prostatomegaly. Unfortunately, he developed nosocomial pneumonia despite aggressive chest physiotherapy and mobilization, but he recovered after appropriate intravenous antibiotics. He was discharged well without a catheter and was prescribed alpha blocker for his benign prostatomegaly. He was told to maintain a clean and hygienic external genitalia and to avoid entanglement of his pubic hair around his penis in the future.

### DISCUSSION

Paraphimosis is relatively uncommon, as compared to phimosis and testicular torsion. However, in most instances the foreskin can be reduced manually over the glans penis with gentle steady pressure after application of local anaesthetic gel or penile block or even ice pack to reduce the pain. Unfortunately there will also be instances despite the above measures, the paraphimosis cannot be reduced and thus an emergency dorsal slit or circumcision is performed.

However in this case report of ours, the culprit or constricting lesion is not the retracted foreskin but a constricting band of pubic hair. Despite thorough history taking, we still cannot ascertain how the band of pubic hair managed to wrap around the penile shaft in this circumcised man but we suspect it is just because of neglect and poor hygiene.

Many case reports have described rare causes of paraphimosis such as implantation of pearls into the foreskin, piercing of the gland penis and foreskin, infection of foreskin, chancroid, allergic reaction such as contact-derived allergic balanoposthitis, paraphimosis through topical application ofcelandine juice, post trauma to the external genitalia, prolonged sexual activities and prolonged erection<sup>1-3</sup>. Though many rare causes of paraphimosis were published in various journals; paraphimosis due to pubic hair is extremely rare.

This unique case was the first seen in our institution and the presenting problem was easily dealt with just a snip of the

*This article was accepted: 1 August 2011*

*Corresponding Author: Ng Keng Lim, University Malaya Medical Centre, Department of Surgery, Dept of Surgery, University Malaya Medical centre, Lembah Pantai, Kuala Lumpur, 59100 Kuala Lumpur, Malaysia Email: kenglimng@yahoo.com*



Fig. 1: Constricting pubic hair causing a pseudoparaphimosis.



Fig. 2: Constricting pubic hair.

scissors to remove the constriction produced by his pubic hair. In elderly man who presents with paraphimosis, a detailed history in regards to penile manipulation, instrumentation like per urethral catheterization and surgery should be obtained as these are the likely causes of the paraphimosis due to the unreturned foreskin.

However in this case, this elderly gentleman was already circumcised during a ritual childhood circumcision many years ago. The fact that he has had this problem for 3 days and did not seek medical advice earlier points to the fact that he often disregards his cleanliness and hygiene in the genitalia region.

Factors that can lead to such unkempt pubic hair are poor vision, deficient neurological input like stroke or dementia or mental retardation. Therefore, general examination such as mini mental test, vision acuity and neurological examination need to be done to assess this group of patients when presented with paraphimosis in the event of no previous recent manipulation by doctors or allied health care professionals.

In most circumstances, paraphimosis can be prevented by proper repositioning of the foreskin post instrumentation. Nevertheless this unusual case report of band of pubic hair constricting the penis is a form of pseudoparaphimosis and thus we would like to use this case to highlight the importance of proper hygiene of male external genitalia, especially by keeping the pubic hair well trimmed.

#### REFERENCES

1. Malherbe WD Injuries to the skin of the male external genitalia in Southern Africa. *South African Medical Journal* 1975; 49: 147-52.
2. Williams JC, Mornson P M & Richardson JR. Paraphimosis in elderly men. *American Journal of Emergency Medicine* 1995; 13: 351-3.
3. Farina LA, Alfonso MV, Horjales M & Zungri ER. Contact derived allergic balanoposthitis and paraphimosis through topical application of celadine juice. *Actas Urologicas Españolas* 1999; 23: 554-5.