INTRODUCTION

External genitalia entrapment (EGE) is a rare clinical entity requiring urgent and efficient management. If left untreated, it may result especially in vascular compromise to the external genitalia soft tissue structures. Management poses unique challenges to the treating physician through variable presentation as well as the lack of specifically designed treatment options.

CASE REPORT

The fire brigade brought a 45-year-old schizophrenic man to the Emergency Department with a 5-hour history of EGE in a thick nonexpandable silver ring. He was anxious and in a considerable pain. The glans and the penis shaft had been cyanosed and enlarged with an obvious swelling of the scrotum and foreskin (Figure 1).

In fact, the patient suffered from a behavioral disorder and in his past medical history, we noted a traumatic colic perforation by a foreign body. This time, the entry had begun with one testis followed by the other one and finished with the penis. The patient had used oil to facilitate the maneuver. On physical examination, he complained of numbness of the glans and the penile dorsal artery pulse was barely perceptible. He had voiding difficulties, but was not in acute urinary retention. Under neuroleptic analgesia, a malleable retractor was negotiated under the ring to safeguard the underlying skin (Figure 2) and the ring was

Figure 1. Cyanosed and enlarged glans with an obvious swelling of the scrotum and foreskin.

Figure 2. Malleable retractor negotiated under the ring to safeguard the underlying skin.
External Genitalia Entrapment—Massoud et al

CONFLICT OF INTEREST
None declared.

REFERENCES