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Surgery

CASE REORT – A RARE CASE OF VENTRAL URETHROCUTANEOUS FISTULA POST PARAPHIMOSIS TREATMENT

Dr. Anjali M. Chitale	Professor and Head, Department of General Surgery, ACPM Medical College, Dhule
Dr. Jagruti Gulati	Resident, Department of General Surgery, ACPM Medical College, Dhule.
Dr. Aditya A. Manekar*	Resident, Department of General Surgery, ACPM Medical College, Dhule. *Corresponding Author
Dr. Sudarshan B. Thakare	Resident, Department of General Surgery, ACPM Medical College, Dhule.

ABSTRACT We hereby present to you a rare case in a 7 old baby suffering from phimosis who presented to us with a fistula post treatment of dorsal slit.

Paraphimosis is a urologic emergency, occurring in uncircumcised males, in which the foreskin becomes trapped behind the corona and forms a tight band of constricting tissue. Often iatrogenically induced, paraphimosis can be prevented by returning the prepuce to cover the glans following penile manipulation. Treatment often begins with reduction of edema, followed by a variety of options, including mechanical compression, pharmacologic therapy, puncture technique and dorsal slit. Prevention and early intervention are key elements in the management of paraphimosis.

KEYWORDS : Dorsal slit, paraphimosis, fistula

INTRODUCTION

Paraphimosis is one of the few urologic emergencies that may be encountered in general practice.1–3 Paraphimosis occurs in uncircumcised males when retracted foreskin constricts blood and lymphatic flow, risking necrosis. Most commonly, this occurs in children and the elderly. In children, it is commonly related to a congenitally narrow preputial opening or urinary obstruction. In elderly patients, it is typically iatrogenic, involving failure to return the foreskin to its normal location, classically after catheter placement or after penile examination or cystoscopy. Paraphimosis typically occurs after Foley catheter placement. During the insertion of a urethral catheter, the foreskin is retracted to prepare and drape the glans penis. After insertion of the catheter, the practioner may not return the retracted foreskin to its normal position.

Rare causes of paraphimosis include self-inflicted injury to the penis (such as piercing a penile ring into the glans[4]) and paraphimosis secondary to penile erections.[5]

If left untreated, penile gangrene and autoamputation may follow in days or weeks.[6]

There are various methods to treat phimosis which will be elaborated in the subsequent discussion of the article.

CASE REPORT

A 7 year old baby who presented to us post dorsal slit presented to our emergency department with passing of urine from two opening one from normal urethral meatus and abnormal opening on the ventral side. The patients mother being the informant gave history of spontaneous retention of urine for 1 days for which they went to general practitioner, where catheterisation was tried. However due to paraphimosis the doctor was unable to catheterize and gave a dorsal slit to reduce the swelling. Also a suprapubic catheter was introduced for the passage of urine. There was no contributory family history or any significant medical or surgical history to the mother.

Figure 1 – Clinical Photograph

On examination, the baby was haemodynamically stable, irritable with good activity and tone. Local examination showed fistula over the ventral aspect of the penis Systemic examination was normal. Per abdominal examination a suprapubic catheter was placed.

DISCUSSION

Phimosis is the inability of the foreskin to retract and expose the glans.[16] Dorsal slit of the foreskin should only be performed on patients who are experiencing urinary retention as a result of the phimosis and in whom a urethral catheter cannot be blindly inserted. [7,8]

Manual pressure may reduce edema. A gloved hand is circled around the distal penis to apply circumferential pressure and disperse the edema. Ice packs are also useful in reducing swelling of the penis and prepuce.[9]

Injection of hyaluronidase into the edematous prepuce is effective in resolving edema and allowing the foreskin to be easily reduced.[11] Granulated sugar has shown to be effective in the treatment of paraphimosis,[12]

The "puncture" technique is a minimally invasive therapy in which a hypodermic needle is used to directly puncture the edematous prepuce.[13,14]

Blood aspiration of the tourniqueted penis may be attempted.[15]

Dorsal slit of the foreskin is performed to relieve strangulation of the glans by a paraphimosis or to visualize the urethral meatus in patients with phimosis. [16, 17]Dorsal slit of the foreskin is performed to relieve strangulation of the glans by a paraphimosis or to visualize the urethral meatus in patients with phimosis.[16,17]

Patient presented to us had fistula post dorsal slit healed with analgesics and antibiotics. No such case has been reported in literature. This patient had a rare presentation and hence we would like to report this case.

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