



Paraphimosis in a Stallion : A case report

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ABSTRACT

A 6 years old stallion presented with history of complete penile prolapsed, often with gross swelling of the body of the penis due to oedema. Stallion was treated by washing of the penis (hydrotherapy 10 min twice daily), manual massage, application of topical osmotic agents (sugar), applying petroleum jelly to it to prevent drying and cracking and supporting it against the body wall by a towel which went around the animals abdomen. Adjunctive therapies included daily exercise, non-steroidal anti-inflammatory drugs such as Inj.-Phenylbutazone @ 4.4mg/kg bwt, I/V, q24h X 4days; Inj.- Furosemide @ 0.5mg/kg bwt, I/V, q24h X 3days and Inj.- Dexamethasone @ 0.1mg/kg bwt, I/M, q24h X 2days. Penis was maintained in the preputial cavity within 13 days.

KEYWORDS

Paraphimosis, Support, Penis and Stallion

Introduction-

Paraphimosis is the inability of the horse to retract its penis into the preputial cavity- in stallions is an emergency demanding immediate, aggressive medical treatment. It most commonly occurs in stallions as a result of breeding trauma but geldings can also be affected. The horse cannot fully retract the penis and prepuce or maintain them within the preputial cavity. Prolonged penile and preputial prolapse, regardless of the cause, impairs venous and lymphatic drainage of these tissues; this leads to oedema and excessive swelling (Blanchard *et. al.*, 2003).

Case History and Observation-

A 6 years old stallion presented to veterinary hospital, Raipur Karchuliyan, Rewa, M.P. with history of complete penile prolapse, often with gross swelling of the body of the penis due to oedema (Picture-1). This swelling was often most marked on the cranial (dorsal) surface of the inner layer of the preputial fold. Stallion was poor physical condition and no history of breeding and trauma.

Treatment and Discussion

Penile support was attempted by various means, as it was believed that this was the most important factor in ensuring an eventual recovery. Stallion was treated by washing of the penis (hydrotherapy 10 min twice daily), manual massage, application of topical osmotic agents (sugar), applying petroleum jelly to it to prevent drying and cracking and supporting it against the body wall by a towel which went around the animals abdomen. Support was maintained for 24 hours during which time it was adjusted to



Picture-1- Paraphimosis in stallion

ensure adequate support. The support was then removed, the penis washed, application of petroleum jelly and a clean support provided. Adjunctive therapies include daily exercise, non-steroidal anti-inflammatory drugs such as Inj.-Phenylbutazone @ 4.4mg/kg bwt, I/V, q24h X 4days; Inj.- Furosemide @ 0.5mg/kg bwt, I/V, q24h X 3days and Inj.- Dexamethasone @ 0.1mg/kg bwt, I/M, q24h X 2days. Penis was maintained in the preputial cavity within 13 days. Early aggressive therapy is important because it can minimize or avoid secondary complications. The primary goal in treating paraphimosis is to reduce the swelling and replace the prolapsed penis back into the preputial cavity as soon as possible to it from further injury, alternative support devices such as a mesh sling (Brinsko *et. al.*, 2007) or narrow-necked plastic bottle with elastic tubing, the bottle should be cleaned and replaced twice daily until the penis can be retained in the retracted position (Varner *et. al.*, 1991). The use of anti-inflammatory drugs and hydrotherapy are very helpful adjuncts but should constitute the sole therapeutic methods. For unresolved cases involving geldings, surgical intervention (penile amputation) can be performed, allowing the gelding to return to its intended use (Brinsko *et. al.*, 2011; Gaughan and Harreveld, 2007).

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