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Case Report

Self-inflicted penile amputation – management a century ago and now.

Indrajith D.S.[1], De Silva W.S.L.[1],Vidanapathirana S.[1], Ambegoda A.M.L.C.[1] and **Abeygunasekera A.M.[1]**

[1]Department of Urology, Colombo South Teaching Hospital, Dehiwala, Sri Lanka

Abstract

Self-inflicted penile amputation is a rare phenomenon. We report a man who attempted to cut his penis at the root as his severe colicky pain could not be controlled by the medications given to him. We compare the management of this patient with that of a similar case reported 90 years ago.

Introduction

Sri Lanka Journal of Urology is indexed in Google Scholar indexing service. The home page of Google Scholar carries its motto – 'Stand on the shoulders of giants'. This was a quotation of Sir Isaac Newton who said this after his discovery of gravitational forces and description of Newton laws in 1675. It highlights the importance of assimilating the knowledge and using the experience documented by our predecessors. When this knowledge is lost the intellectual progress gets disrupted as each generation has to start from a scratch. This is a plausible reason why we have lost our heritage of knowledge in agriculture, irrigation and medical care of our ancestors of Sri Lanka. In contrast, the western countries gave priority to storing knowledge and experience related to its technical advances by careful documentation which facilitated rapid progress and thinking. Therefore, historical accounts of illnesses and their management is a valuable source of knowledge for the advancement of patient care.

We describe a case of self-inflicted penile cut injury that was managed few weeks ago at the urology unit of Colombo South Teaching Hospital (CSTH) along with a similar case from the past which was managed at the Lunawa Hospital by its District Medical Officer 1930 (1). The publication of the historical case from the Journal of the Ceylon Branch of British Medical Association (JCBBMA), is done verbatim to maintain its identity and authenticity (1). After Ceylon gained independence from the British, the JCBBMA became the Ceylon Medical Journal in 1952 (2).

Case report – now

A 64 years old man working in small tea estates as a labourer developed several episodes of left lower quadrant abdominal pain suggestive of a ureteric colic. He sought treatment from local hospitals on several occasions. Despite medications the pain was getting worse and he felt that medical care could not solve his agony. He was a regular drinker of alcohol and under the influence of alcohol he tried to chop off his penis at its root by making a deep cut using the sharp knife that he used to trim tea bushes. The incident happened around 2 00 pm. He was admitted to CSTH six hours

after the injury. He was not on any psychiatric medications. There were no scars in the body suggestive of previous self-inflicted injuries.

Urgent exploration of the wound was done under spinal anaesthesia. There was a curved, sharp deep cut on the root of the penis more towards the left, about 7 cm in length (Figure 1). The wound was extending halfway down the corpora cavernosa on both sides sparing the urethra (Figure 2). The left spermatic cord was barely visible and was intact. Following thorough irrigation with normal saline, the cavernosal tubes were repaired with 3 0 polyglactin 910 sutures. Coaptation of completely transected dorsal nerve of penis was done with 5 0 polypropylene sutures and dorsal artery and the vein were ligated. The rest of the soft tissues were approximated anatomically and the skin closed with interrupted 3 0 polyamide sutures (Figure 3).

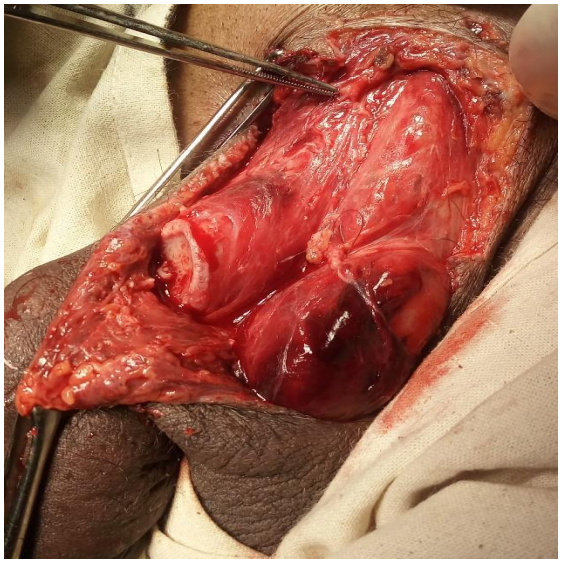

Fig 1.

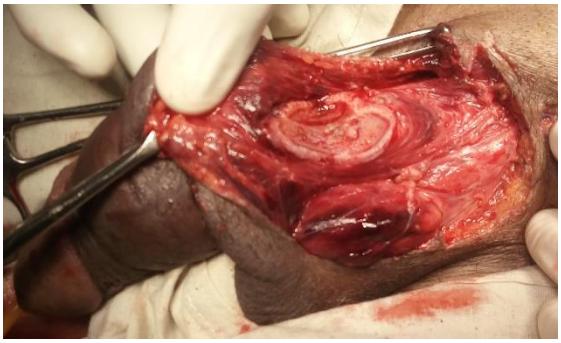

Fig 2.

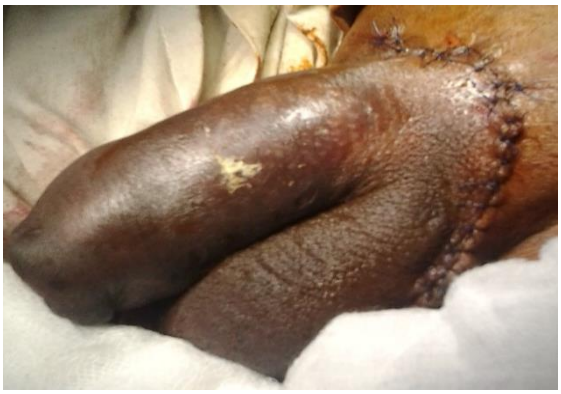

Fig 3.

Postoperatively he developed penile oedema and dusky discolouration of the preputial skin. He was given intravenous antibiotics (cefuroxime and metronidazole) and analgesics (paracetamol, diclofenac and tramadol). He was referred to the psychiatrist and was started on sertraline and clonazepam. The penile oedema settled gradually and the preputial skin became necrotic necessitating a circumcision. His alcohol withdrawal symptoms lasted several days.

Case report – then

Sinhalese patient, male, 45 years of age, bread seller by occupation admitted to hospital on 2. Xi. 30 at 1.30 p.m. with the following injuries.

(1) Two parallel skin deep incised wounds across the front of neck, one lying between the hyoid bone and thyroid cartilage and the other across the cricoid cartilage directed from the left upwards and to the right.

(2) Two semicircular and parallel superficial incised wounds close to each other over sym. Pubis.

(3) Complete amputation of the penis about 1/2 inch below the late named injuries.

History

Patient was at first reluctant to make any statement as to how he came by the injuries but a little persuasion made him unfold the following history.

He said to have suffered from an attack of gonorrhoea about 4 years ago, recently he began to experience difficulty in micturition but yet was able to empty his bladder by straining; on the day of admission he found that he was unable to pass any urine at all in spite of his straining to do so; as his bladder was greatly distended and he was in distress he took a table knife and made two tentative cuts on his neck but owing to the resulting pain he desisted from cutting deep; the pain produced by the cuts in his neck coupled with his agony owing to his distended bladder and inability to empty it made his distress worse and seizing his penis and after making two tentative cuts on it he finally cut it off completely near the sym. Pubis; he is then said to have fainted off and regained consciousness on his arrival at the hospital.

After the surgical methods were adopted, a sterilized silver catheter was introduced into the bladder through the severed urethra and the patient is now progressing favourably. This case is of interest from a medico-legal point of view as it shows that injuries of this nature could be inflicted on ones self not only by manifestly inasane people but also by sane and rational people when driven to desperation from diseases of this nature.

Discussion

Traumatic amputation of penis is rare and can be total or partial. Trauma could be inflicted by others or by self. Accidental trauma is rarer as a cause. Use of shearing or rotating sharp electrically powered instruments can cause deep penile lacerations when protective guards are not used. Due to its high vascularity of corpora, just approximation of tissues, vessels and nerves as much as possible can yield satisfactory results especially when there is some tissue and skin left intact (3). Ideal would be to perform microscopic surgery to repair the divided nerves and vessels (4). The risk of delaying the repair in order to reach highly specialised centres should be balanced with early surgery using suboptimal resources and techniques. Such attempts have produced satisfactory results previously. The potential complications after reimplantation are skin and glans necrosis, urethral fistula, urethral stricture, erectile dysfunction, and failure of sensory sensation.

After major operations of the penile shaft involving extensive dissection like repair of fracture of penis, prophylactic circumcision is recommended to avoid complications of severe oedema of the prepuce. Such an approach would have been appropriate in this case too.

Serious mental illnesses like untreated schizophrenia and depression are known to precipitate self-inflicted harm to genitalia (4, 5). However, a serious underlying mental illness requiring long-term treatment is unlikely in most of the cases as concluded by the authors of the case report

90 years ago. Similarly, the medicolegal implications become significant if the patient succumbs to injuries raising suspicion of homicide. Such a scenario has been highlighted in a patient with schizophrenia (5). Therefore, awareness of this possibility is important for judicial medical officers too.

References

1. Perera JDL. Two interesting surgical cases. Journal of the Ceylon Branch of British Medical Association 1930; 27: 87-90
2. Abeygunasekera,Anuruddha,Goon aratna Colvin. Ceylon Medical Journal, In: History of Medicine in Sri Lanka 1948-2017 Published by Sri Lanka Medical Association, 2018; 33-35
3. Anuruddha AHMP, Kasturi CTR, Ravindran PK, Perera Lalith B, Abeygunasekera Anuruddha M. Reimplantation of a traumatically amputated penis. Ceylon Medical Journal 2007; 52: 92
4. Wihono F, Sigumonrong Y. SurgicalManagement(Microsurger y) of Traumatic Penile Amputation: A Case Report. Open Access of Macedonian Journal of Medical Sciences 2019; 7:1350-1352.
5. Vidanapathirana Muditha. Self-inflicted emasculation. Galle Medical Journal 2004; 9: 55-56