FORENSIC PATHOLOGY. CASE REPORT

Insertion of foreign bodies in penis in the convict settlements environment

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Abstract: Inserting voluntarily foreign bodies (fb) in penis is used to allegedly improve male sexual performance, popular especially amongst people with low social and financial status. In the largest prison hospital in Romania, during 2003-2010 we studied a total of 48 patients manifesting this pathology. Foreign bodies were represented by fragments of plastic, oily substances or a combination of the above. Insertion of oily substances leads to formation of nonspecific granulomatous lesions, named paraffinomas, often followed by complications. Foreign bodies are obviously inserted by non-medical staff that has no specialist training whatsoever, in highly improper conditions. Morbidity associated with this pathology is high, even after surgical procedure is performed, the only way of curing the condition being surgical excision of lesions.

Keywords: foreign bodies, penis, prison system.

Inserting voluntarily foreign bodies (fb) in penis is the fourth mechanism by frequency that is common among self harm mechanisms used in the prison system after ingestion of foreign bodies, inserting foreign bodies in the soft parts or intracranial. This study reviews retrospectively 48 cases of foreign bodies inserted in penis between 2003 and 2010, in one of the prison hospitals in Romania. We studied particularly the way of insertion of foreign bodies, type of foreign bodies, demographics, time of being examined by physician, clinical aspects and treatment or refusal of treatment.

Self-agression mechanism

A limited range of foreign bodies are used for insertion in the penis, such as plastic pieces or oily substances. The plastic pieces of round-oval shape are former toothbrushes which are then polished by rubbing against a hard surface to smooth the edges. Oily substances are either lips balms or other ointments used alone or in combination, all having lanolin as ingredient in their physical composition. In the analyzed cases, we found 9 cases of plastic insertion and 34 cases of oily substances and 5 cases a combination if round and 1/0.5cm if oval.

There are two mechanisms of inserting foreign bodies in penis - the plastic pieces are inserted through minimal incisions and oily substances are injected after thinning using syringes. We found one plastic piece inserted in the penis but usually the convicts insert multiple pieces (in our study, up to 12 fb); injection of oily substances is most frequently in one place and only once.

Foreign bodies are inserted in most cases in the penis skin (36 cases) at the level of the foreskin (6 cases), or in both (6 cases).

Plastic foreign bodies are predominantly inserted in the foreskin (in 2/3 of cases), and oily substances in the penile sheath. The simultaneous introduction of the 2 types of foreign bodies is in approximately same proportion in penis skin or penis skin and foreskin.

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Demographics

These lesions are mostly found in 21-30 and 31-40 year age groups (22 cases each decade - 45.8%), and seems to be motivated by dissatisfaction concerning the size of genitalia or sexual performance that does not meet expectations.

Stage of examination by physician

Patients presented at the hospital with lesions of the penis within a period between two days and six years since the insertion of foreign bodies, on average 61 weeks.

After using oily substances, in 19 cases, patients asked for medical care earlier than 6 months, in 28 cases within a year, and in other cases (11) after one year. Request for medical care was in equal proportion in case of plastic pieces between the first month (4 cases) and less than one year (4 cases).

Seven patients asked medical attendance in the first month, of which a case of paraphimosis with foreskin necrosis (48 hours) and 5 cases associated significant penis edema. In one case, early presentation to the physician was not related to the insertion of foreign bodies.

One possible explanation for the late presentation to the doctor might be linked either to the delayed changes in the genitals or to fake decency. The last statement is related to the fact that the patient ultimately realizes the mistake finds it difficult to admit it; in the same time, the patient hopes that the lesions would cure naturally, without his entourage to notice them.

Clinical aspects

In the case of plastic pieces inserted in the penis there were a few symptoms being represented by phimosis (most common), edema and scarring of the penis skin in equal proportions. In 4 cases (4 of 9), the only sign was identifying the foreign body by palpation (Fig. 1). In one case it was associated with purulent secretion in coronal sulcus.

In the case of oily substances we noticed the presence of granulomatous lesions, paraffinomas,
isolated or confluent. They were associated with fibrosis, encountered most frequently (84%), phimosis (53%), edema and ulceration in equal proportions by oily secretions (35%) (Figs 2, 3), or paraphimosis (6 cases) (Fig. 4). There was also inguinal lymph nodes enlargement (2 cases) although not significant in number of urgency. In the case of injecting oily substances we noted frequent erection disorders, painful erections, penis posture disorders secondary to granulomatous reaction and inflammatory changes occurring to the skin and fascia at this level.

**Treatment**

Treatment depends on the nature of foreign bodies inserted. If for plastic pieces a simple extraction would solve the problem, for injection of oily substances, treatment involves the complete removal of modified tissues.

In this context, for minor injuries, located in the foreskin or distal 1/3 of the penis, treatment consists of modified tissue excision and primary suture. The presence of more extensive lesions requires complete denudation of the penis and covering the resulted defect either by free skin graft or using scrotal or penoscrotal pedicle flaps.

All these surgical procedures, even if they lead to complete removal of changed tissues, do not fully restore erectile function, due to the difference of quality between the penis skin structures and scrotal teguments or graft.

Dissection must be done carefully, without exceeding the Buck’s fascia, preserving as much as possible the healthy teguments in the absence of ulcerations; sometimes the separation of corpus cavernosum or corpus spongiosum was extremely difficult.

Leaving the granulomatous lesions on position leads to unsatisfactory results. This acute inflammatory phenomena - hyperaemia, edema requires medicine therapy as first stage - antibiotics and anti-inflammatory medicines. There was performed a total of 11 resections with primary suture (Fig. 5), excision and plasty with scrotal flap (3 cases), excision with penoscrotal flap (1 caz), excision with reconstruction of skin in pubic region (2 cases), excision and plasty with free skin graft (1 case) (Fig. 6).

In two cases the extraction of plastic foreign bodies was performed.

**Refusal of treatment**

Refusal of medical treatment is quite frequent amongst patients in the prison hospitals for two reasons. One reason is repeated hospitalization in the prison hospital that provides better hygiene conditions and food and kind medical staff. Another reason is the postoperative results of intrinsic granulomatous lesions which once disclosed, the patients are determined to accept the existing changes.

The refusal was expressed in 27 cases, 8 cases at the time of examination, and in 17 cases the patients refused to sign the informed consent form when they became aware of possible complications and postoperative evolution. In two patients were found inflammatory lung lesions that were treated without follow-up and post-treatment supervision. We noted that in all cases of refusal, most of injuries were not extensive and there were no chronic ulcerations, except 3 cases.

**Postoperative complications**

There were insignificant complications, only two cutaneous necroses which were treated by modified tissue excision and healing per secundum.

**DISCUSSION**

Although the side effects of injecting oily substances have been known for more than 100 years, the system still has followers [1]. A true incidence of this
type of lesion is difficult to estimate [2], but it seems it is more common in countries in Eastern Europe and Asia [1, 3-5]. The method is an inexpensive way of increasing sexual performance, used by people with low social and financial status, under the influence of others in their entourage, who practiced this method, but “forget” to inform the new “beneficiaries” of the consequences [2, 3]. The insertion/injection is performed by non-medical staff in environments with a poor hygiene [2-4]. In Asian countries there is a tendency to underestimate the sexual power amongst people with average or higher level of education [1, 5, 6].

There are two types of foreign bodies used and different methods of insertion. While in other countries oily substances such as paraffin oil, petrolatum, mineral oil, cod liver oil [1, 2, 4] are used, in Romanian prison system two chemicals are injected - lip balm bars (lanolin by-product) and Kanamicyn ointment. Plastic foreign bodies seem to be found only in the Romanian prison system. The occurrence of granulomatous changes secondary to injection of oily substances – paraffinomas - is noticeable especially in the first year (70% of cases, 47.5% in the first months), in contradiction with data showing an average of 1.5-2 years [1, 4, 6]. There were cases when medical assistance was required within the first 48 hours due to acute complications - paraphimosis with necrosis of preputial ring and foreskin. In the case of plastic foreign bodies, request for medical care is random because of the absence of a severe symptomatology.

There is a similar distribution on the two age groups presumed to have intense sexual activity (21-30 and 31-40 years), partially confirming the existing data which provide an average age in either first or the second interval [4, 6].

Clinical changes are significant when oily substances are injected, and they confirm the literature. These changes are often accompanied by impaired erection [1, 3-6].

Surgery is the only permanently solution the cures the problem if oily substances are injected. Various surgical procedures are used: excision with primary suture, scrotal or penoscrotal flaps, plasty with free skin graft. Excision should be performed carefully in order not to remain residual material which may lead to lesions recurrence [3, 4, 6]. There are authors who use Integra artificial skin [5].

Because of differences in quality between the natural penile structures and the skin used for grafting, often the results do not meet patients’ expectations. For this reason, many patients reject the surgery when informed about the results and possible complications.

All patients in our statistical study manifest psychiatric disorders, most commonly antisocial personality disorder [7].

Studies performed in Korea on a significant number of military patients show a minimum level of satisfaction after injecting the oily substances [2].

CONCLUSIONS

The purpose of self-aggression is the improvement of sexual performance by augmenting penis size and erectile function, but often the consequences are dramatic. The insertion is most of the times performed under the influence of people in their entourage who experienced the process but never inform about the consequences of this decision.

Lesions caused by oily substances are granulomatous lesions caused by the inflammatory reaction, hardly recognized by not trained and inexperienced persons. The severity of complications is probably caused by the quantity of oily substance and poor hygiene.

Surgical procedure involving the complete excision of paraffinoma is the only one that can cure the condition.

Conflict of interest. The authors declare that they have no conflict of interest concerning this article.

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References