

# MANAGEMENT OF POST COITAL PARAPHIMOSIS IN A DOG

S. Ravikumar, L. Ranganth, B.N. Nagaraja and J. Manjunath

Department of Surgery and Radiology, Veterinary College, KVAFSU, Bangalore-560 024.

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**P**araphimosis is the inability to retract the penis into the sheath or prepuce. It is mainly attributed to an abnormally small preputial orifice, ineffective preputial muscles, or a hypoplastic prepuce. Other causes include trauma, infection, neoplasia, persistent erection, or idiopathic causes (Papazoglou, 2001). Paraphimosis is also encountered during sexual excitement or coitus. Diagnosis of paraphimosis is made by physical examination. If the prepuce can be drawn forward to cover the penile protrusion, preputial muscle ineffectiveness may be suspected as the cause (Johnston, 1989). Medical treatment should be aimed initially at retracting the penis into the preputial cavity. If retraction is impossible,

surgical enlargement of the prepuce is required. Present paper discusses about the post coital paraphimosis in a dog.

## Case history and observations

A two year old intact male German shepherd dog weighing about 35 kgs was presented to the Department of Surgery and Radiology, Veterinary College, KVAFSU, Bangalore with the history of protruded penis since a day after coitus. On physical examination, the exposed penis was found to be swollen, edematous (Fig. 1) and painful to palpation. Prepuccial orifice was so narrow that the penis could not be retracted into the prepuccial cavity. As the animal did not allow further manipulation it was anesthetized.



Figure 1. Photograph showing edematous swollen penis

## Treatment and Discussion

The dog was sedated using Atropine sulphate and Xylazine at the dose rate of 0.04 mg/kg SC and 1 mg/kg IM respectively. General anesthesia was induced and maintained by Propofol. The penis was examined for constricting foreign bodies. Cold compresses, hyperosmolar solutions (sugar) and lubricants (paraffin)

were applied to the penis to reduce the swelling and to facilitate retraction into the preputial cavity. Penis and prepuce was cleaned with physiologic saline solution and antiseptic soap. Prepuccial edges were retracted and penis was placed inside the prepuccial cavity. Postoperatively animal was administered with Prednisolone and Lasilactone for five days. Animal made

fruitful recovery. Owner was advised not to use the animal for breeding purpose.

Paraphimosis is usually associated with copulation, masturbation, trauma, penile hematoma, neoplasia, foreign bodies, pseudohermaphroditism, neurologic deficits, or constriction by preputial hairs. The penis may be unable to retract within the prepuce because the edges of the prepuce roll inward or the preputial orifice is too small to accommodate the swollen or engorged penis. When the penis cannot be retracted, it is easily traumatized and circulation is impaired. Impaired circulation causes the penis to become edematous, which further compromises circulation. Vascular engorgement may progress to thrombosis of the corpus spongiosum and necrosis. A moderately compromised, chronically protruded penis will become dry, fissured, and cornified as also suggested by Fossum (2013). In the present case, the cause of paraphimosis was copulation and the exposed penile tissue was having compromised vascular supply but it was not necrosed. So surgical corrections like prepuce lengthening and phallopey were not considered as an option. Determining the cause is essential

for effective treatment. Paraphimosis accompanied by penile necrosis is managed with amputation. Paraphimosis that is attributed to preputial muscle ineffectiveness, preputial hypoplasia, or idiopathic causes is managed with cranial advancement of the prepuce combined with shortening or imbrication of preputial muscles as also reported by Olsen and Salwei (2001).

### References

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