

Management of Paraphimosis in a Bull: A Case Report

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Abstract: A 3 year old cross-bred bull was presented with a history of anorexia, anuria and constant protrusion of the penis since 36 hours after coitus. Clinical examination revealed oedematous glans penis and accumulation of urine behind prepuce orifice. Under local analgesia and after washing, retraction and repositioning of the protruded penis and along with postoperative treatment resulted in an early recovery.

Keywords: Management, Paraphimosis, Bull, Purse string suture.

1. Introduction

Paraphimosis is the inability to completely retract the penis into the preputial cavity and usually occurs after erection (Davidson, 2010). It is seen most often after semen collection or coitus. It may be due to either the constriction of penis behind the glans penis or swelling of glans penis, making it impossible to draw the organ back through the naturally small preputial orifice (Neal, 1960).

2. Case History and Clinical Observation

A 3 year old cross-bred bull, weighing about 200 kgs was presented at Barpeta Road, Assam with a history of anorexia, anuria and constant protrusion of the penis since 36 hours after coitus. On clinical observation, the bull was lying on lateral recumbency with protrusion of the penis and skin of the prepuce orifice was inverted. There was oedema of the glans penis and accumulation of urine behind the prepuce orifice.

3. Treatment and Discussion

Lignocaine Gel was applied over the protruded penis to reduce the pain due to trauma and the accumulated urine was evacuated through mild pressure. Then the protruded penis was washed with normal saline water and glans penis was retracted back by gently sliding into the prepuce cavity. Purse string suture was done on the prepuce orifice to prevent re-occurrence. Post-operatively the animal was treated with Ceftriaxone (Intacef, Intas) injection @10 mg/kg body weight IM for 5 days to prevent secondary bacterial infection, injection of Meloxicam (Melonex, Intas) @ 0.2 mg/kg body weight to reduce swelling of glans penis intramuscularly for 5 days and antihistaminic (Avil, Intervet SPAH). The suture was removed on 9th day after treatment and the animal recovered without any further complications.

The main objective in treating paraphimosis is to reduce the swelling and replace the prolapsed penis back to the preputial cavity as soon as possible to protect it from further injuries. Acquired paraphimosis is a result of trauma to the penis which causes damage to the innervations of the penis leading to the paralysis of penile retractor muscles (Nevi et

al., 2015). In the present case paraphimosis might be due to the trauma to the penis during coitus. A similar case in a goat was managed by applying purse string suture after repositioning by Mahesh et al. 2016. Temporary purse string sutures were applied to the preputial orifice to keep the penis in the preputial cavity as one of the options in the initial surgical treatment of paraphimosis (Fossum, 2002). Kumaresan et.al., 2014 applied purse string sutures for retention of penis whereas Adeola and Enobong, 2016 used tension release incision with simple interrupted sutures for treatment of paraphimosis in dogs.

4. Conclusion

It is concluded that trauma during coitus or erection of penis may cause paraphimosis which should be considered as an emergency urological condition as there is obstruction of urine flow and further damage or necrosis of the penis. It can be successfully managed by evacuating the accumulated urine and repositioning and retention of the penis into the preputial cavity as early as possible.



Figure: Protruded penis with oedema of glans penis

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Figure: After successful retraction and repositioning of the penis

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