SURGICAL MANAGEMENT OF PENILE PAPILLOMA LEADING TO PARAPHIMOSIS IN A DOG

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ABSTRACT

Penile papilloma in a nondescript dog was observed as the cause of paraphimosis. Papilloma was excised surgically with excellent post-operative recovery without any adhesions between glans and prepuce.

Keywords: Canine, Dog, Paraphimosis, Penile papilloma, Surgery

INTRODUCTION

Paraphimosis, the inability to withdraw the penis into the prepuce, is commonly seen in young, intact male dogs and may occur due to trauma, masturbation, sexual activity or the presence of a female in estrus, constriction of preputial hair around penis, pseudohermaphroditism, neurological deficits in dogs with posterior paresis or as an idiopathic event (Elkins, 1984; Soderbergh *et al.,* 1994 and Fossum *et al.,* 1997). A rare case of paraphimosis due to penile papilloma in a nondescript dog and its surgical management is reported.

CASE HISTROY AND OBSERVATIONS

A nondescript dog (age >2 year, body weight 20 kg) was unable to retract the penis into the prepucial sheath. On examination of penis, a sessile growth was observed on the left anterolateral part of glans penis obstructing the prepucial opening and preventing the retraction of penis.

TREATMENT AND DISCUSSION

For performing the excision of papilloma, pre-anesthetic medication was given to dog after 6 h fasting, which consisted of atropine sulfate @ 0.03 mg/kg b wt + xylazine @ 0.5-1 mg/kg b wt (i.m.), followed by general anesthesia consisting of ketamine @ 7mg/kg b wt + diazepam @ 1mg/kg b wt (i.v.). For excision, incision was given at the base of sessile papilloma and around 3.5 cm papillomatous mass was removed (Figure 1). Bleeding was controlled by ligation using chromic catgut 2.0 and applying pressure at the base of penis. Lignocaine with adrenaline was applied locally to abolish pain and prevent further bleeding. During post-operative period, prepuce was drawn backwards daily to prevent adhesions between glans and prepuce. Lignocaine jelly along with Betadine

Figure 1: Excision of papillomatous mass at the glans of dog penis

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ointment was applied locally along with parenteral analgesics and antibiotics for 5 days. After 15 days, recovery was good and animal has not evinced any pain with absence of adhesions between the prepuce and glans penis.

Canine penile papillomata, unlike bull, are ulcerative, locally keratinized and poorly circumscribed. It may also be completely sessile, with a sharply demarcated, ulcer like border. Such lesions bleed profusely with sexual or other excitement, but their development may be remarkably slow, even over a number of years (Noakes *et al.,* 2009).

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