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Management of Paraphimosis in A Stray Dog - A Case Report

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ABSTRACT

A one year old male stray dog was presented to Veterinary Dispensary, Cambay with of paraphimosis since last four hours with no history of recent mating. In spite of the severe paraphimosis the dog was healthy and active. The penis was engorged and congested with presence of several dark haemorrhagic areas. An edematous preputial band was constricting the penis, preventing its retraction into the preputial sheath. After treatment inflammation was subsided and animal was recovered uneventfully with no recurrence.

Key words: Medical management, Paraphimosis, Stray dog.

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INTRODUCTION

Paraphimosis is defined as tightening of the foreskin so that it cannot be retracted over the glans penis, or when the protruded penis cannot be retracted into the preputial cavity. The exposed penis quickly becomes edematous, because its venous drainage is compromised. With continued exposure, the mucosa becomes dry and painful. Paraphimosis usually occurs following sexual excitement or mating. There are multiple etiologies associated with failure of the penis from being withdrawn into the prepuce (Rao and Bharathi, 2004) and may be associated with trauma during copulation, penile haematoma, Neoplasia (Roberts,1986), infection (Papazoglou, 2001), penile fracture (Rao and Bharathi, 2004), ineffective preputial muscle (Chaffee and Knecht, 1975), masturbation, pseudohermaphroditism, neurologic deficits, foreign bodies or congenital paraphimosis (Fossum, 2007) or paralysis of the retractor penis muscle (Kustriz, 2001). Prolonged

paraphimosis can result in necrosis of the glans penis and obstruction of urethra. Although usually associated with coitus or sexual excitement, it also results from balanoposthitis, inefficient preputial muscle (Chaffee and Knecht, 1975) and pseudohermaphroditism (Papazoglou, 2001).

CASE HISTORY AND OBSERVATIONS

A one year old male stray dog was presented to Veterinary Dispensary, Cambay with the history of paraphimosis since last four hours with no recent history of mating (Fig. 1 a,b). In spite of the severe paraphimosis the dog was healthy and active. An edematous preputial band was constricting the penis, preventing its retraction into the preputial sheath. The only sign of paraphimosis may be the dog licking the exposed penis that has not retracted. Other signs include inflammation, urine dribbling, and excessive licking in

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Fig. 1a,b: A stray dog with paraphimosis on examination table in situ and in lateral recumbancy



Fig. 2a,b: A stray dog with paraphimosis due to napkin ring before and after treatment

the genital area. The penis was engorged and congested with presence of several dark haemorrhagic areas. It was decided to go for medical management of the case.

TREATMENT AND DISCUSSION

The case was managed by giving injection Atropine sulphate @ 0.04 mg/kg body weight intramuscular as pre-anaesthetic, Injection xylazine @ 1 mg/kg body weight intramuscular and ketamine @ 5 mg/kg body weight intravenous as anaesthetic before manipulation of penis. The penis was gently cleaned with the help of potassium permanganate solution (1:10000). The penis was then replaced inside the prepuce by first sliding the prepuce in a posterior direction, extruding the penis further (Fig. 2 a,b). This everts the skin at the preputial orifice; usually the prepuce then slides easily over the penis. The edema resolves promptly once circulation is restored.

The penis was kept in position by applying two interrupted sutures of silk material on the tip of the preputial sheath. The injection Ceftriaxone 500 mg, along with injection Meloxicam 0.5 mg/kg body weight and injection Chlorpheniramine maleate 2 mg/kg body weight were given intramuscular for five consecutive days. On the 5th day of management, inflammation was subsided without inflammatory exudate and sutures were removed. The dog recovered uneventfully with no recurrence with routine post-operative care.

CONCLUSIONS

Paraphimosis is most commonly seen in dogs younger than 1 year of age and diagnosis is primarily determined by

physical examination of the prepuce and penis at the time of presentation. It can be best managed by taking interrupted silk sutures with all aseptic precaution and parenteral antibiotic coverage under sedation with ketamine (Kustriz, 2001; Fossum, 2007).

CONFLICT OF INTEERST

None.

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