

Self Amputation of Penis and Right Testis – A Case Report

Dr. Jay Kishor Soren¹, Dr. Shalab Agrawal², Dr. Munna Kalme³

¹ junior Resident, Netaji Subhash Chandra Medical College, Jabalpur, India

^{2,3} junior Resident, Netaji Subhash Chandra Medical College, Jabalpur, India.

Abstract: Penile amputation is a rare urologic emergency but carries major functional and psychological consequences in regard to patient's overall quality of life. There is a paucity of case reports of traumatic penile amputation during circumcisions; however, most of the cases reported with self-mutilation are a result of severe substance-induced psychosis or underlying psychiatric disorder. We herein describe a case that resulted in a complete self-amputation of the patient's penis under the influence of alcohol and management methods when the amputated part of the penis is not available

I. Introduction

One of the rarest behaviours in the world is the act of genital self mutilation in males. Genital self mutilation has been recorded in a variety of forms e.g. simple laceration, scrotal cutting, testicle removal, penile amputation and self castration. Penile amputation is a rare urologic emergency but carries major functional and psychological consequences in regard to patient's overall quality of life. There is a paucity of case reports of traumatic penile amputation during circumcisions; however, most of the cases reported with self-mutilation are a result of severe substance-induced psychosis or underlying psychiatric disorder [1]. We herein describe a case that resulted in a complete self-amputation of the patient's penis under the influence of alcohol. Historically, earlier case reports were published in the mid 1800s and successful penile reimplantation was reported in 1926 [2]. Since then, there have been gradual rise of traumatic penile amputation with 87% of cases reported associated with an underlying psychotic disorder [1,3]. In many cases genitals are disposed off immediately such as a recent case reported where a schizophrenic male cut off both his penis and testicles and flushed them down the toilet [6]

II. Case Report

A 40 year old male presented with self amputation of penis and right testis with a sharp blade. The person was under the influence of alcohol at the time of doing so. The vitals of the patient were normal. The patient did not present with amputated part of the penis and the devascularised testis was found attached to the skin. So perineal urethrostomy was done. The right testis was also not present. Left testis was placed in the thigh



Figure Showing Amputated Penis And Right Testis Attached To The Skin

III. Discussion

A systematic review of the literature revealed approximately 80 cases reported worldwide of penile self-amputation from 1966 to 2007, with at least 30 successful penile reimplantation [4,5]. Different weapons have been utilized in penile amputation cases, which range from sharp blades, heavy machinery to projectile objects. Outcome measures for successful penile reimplantation have been widely varying and limiting the ability to clearly define a successful penile reimplantation of an amputated penis [5]. Adding to this, numerous factors contribute to the successful penile reimplantation outcomes often desirable to both physician and patient alike, which include the severity of the penile injury or amputation, type and mechanism of injury, team expertise available, duration of ischemia time, and use of a microscope at time of neurovascular bundle repair [6]. Which was not possible in this case

IV. Conclusion

There are limited clinical data describing the surgical repair techniques employed in a penile reimplantation as well as their long-term outcomes and functional success. This can be partly explained by lack of the proper or accepted definitions of successful penile reimplantation. Historically, successful penile reimplantation is commonly measured by restoration of intact penile sensation, recovering erectile function, and/or absence of urethral strictures or other urinary problems. Nevertheless, the primary goals for successful penile reimplantation are to minimize ischemia time, proper transport of distal penile segment, and transportation to a hospital with the surgical expertise and equipment to provide the patient with the best outcomes. Clearly, these measures and techniques, when applied together in timely fashion, would ultimately improve the patient's sexual and urinary functions, while maintaining best possible cosmesis. Future directions should be aimed to establish well-validated penile trauma algorithm with multidisciplinary surgical specialties platform to serve as a guide for the wider range of reconstructive urologists, plastics and trauma surgeons as well as other healthcare providers in both civilian trauma and warfare causality situations. Whereas the condition seen in this case the treatment of perineal urethrostomy and placement of the left testis in the thigh seems to be the only management.

Bibliography

- [1]. GreilshheimerH, GrovesJE. Male genital self-mutilation .Arch Gen Psychiatry 1979;36:441–6.
- [2]. Salehipour M, Ariafar A. Successful replantation of amputated penile shaft following industrial injury. Int J Occup Environ Med 2010;1:198–200.
- [3]. Simopoulos EF, Trinidad AC. Two cases of male genital selfmutilation:An examination of liaisondynamics.Psychosomatics 2012;53:178–80.
- [4]. Jezior JR, Brady JD, Schlossberg SM. Management of penile amputation injuries. World J Surg 2001;25:1602–9.
- [5]. SelbyEA, BenderTW, GordonKH, NockMK, JoinerTEJr. Non-suicidal self-injury (NSSI) disorder: A preliminary study. Pers Disord 2012;3:167–75.
- [6]. Shirodkar S.S,Hammad F.T, Qureshi N.A (2007). Male genital self amputation in the Middle East: A simple repair by anterior urethrostomy