

## Penile Garotting: More than What Meets the Eye- A Rare Case Series Analysis of an Our Experience

Praveen Kumar Lakhera<sup>1</sup>, Arvind Kumar<sup>2</sup>, Prashant Patel<sup>3</sup>

<sup>1</sup>Assistant professor, Department of Urology, Superspeciality Hospital, N.S.C.B. Medical College Jabalpur, India 482003

<sup>2</sup>Assistant professor, Department of Urology, Superspeciality Hospital, N.S.C.B. Medical College Jabalpur, India 482003

<sup>3</sup>Associate professor, Department of Urology, Superspeciality Hospital, N.S.C.B. Medical College Jabalpur, India 482003

Received: 25-10-2023 / Revised: 23-11-2023 / Accepted: 26-12-2023

Corresponding Author: Dr. Praveen Kumar Lakhera

Conflict of interest: Nil

### Abstract:

**Background:** Placement of garotting objects around penis for autoerotic, enhanced sexual performance, urinary incontinence or cult practices purposes that represent a well-known challenge for urologists. Penile garotting is a urologic emergency with potentially severe clinical consequences. In many cases a rapid intervention and removal of the penile garotting objects is enough so that patients need no further interventions.

**Results:** We have reported Retrospective evaluation of four different cases of penile garotting objects (Gold and Metallic ring, and Rubber band) presented at our department and we have used different methods for extraction of garotting objects of penis.

**Conclusions:** We used Bashir and El-Barbary (table2) grading for injury of penis through penile garotting objects. Removal of these objects can be challenging and often requires resourcefulness and multidisciplinary approach.

**Keywords:** Penile Garotting, Autoerotic, Penis, Garotting Objects, Cult Practice.

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

### Introduction

Penile garotting is a rare emergency situation that can lead to a wide range of vascular and mechanical injuries. Failure to remove such object can lead to penile ischemia and tissue loss. There has a Low incidence of foreign body insertions and self-inflicted injuries to the penis. Common foreign body in children are hair pin, string, bands [1,2] and in Young adults are metallic rings [3,4], nut [5], vacuum erection devices and in geriatric patients are rings, rubber band [6, 7]. Knowing the motives is extremely difficult to interpretate. Young adults used it for Sexual stimulation, enhanced erection and Cult practice (Rings were God sent during the ritual to maintain erection for prolonged periods) and Geriatrics used it for relieving symptoms of urinary incontinence. Key to Success is early medical attention and appropriate management.

### Aim

This case series analysis presented due to our experience dealing with various presentation, complications and evaluation of multiple methods needed

for extraction of objects in penile garotting to prevent penile injuries.

### Material and Methods

Study Design- retrospective evaluation of four different cases of penile garotting presented in our urology department Super Speciality Hospital at Netaji Subhash Chand Bose Medical College Jabalpur and different methods of device extraction had performed. We were analyzed the important findings and summarize it.

### Case 1

A 57 year old male having history of a sexual Fetish and voiding difficulty since 10 hrs and history of application of wedding ring to the penile shaft for sexual gratification, and similar multiple attempts in the past. On examination patient is having Gold ring at the root of the penis causing Penile strangulation and edema (Figure 1).Patient Managed by cutting a Gold ring through bone cutter (Figure 2).Penile edema has gradually resolved (Figure 3).In Follow up psychiatric counseling giv-

en after 1 week, counseled and treated for his sexu-

al fetish.



**Figure 1: Gold ring at the root of the penis**



**Figure 2 Ring cut by bone cutter**



**Figure 3 Penile edema resolved postoperatively**

**Case 2:**

A 90 yr old male referred as case of suspected Ca penis having swelling around glans penis since 10 days. On examination Paraphimosis present (Figure 4) and Patient applied the rubber band 2 weeks back for urinary incontinence (Figure 5). Patient managed by cutting the Rubber band and circumcision done (Figure 6). patient discharged with catheter following surgery and in Post op follow up no evidence of any fistula or infection.



**Figure 4: Paraphimosis present**



**Figure 5: Tight pink colored rubber band around the penile shaft proximal to the corona causing penile skin erosion**



**Figure 6: Rubber band cut and Circumcision done**

### Case 3

A 13 year male having history of playful self-application of a metal rings 12 hrs back over shaft of penis and failure to remove it. On examination constricting stainless steel ring outer diameter of 5 cm and inner diameter of 4 cm found encircling the root of the penis (Figure 7). Penis was grossly



**Figure 7: stainless steel ring constricting at root of penis**

edematous, hyperesthesia, and warm. Patient managed by Cut open the ring using a metal saw (Figure 8) and compression was relieved (Figure 9).

Follow-up done at 2 and 4 weeks penis was found normal with no voiding difficulty. Counselling and education given regarding hazards of such endeavors.



**Figure 8: post op status of penis**

### Case 4

A 45yr old male using a penile Rings as a part of CULT PRACTICE since 5yr presented with swelling, pain, and purulent discharge from the penis, and dribbling of urine since 2weeks (Figure10,12). On Examination finding grossly 2 thick metallic rings at proximal penile shaft and 1 thin metallic ring around the penis and root of scrotum and 2 rings at glans with distal penile edema and secondary infection (Figure 10,11,12,)

patient managed with cutting the outermost thin ring with metal cutter and inner ring were extracted by gentle manipulation. Outer thick metallic rings removed by penile compression by relieve edema through cutting the distal skin margin and with the help of umbilical tape ring is threaded over it and circumcision done (Figure 13,14,15).

Follow up done at 2week and 4 week wound healed well and no voiding difficulty noticed. Psychiatric counselling given to prevent repeat episodes



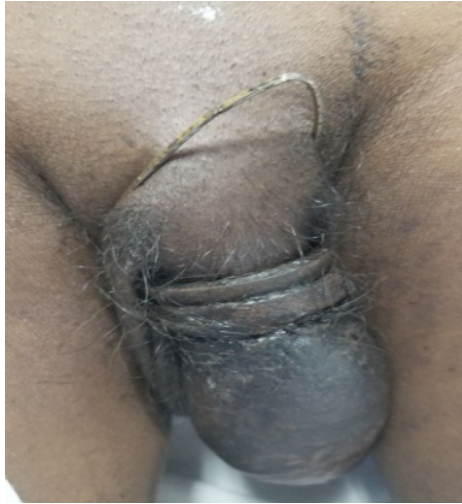


Figure 9:



Figure 10:



Figure 11:

2 thick metallic rings at proximal penile shaft and 1 thin metallic ring around the penis and root of scrotum and 2 rings at glans & distal penile edema.

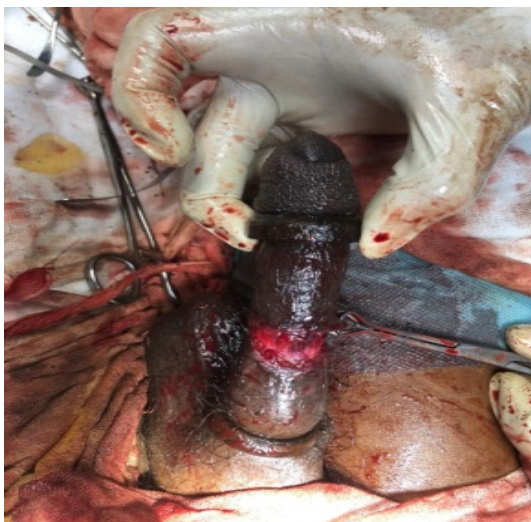


Figure 12: Distal Ring extraction



Figure 13: Proximal Ring extraction



Figure 14: 5 Extracted Foreign bodies

**Results**

**Case Summary**

**Table 1:**

Cases	Age (yr)	Garotting Object	Indication for garotting object	Penile part strangulated	Duration	Bashir & El-Barbary grading	Removed using
Case 1	57yr	Gold ring	Auto-erotism	Root	10 hours	Grade 0	Cutter
Case 2	90yr	Rubber band	Incontinence	Distal shaft	2 weeks	Grade 0	Scissors
Case 3	13yr	Stainless steel ring	Playful intent	Root	12 hours	Grade 0	Saw
Case 4	45yr	5 Metal Ring	Sexual Gratification for Cult practice	Proximal & Distal shaft	2 weeks	Grade 0	Cutter & Manually remove over umbilical tap

**Outcomes**

We have analysed four different cases (table1), Age group varies from 13yr to 90 year. Motive was different in each case for young boy it was playful intent and in adult young male it was used for sexual gratification and auto erotic purposes, and in old male it was for urinary incontinence.

In 2 patient circumcisions needed for removal of garotting objects and to prevent penile injury.

**Discussion**

In all cases we noticed Grade 0 penile injury by Bashir and El- Barbary grading (table2) after removal of garotting objects in follow up period no penile complication noted. Common reason for penile garotting might be for sexual gratification due to psychiatric illness. Bashir and El-Barbary [9] grading using for penile injury by penile constriction band.

**Table 2:**

Grade	Findings
0	Constriction of penile skin without urethral injury
1	Partial division of Corpus Spongiosum & Uretrocaneous fistula
2	Complete division of Corpus spongiosum & constriction of Corpus cavernosa
3	Gangrene, necrosis & amputation of the glans

**Conclusion**

A Penile garotting is uncommon surgical emergency and necessitating immediate surgical intervention. [8,9].

Every case is different & no single treatment for all cases. Key Factor for management is versatile thinking, Prompt release of constricting agent to prevent penile incarceration and Removing social stigma and patient approach to health care system

early. The choice of method for removal depends upon type, size, incarceration time, trauma grade & availability of the equipment.

**References**

1. Sallami S, Ben Rhouma S, Cherif K, Noura Y. Hair-thread tourniquet syndrome in an adult penis: Case report and review of literature. Urol J. 2013; 10:915–8.

2. Nazir Z, Rasheed K, Moazam F. Penile constrictive band injury. *J Pak Med Assoc.* 1993; 43:135–7.
3. Donate Moreno MJ, Giménez Bachs JM, Pastor Guzmán JM, Lorenzo Romero JG, Salinas Sánchez AS, Virseda Rodríguez JA. Penile incarceration by a steel ring. *Arch Esp Urol.* 2004; 57:655–7.
4. Silberstein J, Grabowski J, Lakin C, Goldstein I. Penile constriction devices: Case report, review of the literature, and recommendations for extrication. *J Sex Med.* 2008; 5:1747–57.
5. Kyei MY, Asante EK, Mensah JE, Klufio GO, Paintsil A, Gepi-Atee S, et al. Penile Strangulation by self-placement of metallic nut. *Ghana Med J.* 2015; 49:57–9.
6. Badawy H, Soliman A, Ouf A, Hammad A, Orabi S, Hanno A. Progressive hair coil penile tourniquet syndrome: Multicenter experience with 25 cases. *J Pediatr Surg.* 2010; 45:1514–8.
7. Sasaki Y, Oda S, Fujikata S, Tanimoto S, Kan M. Gangrene of the penis due to strangulation by a rubber band: A case report. *Hinyokika Kyo.* 2014; 60:155–7.
8. Trivedi, S., Attam, A., Kerketa, A., Daruka, N., Behre, B., Agrawal, A., Rathi, S. and Dwivedi, U. (2013). Penile Incarceration with Metallic Foreign Bodies: Management and Review of Literature. *Current Urology*, 7(1), pp.45-50.
9. Patil, S., Sawant, A., Kumar, V. and Kasat, G. (2016). Penile constriction injury: An experience of four cases. *Urology Annals*, 8(4), p.512.