

Case Report

Neglected Penile Rubber Ring and Its Consequences: A Case Report

Deepak Kandel^{1*}, Shriya Bastakoti², Amrit Banjara¹

Author's Affiliations

¹Department of General Surgery, Lumbini Medical College and Teaching Hospital, Palpa, Nepal

²Department of Psychiatry, Central Jail Hospital, Kathmandu, Nepal

Correspondence to:

Dr. Deepak Kandel
Department of General Surgery
Lumbini Medical College and Teaching Hospital
Palpa, Nepal
Email: drdeepakkandel@gmail.com

ABSTRACT

Background and objectives: Penile rings are constriction devices used to enhance erection by limiting venous outflow. Here, we present a case of neglected Penile Rubber Ring in man with penile swelling following foreskin retraction.

Presentation of Case: A case of a 62-year-old man who presented in our surgical OPD with sudden penile swelling and pain. Surgical intervention was done with the operative finding of a penile rubber ring inserted 14 years back, which had remained asymptomatic. It was kept for sexual enhancement. The ring was removed,

and the patient had an uneventful postoperative period with full recovery.

Discussion: The chronic presence of the penile rubber ring led to sebum accumulation and local inflammation, predisposing him to sudden penile swelling and pain. Early surgical intervention was critical in preventing further complications.

Conclusion: This case suggests the importance of considering retained foreign bodies in patients presenting with penile swelling and the need for early surgical intervention to prevent its consequences.

Keywords: Consequences, foreign body, Penile Rubber Ring, Penile Swelling, Sexual enhancement

INTRODUCTION

Penile rings are constriction devices used to enhance erection by limiting venous outflow [1]. In middle-aged and elderly men, they are often applied to improve sexual performance or for autoerotic purposes, while in adolescents, they are commonly linked to masturbation or curiosity. In children, constriction is usually caused by threads or hair, and psychiatric disorders can

lead to their use at any age. Prolonged or neglected application can cause edema, ischemia, necrosis, urethral injury, or even amputation [2]. We report a case of a neglected penile rubber ring and its consequences, emphasizing the need for prompt recognition and quick management.

Non-iatrogenic causes of penile swelling, including self-inflicted injuries, sexual activity, and the use of constricting devices, are rare [3]. Their use has been classically indicated for patients with venous leak or those experiencing sexual incontinence. The use of foreign bodies, including penile rings, for sexual gratification or enhancement can lead to late complications. The exact incidence for the insertion of penile rubber rings is not published yet. Most patients with penile rings remain asymptomatic, as in this case [4]. Chronic foreign body retention in the genital region is extremely rare. Here, we present a case of neglected Penile Rubber Ring in man with penile swelling following foreskin retraction.

Case Presentation

A man in his early sixties presented with a one-day history of penile swelling and pain following foreskin retraction. There is no history of trauma, fever, lower urinary tract symptoms, prior instrumentation, or catheterization. He had no significant medical history of diabetes, hypertension, or any chronic illnesses. There is the history of insertion of a penile rubber ring approximately 14 years back while working abroad for sexual enhancement and for better pleasure. He had been asymptomatic since and had forgotten about its presence.

On examination, there was swollen glans penis with retracted and constricting foreskin (Figure 1). An ulcer measuring 0.5 x 0.5 centimetre(cm) was noted on the ventral aspect of the penis without signs of infection, tissue necrosis, or discharge (Figure 2). Manual reduction of retracted and constricting foreskin was unsuccessful due to pain. Blood investigation and imaging were deemed unnecessary due to a clear clinical diagnosis.

The patient was taken to the operating room. Surgical intervention was performed under penile block and division of the constricting penile ring was done. Intraoperative finding of a yellow rubber ring encircling the base of the glans penis and approximately 20 millilitres (mL) of a mixture of sebum, an encrusted rubber ring, and keratinous debris was noted (Figure 3). The ulcer was cleaned and treated with local antibiotics. The postoperative period was uneventful, and the patient was discharged the following day with wound care instructions. Daily follow-up was advised, and on each subsequent day, edema had resolved, and the ulcer was healing well. There was no any complication during follow-



Figure 1: Swollen glans Penis with retracted and constricting foreskin

up, and the patient is doing well.



Figure 2: A blue arrow showing an ulcer on the ventral surface of the penis without signs of necrosis or discharge

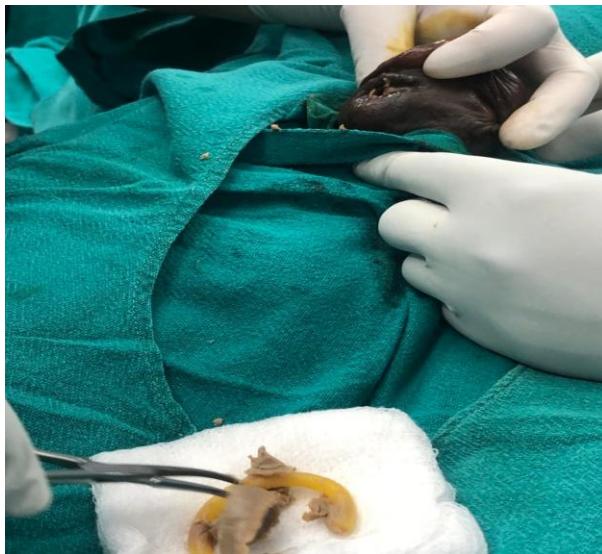


Figure 3: A mixture of sebum, an encrusted rubber ring, and keratinous debris

DISCUSSION

Constricting penile rings are placed around the penis, typically for sexual gratification or autoerotic stimulation. Constriction bands provide a more prolonged erection, and some may benefit from the sensation of tightness and engorgement that wearing a constriction band provides [5]. Such devices can lead to venous congestion, distal penile edema, ischemia, and necrosis if not managed immediately [2]. Most of the patients present with acute symptoms, and immediate intervention is required to prevent complications. However, this case highlights the potential for chronic asymptomatic foreign body retention with delayed complications

There are various types of penile constricting devices, ranging from metallic rings to plastic and rubber bands [6]. Complications are dependent on material, location, tightness, duration, and hygiene. There are risks of infection, tissue necrosis, and urethrocuteaneous fistulas when intervention is delayed [7].

In our patient, the chronic presence of the penile rubber ring led to sebum accumulation and local inflammation, predisposing him to sudden penile swelling and pain. Early surgical intervention was critical in preventing further complications.

Other cases in the literature describe delayed presentations ranging from days to years; however, a 14-year asymptomatic period is exceptional. These cases highlight the necessity for clinicians to inquire about sexual practices and potential foreign body use during genital examinations.

Chronic penile swelling can lead to paraphimosis, which is managed by manual reduction, dorsal slit procedures, and circumcision in refractory cases [8]. In this particular case, surgical removal of the penile ring under local anesthesia was sufficient, and the patient had an uneventful recovery.

Published literature reviews indicate that chronic retained penile foreign bodies are rare. Clinicians should always include insertion of penile rings in the differential diagnosis of paraphimosis, particularly in older patients or those hesitant to disclose sexual practices due to stigma [2]. Comprehensive history-taking and non-judgmental communication are essential in these scenarios.

CONCLUSION

This case highlights a rare instance of long-term asymptomatic retention of a penile rubber ring, leading to penile swelling and encrustation of the rubber ring—a urological emergency characterized by foreskin entrapment and vascular compromise. The chronic presence of the foreign body caused local inflammation and sebum accumulation, which predisposed the patient to sudden penile swelling and pain upon foreskin retraction. Early recognition and prompt surgical removal of the constricting ring were essential to prevent serious complications such as tissue necrosis or infection. Clinicians should maintain a high index of suspicion for retained foreign bodies in patients presenting with paraphimosis, particularly when patients may be reluctant to disclose sexual practices. Comprehensive history-taking, non-judgmental communication, and timely intervention are critical for favourable outcomes in such unusual presentations.

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