

Paraphimosis in Children Case Report

Mohamed Selim

Emergency Medicine Specialty Doctor, QEQM Hospital, United Kingdom

Email address: mohamedaminselim @ gmail.com

I. INTRODUCTION

Paraphimosis is a urological emergency occurs when the foreskin of an uncircumcised or partially circumcised male is retracted for an extended period of time. This causes venous occlusion, edema and finally arterial occlusion⁽¹⁾

In uncircumcised children, four months to 12 years old, with foreskin problems, paraphimosis (0.2%) is less common than other penile disorders such as balanitis (5.9%), irritation (3.6%), penile adhesions (1.5%), or phimosis (2.6%)⁽²⁾

II. CASE PRESENTATION

This is a case of a 12-year-old boy who was admitted to Emergency medicine department accompanied by his mother complaining of pain and swelling over his penis. Pain and swelling started 8 hours before and worsening over the time till presentation in Emergency department. Patient stated that no previous trauma or manipulation also sexual abuse excluded

On initial assessment, patient was alert and vitally stable. However, the glans penis is enlarged and congested with a collar of edematous foreskin. A constricting band of tissue is noted directly behind the head of the penis. The remainder of the penile shaft is unremarkable.

III. INVESTIGATIONS

Urine dipstick was done and showed no infection

IV. DIFFERENTIAL DIAGNOSIS

- Hair tourniquet (excluded by absence of any hair surrounding the glans penis)
- Allergic reaction(no rash or preceding risk factor)
- Trauma (excluded by history taking from patient and Mother)
- Infection (no sign of infection including pus , crusts and discharge)

V. TREATMENT

- First pain control using oral Paracetamol Syrup

- Manual reduction of paraphimosis can often be facilitated by simple compression of the glans and the swollen, edematous foreskin for several minutes before attempting the reduction and failed⁽³⁾.
- Ice packs applied to edematous areas and swelling partially improved without reduction of foreskin.
- Gauze soaked in 20% mannitol solution has also been used as an osmotic agent to reduce the edema from paraphimosis but still no reduction of foreskin.

VI. OUTCOME AND FOLLOW-UP

Urological consultation done and patient had surgery to decompress the swelling as an emergency operation

VII. DISCUSSION

Paraphimosis is a urological emergency which needs to be diagnosed and treated early to prevent complications and that is best managed by an interprofessional team that includes a pediatrician, emergency department physician, urologist, nurse specialist, and a surgeon. Despite some cases of mild Paraphimosis could be managed by manual reduction but eventually will need surgery as a definitive treatment

VIII. LEARNING POINTS/TAKE HOME MESSAGES

Paraphimosis in children could be missed or misdiagnosed so early detection will help preventing complications.

REFERENCES

- [1] Dubin J, Davis JE. Penile emergencies. *Emerg Med Clin North Am.* 2011 Aug. 29(3):485-99.
- [2] Herzog LW, Alvarez SR. The frequency of foreskin problems in uncircumcised children. *Am J Dis Child.* 1986 Mar;140(3):254-6.
- [3] Manjunath AS, Hofer MD. Urologic Emergencies. *Med Clin North Am.* 2018 Mar;102(2):373-385