Buried/Trapped Penis in a 14 Years Old Circumcised Obese Adolescent

Sünnetli Obez 14 Yaşındaki Bir Ergende Gömük /Kıstırılmış Penis

Cem Kaya, Zafer Turkyilmaz, Ramazan Karabulut, Kaan Sonmez

Gazi University, Faculty of Medicine, Department of Pediatric Surgery, Ankara, Turkey

ABSTRACT

A concealed penis is an inconspicuous phallus that can be categorized into three subgroups: buried penis, webbed penis, and trapped penis. We report an obese adolescent buried/trapped penis with paraphimotic scar tissue due to previous circumscision in this case presentation.

Key Words: trapped penis, obesity, circumscision

Received: 10.20.2019 **Accepted:** 11.18.2019

ÖZET

Saklı penis fallus yada penisin gözle belirgin görülmediği ve gömük penis, perdeli penis ve kıstırılmış penis olarak üç alt gruba ayrılabilen bir durumdur. Biz bu vaka sunumu ile obez bir adolesanda önceki sünnete bağlı parafimotik skar dokusu nedeniyle oluşan gömük/ kıstırılmış penisi rapor ediyoruz.

Anahtar Sözcükler: Kıstırılmış penis, obezite, sünnet

Geliş Tarihi: 20.10.2019 **Kabul Tarihi:** 18.11.2019

INTRODUCTION

A concealed penis (CP) is an inconspicuous phallus that can be categorized into three subgroups, according to Maizels' classification: buried penis (BP), webbed penis (WP) and trapped penis (TP) (1). A BP is a normal-size penis totally buried in prepubic tissue because of a lack of skin attachment to the shaft. It can be identified by the absence of the circumferential groove at the base of the penis. A WP is characterized by a ventral fold of skin that joins the distal shaft and scrotum, obscuring the penoscrotal angle. A TP is usually the result of thoughtless circumcision of a concealed penis; less frequently, it can be the result of surgery for other pathologic features (1,2). We report an obese adolescent buried/trapped penis with paraphimotic due to cicatricial scar of circumscision line.

CASE REPORT

Our patient was 14 years old and 116 kg with 172 cm height. He was circumcised at age 9 years during which time his penis was of normal length but buried type. Consequently, the penis has become trapped because of obesity and paraphimotic scar tisue. On examination, the glans penis could not be made to emerge because of the presence of a circular scar line on the distal end of penile skin. His erection was painful and problematic due to scarred circumcision incision line (Figure 1). A penoscrotal web was also found. At operation under laryngeal mask general anesthesia, paraphimotic circumcision scar was excised. The penis was degloved through the dartos fascia up to the pubis. Degloving procedure extended as far as , the dorsal parts of the penis reached the pubic level and the ventral side of the penis reached the borderline between the penis and scrotum.

Address for Correspondence / Yazışma Adresi: Ramazan Karabulut, MD, Medical Faculty, Gazi University Department of Pediatric Surgery Besevler, 06550 Ankara, Turkey E-mail: ramazank@gazi.edu.tr

doi:http://dx.doi.org/10.12996/gmj.2019.114

The suspensory ligament was detached from the pubis and sutured to the fascial structures above the pubic bone by 2/0 Ethibond. All the tethering bands were separated from the tunica and a 5 cm long incision was done on the penile skin extending to the scrotal skin through the midline raphe. Corresponding points at the edges of the incised skin were sutured to Buck's fascia at the penile root to form the pubopenile groove and penoscrotal angle. Penis is of normal length and erection without buried penis now (Figure 2).

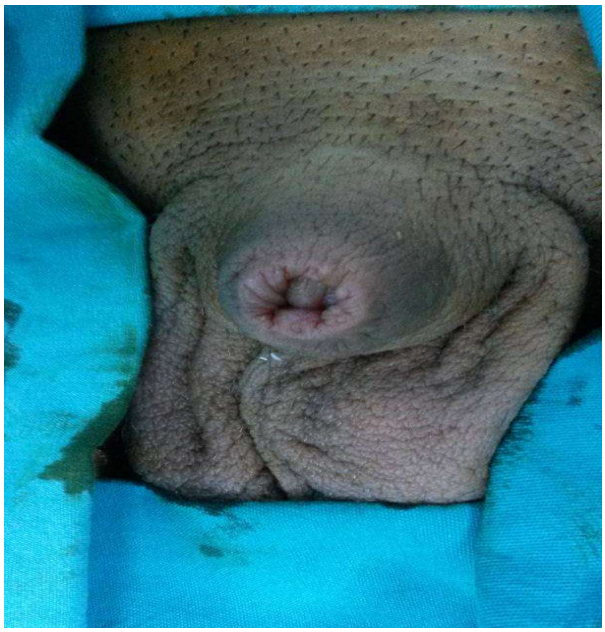

Figure 1: Preoperative appearance of a trapped/buried penis of our patient.

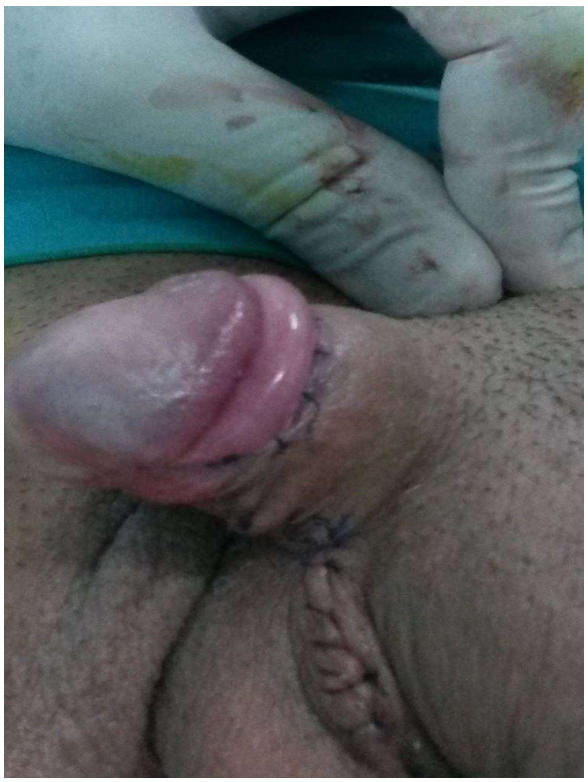

Figure 2: Postoperative corrective appearance of the penis of same patient.

DISCUSSION

Concealed penis (CP) is an uncommon condition that usually presents in infants or obese prepubertal boys and occurs in both circumcised and uncircumcised children. Patients with concealed penis have a combination of contributing factors that result in inconspicuous or hidden appearance of the penile shaft (3). This congenital anomaly is characterized by an insufficiency of the penile skin resulting in an inadequate subcutaneous attachment to Buck's fascia. A CP can result in phimosis, balanitis, hygiene and voiding difficulties,and psychological trauma. During a physical examination of such patients, the penis is found to be hidden under the exterior aspect of the prepubic skin; however, the penis can be palpated and visualized by exerting pressure on the opposite side of the shaft base (4).Many congenital defects have been described including deficient penile skin, laxity of attachment at the penile base, tethering of the penile skin forward on the cavernosa by dysgenetic dartos tissue, scrotal webbing, and excessive suprapubic fat (3-5). Secondarily buried penis (trapped) may occur with a cicatricial scar after circumcision or from a large hernia or hydrocele. Although our patient had a burried penis when he was a child, he was circumcised and the clinical picture became worse. The penis exhibited a combination of both burried and trapped form due to scarring of the circumcision incision. Various surgical methods involving subsequent modifications have been described for correcting a CP: degloving the penis, fixation of skin to the penile shaft, lipectomy or liposuction of prepubic fat, multiple Z-plasties, scrotal skin flaps, split-thickness skin grafting. Four key points in the procedure described in the reports are as follows; degloving and elongation of the penis stitching of the the dermis and dartos fascia to Buck's fascia at the base of the penis, reconstruction of the penopubic and penoscrotal angles and reestablishment of the preputial skin to provide skin cover(4-6).

CONCLUSION

Children with obesity and buried penis should not be hastened for circumcision. Prepitual tissue is important for buried penis and circumcision can be delayed until adolescence in these children for good a penile cosmetic.

Conflict of interest

No conflict of interest was declared by the authors.

REFERENCES

1. Maizels M, Zaontz M, Donovan J, Bushnick PN, Firlit CF. Surgical correction of the buried penis: description of a classification system and a technique to correct the disorder. J Urol 1986; 136:268–271.
2. Borsellino A, Spagnoli A, Vallasciani S, Martini L, Ferro F. Surgical approach to concealed penis: technical refinements and outcome. Urology 2007;69(6):1195-8.
3. Metcalfe PD, Rink RC. The concealed penis: management and outcomes. Curr Opin Urol 2005;15(4):268-272.
4. Ge W, Zhu X, Xu Y, Chen Y, Wang J. Therapeutic effects of modified Devine surgery for concealed penis in children. Asian J Surg 2019;42(1):356-361.
5. Isik D, Isik Y, Peker E, Atik B. Buried and trapped penis: a case report. Andrologia 2010;42(4):281-283.
6. Abbas M, Liard A, Elbaz F, Bachy B. Outcome of surgical management of concealed penis. J Pediatr Urol 2007;3(6):490-494.