Penil Hematoma in a 3-month-old Boy

Üç Aylık Erkek Çocukta Penil Hematom

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ABSTRACT

We presented a 3-month-old boy with glans ischemia without any etiologic factors. He underwent elective circumcision at a private hospital one month ago and postoperative period was uneventfull. Glans penis and penis color changed from normal to black within hours after coming to the our clinic, hematoma was considered and a immediate surgical decision was made. The right lateral circumcision incision was re-insized and 2 cm coagulated hematoma was evacuated. As in this patient, even a minor hematoma can rapidly change the picture because of the small penile size of pediatric patients. Therefore, such cases should be kept under close observation.

Keywords: glans ischemia, hematoma, surgery, children

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ÖZET

Herhangi bir etiyolojik faktör olmaksızın glans iskemisi gelişen 3 aylık erkek çocuğu sunmak istedik. Hasta bir ay önce özel bir hastanede elektif sünnet yapılmış ve ameliyat sonrası dönemi sorunsuz geçmiş. Kliniğimize geldiği andan itibaren glans penis ve penis rengi saatler içinde normalden siyaha döndü, hematom düşünüldü ve acil cerrahi karar verildi. Sağ lateral sünnet insizyonu yeniden açılarak 2 cm'lik pıhtılaşmış hematom boşaltıldı. Bu hastada olduğu gibi, küçük bir hematom bile pediatrik hastaların ufak penil boyutu nedeniyle tabloyu hızla değiştirebilir. Bu nedenle, bu tür vakalar yakın gözetim altında tutulmalıdır.

Anahtar Sözcükler: glans iskemisi, hematom, cerrahi, çocuk

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INTRODUCTION

Glans and penil tissue ischemia is an extremely rare complication after circumcision. In most cases, the etiology remains unclear. Apart from hematoma, tight suture lines, or excessive use of monopolar cautery, distal penile nerve block (DPNB) has been suggested to be the most frequent cause of this complication(1-4). This complication rate was reported 0.23% in 3,909 DPNB case from Singapore(6). However, we wanted to describe the case of penile ischemia in our patient which did not include above aetiology.

CASE REPORT

A 3-months-old boy underwent elective circumcision at a private hospital one month ago. Postoperative course was uneventfull. During the patient's bath, parents saw purple area on the penis body, which began right below the glans. When the patient presented to our clinic, we noticed that the purple area on the right side of penis was gradually enlarged(Figure 1). In about an hour, the normal color of the glans changed to black(Figure 2). There were no urination problems and all laboratory findings, including whole blood count, blood chemistry and bleeding-clotting profile were within normal limits. Color Doppler ultrasound of the penis showed 12 mm heterogeneous and dense collection area of was observed in the subcutaneous area. Both proximal corpus cavernezum were homogenous, while distal parts integrity could not be selected due to compression. Emergency surgery was decided to prevent ischemia of penile tissue and glans due to hematoma. The right lateral circumcision incision was reopened with laryngeal mask anesthesia and 2 cm coagulated hematoma between the tunica albugenia and dartos fascia was evacuated (Figure 3). After this procedure, the color of the glans and penis immediately returned to normal(Figure 4). The patient was discharged on the second postoperative day There were no other problems in the postoperative period.

Figure 1: Purple area on the right side of the penis.

Figure 2: Penile and glans color turned black due to increased hematoma.

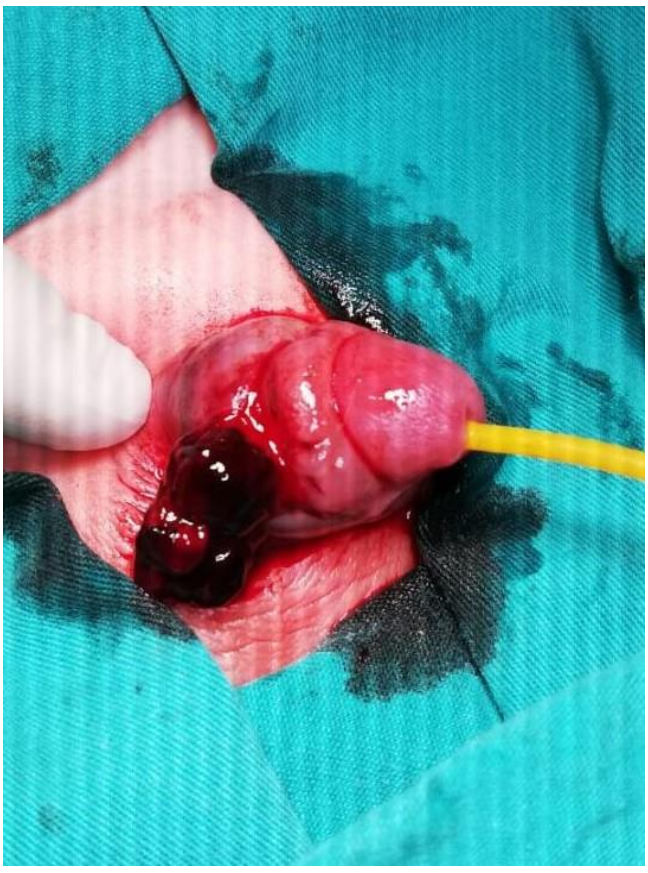

Figure 3: Hematoma in the field of operation.

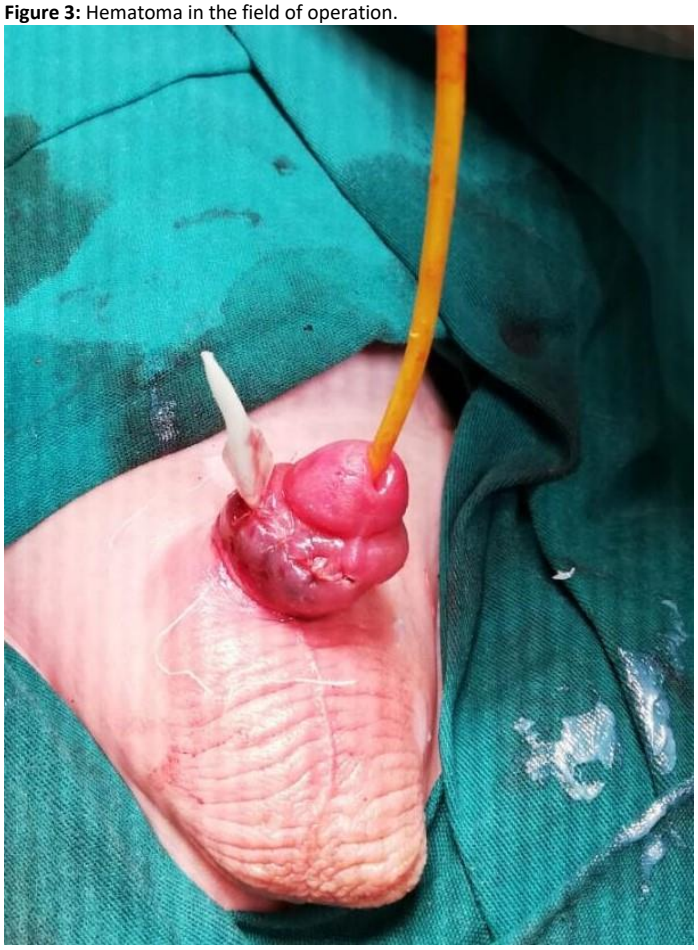

Figure 4: Normalized glans and penis color after the hematoma evacuation.

DISCUSSION

Ischemia of the glans penis is a rare condition; the most frequent causes are circumcision, trauma, penile strangulation and application of vasoconstrictive agents. Additionally, there are several pathologies which cause glanular ischemia or necrosis in adults, including diabetes mellitus, acute arterial occlusion, foreign bodies, Fournier's gangrene, spider bite. Ischemia of the glans penis following circumcision commonly results from dorsal penile nerve block with local anesthetics and inadequate surgical technique or device. Treatment in these patients includes measures to correct the underlying disease or increase penile blood supply. The characteristic of this patient, there was no history of trauma and drug intake and no one of the factors described above(1-5). In addition, DPNB, penile tourniquet or excessive use of cautery were excluded due to the occurrence of the event one month after circumcision in this case. Penile hematoma and ischemia that develop after circumcision occur within hours. This case is interesting because it was seen one month after circumcision and there was no underlying trauma or coagulation disorder.

CONCLUSIONS

As in this patient, even a small hematoma can rapidly change the picture because of the small penile size of pediatric patients. Therefore, such cases should be kept under close observation, should not be sent home. Surgeons should be ready for surgery anytime.

Conflict of interest

No conflict of interest was declared by the authors.

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