

Congenital Paraphimosis in a Pup- A Case Report

**A. Kumaresan*, S. Prakash, M. Selvaraju,
K. Ravikumar and S. Sivaraman**

*Department of Clinics,
Veterinary College and Research Institute,
Namakkal, Tamil Nadu - 637 001
E-mail: kumaresan_dr@yahoo.com*



Paraphimosis is a condition wherein failure of the penis from being withdrawn into the prepuce (Boden,E.,2005) and It may be associated with trauma during copulation, penile haematoma, Neoplasia (Roberts,1999), infection (Papazoglou,2001), penile fracture (Bharathi 2004), ineffective preputial muscle (Chaffee and Knecht,1975), Masturbation, Pseudohermaphroditism, neurologic deficits, foreign bodies or congenital paraphimosis (Fossum,2007) or paralysis of the retractor penis muscle(Kustriz,2001) and also by constricted preputial opening due to aband of preputial hairs (O Connor, 1985). Paraphimosis due to trauma and other causes has been reported but present case report describes a case of congenital paraphimosis in a pup.

Case history and observation

A one month old male nondescript pup weighing about 3 Kg was presented to the Teaching Veterinary Clinical Complex, VCRI, Namakkal, with protrusion of penis from the prepuce from its birth. The penis was slightly edematous and congested with the presence of several haemorrhagic spots (Fig. 1). The length of the exposed penis at the time of presentation was about 5cm. The Rectal temperature, Pulse rate and Heart rate were within the normal range. This case was diagnosed as congenital paraphimosis and was subjected for surgical intervention.



Fig. 1 Congenital Paraphimosis in a pup

Treatment and Discussion

The exposed penis was washed with Normal saline. The oedema and congestion was controlled by applying icepacks and glycerine.4% lignocaine gel was applied over the protruded penis, the preputial orifice was incised and the protruded penis was reduced inside the preputial cavity manually by gentle propulsion. Portion of the preputial orifice was closed by simple interrupted suturing pattern using a cotton thread and the dorsum of the penis was tied along with the side of the prepuce just 1 cm cranial to preputial orifice dorsolaterally. Post operatively animal was given with Inj. Amoxicilline and Dicloxacilline 75mg BID intramuscularly, along with Inj. Prednisolone 0.2 ml for 3 days and dressing with Scavon ointment. The scavon ointment contains Oil of Atasi (Linumusitatissimum), 50mg Tailapatra (Eucalyptus globules), 30mg Karpoora

(Cinnamomumcamphora), 25mg Tulasi (Ocimum sanctum), 12mg Vacha (Acoruscalamus) and 8mg Tankana (Shuddha). The inflammation subsided and the suture was removed on 10th post operative day. There was no recurrence after long term follow up.

The cause for congenital paraphimosis includes narrow preputial orifice and abnormal shortened penis. The prognosis after repair was guarded in many cases. Paraphimos is condition occurs more often in dogs than cats. Sexual hyperactivity preceding paraphimosis may be noticed in young dogs and reoccurrence also common, particularly with Congenital causes (Fossum, 2007). TVT was also one of the causes for Paraphimosis in adult male dogs (kumar, 2012). Boscos and Ververidis (2004) recorded 0.8% incidence of Paraphimosis due to TVT. Chronic untreated cases of genital TVT in male dogs may result in development of Pharaphimosis due to physical obstruction. The use of hyperosmolar solution in combination with icepacks facilitated easy return of exposed penis into the preputial cavity as reported by Elkins, 1984 and Tiwari, 2004. But in this case there was no reoccurrence upto 2 months of follow up. The suturing of dorsal aspect of the penis with dorsolateral aspect of the prepuce facilitated no recurrence.

References

Bharathi, S. 2004. Paraphimosis associated with priapism in a dog. *Blue Cross book* 22, 33-34.

Boden, E. 2005. Black's Veterinary Dictionary 21st edition Jaypee Brothers, Medical Publishers (P) Ltd. New Delhi. India. pp. 512.

Boscos, C.M. and Ververidis H.N. 2004. Canine TVT: Clinical findings, diagnosis and treatment. Proceedings of the 29th World Congress of World Small Animal Association.

Chaffee, V.W. and Knecht, C.D. 1975. Canine Paraphimosis: Sequel to ineffective preputial muscle. *Veterinary Medicine* 70: 1418-1420.

Elkins, A.D. 1984. Canine paraphimosis of unknown etiology. A case report. *Veterinary Medicine*. 79: 638-639.

Fossum, T.W. 2007. Surgery of the Reproductive and genital system. In: Small animal surgery, 3rd edition, *Mosby Elsevier*, pp: 768-770.

Kustriz, M.V.R. 2001. Disorders of canine penis. *Veterinary Clinics of North America: Small Animal Practice* 31, 247-258.

O'Connor, J.J. 1985. Dollors Veterinary Surgery. *CBS Publishers and Distributors, Delhi 4th edition*, pp: 744-750.

Papazoglou, L.G. 2001. Idopathic chronic penile protrusion in the dog. A report of 6 cases. *Journal of Small Animal Practice*. 42: 510-513.

Roberts, J.S. 1999. Infertility in male animals, pp. 648-649. In: *Veterinary Obstetrics and Genital Diseases – 5th edition*. *CBS Publishers and Distributors, New Delhi*.

Tiwari, S.K., Sharda, R. and Dewangan, R. (2004). Successful Surgical Management of paraphimosis in a crossbred dog – A case report. *Intas Polivet* 5(2): 331-332.