

PENILE NECROSIS CAUSED BY CONDOM CATHETER

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Mohibur Rehman, S.M. Rab (Department of Medicine, Jinnah Postgraduate Medical Centre, Karachi 35.)

In recent years awareness of the undesirable side effects of indwelling catheter has resulted in the popularity of condom catheters in unconscious, incontinent and paraplegic patients; hitherto these have been found to be safe.

A case of penile necrosis following pro-longed use of condom catheter is reported. Only one other report is available in the world literature¹.

CASE REPORT

A 40 year old male was undergoing treatment for acute miliary tuberculosis complicated by tuberculous meningitis at a hospital. Because of his comatose state, a condom catheter was applied, two days latter the patient was transferred under our care. Three days later he developed high grade fever accompanied by chills and rigor. On examination the diagnosis of miliary tuberculosis along- with choroid tubercies and tuberculous meningitis was confirmed. However, he showed remarkable changes in the penis distal to the ring of condom. This was swollen, the margins were red and hot and the skin over the glans was swollen and black (Figure).



Figure. The Swollen Penis.

The condom was removed, aseptic dressing followed by debridement alongwith treatment for his tuberculous disease caused a recovery without the loss of penis except for the sloughing of the skin which healed slowly by granulation oyer a period of 2 months.

DISCUSSION

Strangulation and incarceration of the penis by devices other than condom catheter have been reported^{2,3}. Various objects and rings have been placed on the penis in an effort to control enuresis in children or to cause masturbation⁴. Some of these have been responsible for incarceration and strangulation.⁵ Penile necrosis has only rarely been described because of rich anastomotic network of vessels supplying the penis.⁶ Therefore only tight tourniquet effect can explain the catastrophe. The vascular strangulation does not necessarily result in pain as was noted by Steinhardt.¹ It can be appreciated that in an unconscious patient like ours there can be more than one reason for the absence of pain. The patient might have developed this complication because of a poorly designed and poorly applied or neglected condom. In order to avoid such a complication in future close monitoring and frequent change of condom is suggested.

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