

# A Case Report on the Diagnosis, Treatment, and Preventive Measures of Paraphimosis in a 29-Year-Old Male

Kirtick Poovendran<sup>1</sup>, Lavanya Chandran<sup>2</sup>

Tbilisi State Medical University, Tbilisi, Georgia

Corresponding Author: Kirtick Poovendran

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## ABSTRACT

In uncircumcised males, paraphimosis is an acute urologic emergency characterized by painful swelling, vascular compromise, and, if left untreated, necrosis. This condition occurs when the foreskin retracts and is unable to restore to its normal anatomical position. We describe a 29-year-old man who self-retracted his foreskin and neglected his personal hygiene, resulting in paraphimosis. He underwent satisfactory treatment with dorsal slit circumcision and manual reduction. In order to prevent and manage this illness, this research highlights the significance of patient education, prompt intervention, and hygiene awareness.

**Keywords:** Paraphimosis, Urologic emergency, Foreskin retraction, Dorsal slit circumcision, Manual reduction, Penile necrosis, Hygiene-related complications, Uncircumcised male, Patient education, Preventive urology

## INTRODUCTION

A urological disorder known as paraphimosis occurs when the retracted prepuce becomes stuck behind the glans penis and is immobile. As a result, the penile shaft becomes constricted, which causes the glans to enlarge and vascular congestion to worsen. This may lead to gangrene, necrosis, or vascular compromise if treatment is delayed. It can be caused by self-induced retraction or poor hygiene, although it is often iatrogenic in nature (for example, following catheterization or cystoscopy). To avoid such crises, education about foreskin care is crucial, especially for males who are not circumcised [1,2].

## CASE DESCRIPTION

A 29-year-old man presented to the emergency department with pain and

swelling of the glans penis. He reported that after retracting his foreskin while washing, he was unable to return it to its normal anatomical position. On examination, there was an edematous and erythematous glans with a tight constricting band of retracted foreskin behind the corona, consistent with paraphimosis. He was hemodynamically stable with blood pressure 130/80 mmHg, pulse rate 118 bpm, and oxygen saturation 99%. He was afebrile. Neurological, respiratory, gastrointestinal, and cardiovascular examinations were unremarkable. Laboratory investigations including CBC, RFTs, LFTs, and viral markers were within normal limits.

Initial management included analgesia and attempted manual reduction of the foreskin. As this was insufficient, the patient underwent dorsal slit circumcision under

local anesthesia (dorsal penile block with lidocaine). A sterile dressing was applied and hemostasis ensured. Postoperatively, he was given antibiotics, analgesics, and intravenous fluids. The patient had a smooth recovery and was discharged the next day with advice on genital hygiene and a 10-day treatment course.

## **CASE HISTORY**

The patient had no notable medical history or urological issues in the past. He said that he had never been taught how to take care of his foreskin and that he only took a bath every two days. He was unable to pull the foreskin back over the glans after retracting it to clean below, which is when the issue started. The patient was admitted on June 10, 2024, when it was determined that it was an emergency. Pain alleviation and manual reduction efforts were part of the initial management. Next, under sterile conditions and local anesthesia (dorsal penile block with lidocaine), a dorsal slit circumcision was carried out. A sterile dressing was placed and hemostasis was maintained. The patient received supportive treatment, analgesics, antibiotics, and intravenous fluids after surgery. After a smooth recovery, he was released the next day with a 10-day

## **DISCUSSION**

Etiology and Pathophysiology

The trapping of the foreskin behind the glans penis causes paraphimosis, which results in venous and lymphatic blockage, discomfort, and swelling. This can develop into artery blockage and necrosis if left untreated. Usually, it is brought on by:

- Inappropriate handling of the foreskin during genital inspection or catheterization
- Trauma or retraction brought on by oneself
- Poor personal hygiene (as in this instance)

Here, hygiene was really important. Due to smegma and debris buildup from the patient's infrequent bathing, irritation and foreskin immobility were exacerbated. Adhesions

between the glans and foreskin in newborns and toddlers are often physiological and go away on their own between the ages of three and four. Natural washing procedures and sporadic erections facilitate separation. In early life, forced retraction is discouraged [1,3].

## **Clinical Characteristics**

- Glans pain, erythema, and swelling
- Not being able to move the foreskin
- Possible retention of urine
- Infection, necrosis, or discoloration is severe example [1,3,5].

## **DISTINCTIVE DIAGNOSIS**

- Acute edema
- Contact dermatitis caused by allergies
- The Anasarca
- Balanitis
- Obliterans Balanitis xerotica
- Cellulitis
- Fractures of the penis
- Hemostasis in the penis
- Options for Managing Insect Bites [1].

## **MANAGEMENT OPTIONS**

- Manual reduction: Lubrication and light compression are the first-line techniques.
- Osmotic techniques: Reducing edema with salt, sugar, or D50.
- Multiple punctures are used in the puncture procedure to allow fluid to drain.
- For chronic or recurrent occurrences, surgical intervention may involve a dorsal slit or
- Circumcision. In this instance, a dorsal slit circumcision was accomplished effectively following an initial manual reduction.
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## **Anesthesia**

During manipulation or surgery, a dorsal penile nerve block with lidocaine or bupivacaine is frequently used to lessen pain.

Problems if Left Untreated

- Necrosis of tissue
- Gangrene in the penis
- Infections that occur again

- blockage of the urethra [4,5]

## CONCLUSION

As a urological emergency, paraphimosis needs to be treated right away to prevent major consequences. This example demonstrates how poor cleanliness and inappropriate management of the foreskin resulted in an unnecessary emergency. The patient recovered completely after receiving treatment with dorsal slit circumcision under local anesthetic. The best course of action is still prevention, especially for uncircumcised males, which can be achieved by public education on foreskin hygiene, gentle handling, and routine genital care.

### Declaration by Authors

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