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Penile Strangulation by Metallic Ring in a Psychotic Inmate: A Case Report

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Abstract

Penile strangulation is a rare but serious urological emergency that can lead to irreversible ischemia and tissue necrosis. It often occurs in the context of psychiatric disorders or autoerotic practices. We report the case of a 26-year-old incarcerated man, followed for chronic psychosis, who presented with penile strangulation by a metallic ring. The evolution was marked by severe necrosis requiring total penile amputation and bilateral orchidectomy. This case highlights the severity of this condition and the importance of urgent multidisciplinary management.

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Introduction

Penile strangulation is an exceptional urological emergency, first described in 1755 by Gauthier [1]. It is typically caused by the voluntary placement of constricting devices around the penis, either for autoerotic purposes or due to underlying psychiatric illness [2]. The pathophysiology involves venous and lymphatic congestion, followed by arterial occlusion, leading to progressive ischemia and necrosis if not promptly treated [3]. The severity of lesions ranges from mild edema to gangrene and total loss of the organ [4,5].

The condition requires immediate recognition and urgent intervention to avoid devastating outcomes. Psychiatric evaluation is often essential due to frequent underlying mental disorders [6]. We report an extreme case of penile strangulation in a young incarcerated psychotic patient, leading to complete amputation and highlighting the vital need for early and coordinated management.

Case Report

A 26-year-old male prisoner was transferred to our emergency department for acute penile strangulation. The patient had a history of untreated chronic psychosis and had placed a metallic ring at the base of his penis several hours earlier. On examination, the penis was swollen, purplish, and cold, with a steel ring firmly trapped at the base. The patient was febrile (38°C), agitated, and unable to urinate due to urinary retention and bladder distension.

Urgent manual removal of the ring was performed under sedation using distal compression and lubrication, avoiding the need for power tools [7]. However, circumferential necrosis was already established, involving the entire penile shaft. A total penectomy with bilateral orchidectomy was carried out due to the extent of tissue damage. A suprapubic catheter and urethral catheter were placed. Postoperatively, the patient was referred to the psychiatric department for long-term management.

Clinical Images

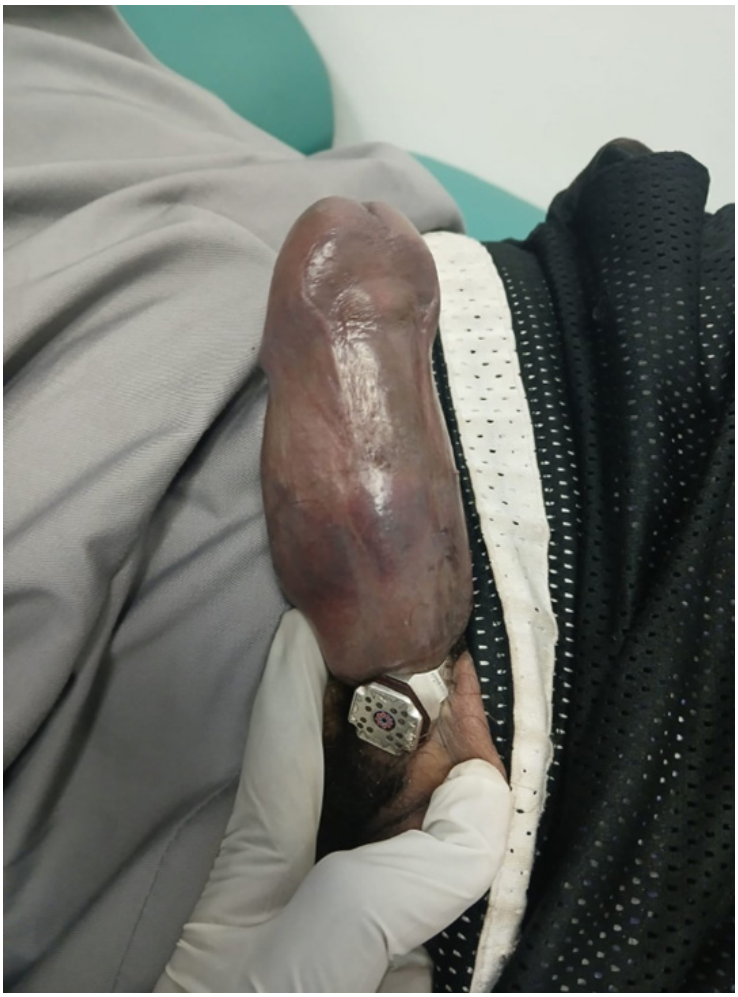

Figure 1: Penile strangulation by a metallic ring in a psychotic patient.

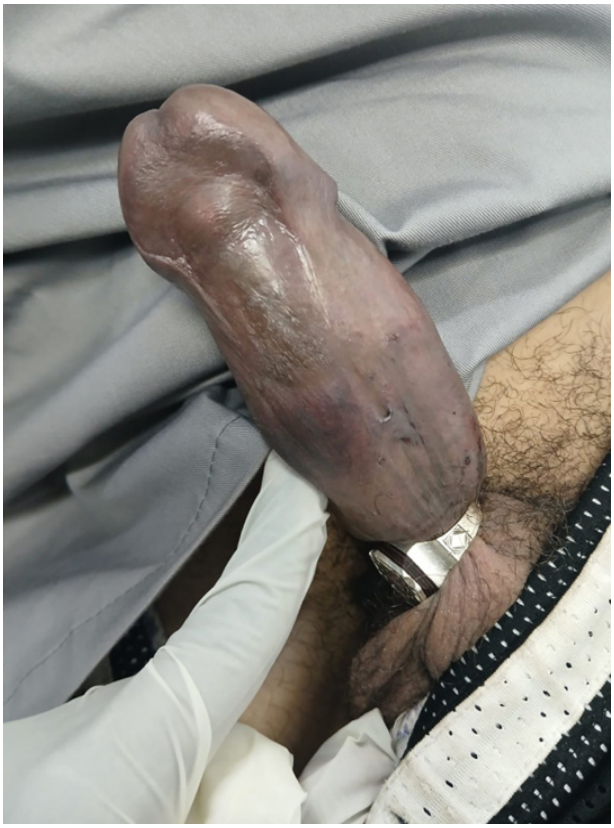

Figure 2: Severe ischemic and congestive aspect of the penis showing circumferential edema and discoloration before intervention.

Figure 3: Post – operative result after ring extraction

Discussion

Penile strangulation is a rare but potentially devastating condition, especially when diagnosis and treatment are delayed. It occurs most often in individuals with psychiatric disorders or those seeking sexual gratification through constriction [2,8]. The constricting devices can be metallic or non-metallic, with metallic rings posing greater risks due to their rigidity and difficulty of removal [3,9].

The classification by Bhat et al. helps to guide management based on the degree of injury, ranging from simple edema to urethral fistula and gangrene [1]. In our case, the injury was classified as Grade V, involving complete necrosis and requiring radical surgery.

A key prognostic factor is the time from strangulation to intervention. Studies have shown that complications increase significantly after 6 hours of constriction [4,10]. Prompt decompression is essential. Various tools and methods are available for removal, including

orthopedic saws, dental drills, and bolt cutters [11,12]. When feasible, manual methods with lubrication can be effective and avoid iatrogenic injury [13].

Psychiatric assessment is mandatory given the high incidence of underlying disorders. Coordination between urologists, surgeons, and psychiatrists is crucial for both acute and long-term care [6,14].

Our case underscores the extreme consequences of delayed presentation and lack of psychiatric support. Amputation, although rare, remains a potential outcome in neglected or severe cases [5,15].

Conclusion

Penile strangulation is a true urological emergency that demands immediate, multidisciplinary intervention. Early recognition, appropriate decompression techniques, and surgical management are critical to preventing permanent disability or death. This case illustrates the most severe complications of penile strangulation, emphasizing the importance of psychiatric evaluation and preventive strategies for at-risk populations.

References

1. Bhat AL, Kumar A, Mathur SC, Gangwal KC (1991) Penile strangulation. Br J Urol 68: 618-621.
2. Detweiler MB (2008) Penile constriction devices: case report, review of the literature, and recommendations for extrication. J Sex Med 5 :1747–1757.
3. Silberstein J, Grabowski J, Lakin C, Goldstein I (2008) Penile constriction devices: case report and review. J Sex Med 5: 1747–1757.
4. Dubin J, Davis JE (2011) Penile emergencies. Emerg Med Clin North Am 29: 485-499.
5. Ivanovski O, Stankov O, Kuzmanoski M, Skender S, Saso B, et al. (2007) Penile strangulation : two case reports and literature review. J Sex Med 4: 1775-1780.
6. Agrawal M, Gite VA, Sankapal P (2020) Two cases of penile strangulation: varied presentations and vastly different outcomes. Afr J Urol 26: 46.
7. Efthimiou I, Kazoulis S, Christoulakis I (2008) Penile and scrotal strangulation caused by a steel ring: a case report. Cases J 1: 45.
8. Kawahara T, Matsumiya K, Yamashita Y, Hayashi Y, Shimokihara K, et al. (2017) Penile strangulation due to a metal ring: a case report. Int J Case Rep Images 8: 478-481.
9. Peust MJ (2020) Penile strangulation—case report and literature review. Urol Case Rep 30: 101134.
10. Aravind TK, Somanath Karmungikar, Sandeep Kumar, Harshdeep Singh, et al. (2025) Penile strangulation by foreign bodies—case series and review. Grand J Urol 1: 24-29.
11. Dobbs RW, Thai MS (2022) Use of dental drill to remove steel nut causing penile strangulation. J Med Case Rep 16: 158.
12. Patil R, Kamath N (2019) Removal of penile foreign body using orthopedic saw. Urol Ann 11: 336-339.
13. Mahapatra RS (2018) Non-surgical removal of penile constriction rings in emergency settings. Indian J Urol 34: 70-73.
14. 14. Rajpal S (2014) Psychiatric aspects of genital self-mutilation. Indian J Psychiatry 56: 83-85.
15. 15. Barros R (2017) Penile strangulation in adults: surgical challenges. Arch Ital Urol Androl 89: 278-280