

Piercing of the Glans Penis

Rikke B. Hansen, Lars H. Olsen and Niels C. Langkilde

From the Department of Urology, Aarhus University Hospital, Skejby, Denmark

(Submitted July 15, 1997. Accepted for publication August 22, 1997)

Scand J Urol Nephrol 32: 219–220, 1998

A case of glans penis piercing leading to several complications is presented.

Niels C. Langkilde, Department of Urology, Aarhus University Hospital, Skejby Sygehus, Brendstrugaardsvej, DK-8200 Aarhus N, Denmark

INTRODUCTION

An increasingly popular new vogue of body piercing, with hardly any anatomical localization safe from being subjected to it, now also calls for the attention of urologists: paraphimosis due to piercing of the glans penis.

CASE REPORT

A 24-year-old male presented with a swollen and painful penis. Four days prior to referral, the patient had had a glans penis piercing procedure performed. Apparently, a local anaesthetic (EMLA) in a condom was applied to the glans penis for an hour. The glans penis was then perforated transversely with a steel stick (barbell), 1.1–1.3 mm in diameter, and two hemispherically shaped nuts were attached to both ends of the stick, thus preventing it from displacement. The patient experienced no pain during the procedure.

In the following days the patient was unable to replace the retracted prepuce and subsequently developed pains and oedema of the penis. Being an advocate of body piercing, his reason for submitting himself to this procedure was that it would augment sexual satisfaction for his partner(s).

His only voiding complaint was spreading of the urinestream at termination of voiding. Furthermore, he felt a pressure in the penis during micturition, but experienced no enlargement of the penis.

At clinical examination, paraphimosis was found (Fig. 1a and 1b). The localization of the barbell did not give any suspicion of urethral injury. Local anaesthetic was given as a penis block, and one of the hemispherical nuts was removed, facilitating retraction of the stick. However, repositioning of the prepuce was erroneously not performed.

Though no fever was detected, the patient was admitted for observation for 24 h and treated with penicillin. He was discharged and 3 days later he had a temperature rise to 38.5°C, which normalized within



Fig. 1. (a) and (b). Barbell through the glans penis and paraphimosis; note piercing ring at the penis root and condylomata acuminata of the foreskin.

another day. The patient was offered an urethroscopy, but he desisted from it. Ten days later he was admitted with a severe paraphimosis, including necrotic wounds in a fibrotic ring of the prepuce. A dorsal incision was performed, the necrotic wounds and a part of the foreskin was excised.

Two months later the patient presented with cosmetic complaints. A circumcision was performed, thus also securing treatment of the patient's condylomas.

COMMENT

Piercing has been performed since ancient times (5)—predominantly of the ears—and there is an abundant literature on complications connected with ear piercing (1–3). Recently, piercing of the nose, the tongue, the lips, the eyebrows, the abdominal skin (umbilicus), the nipple and other anatomical locations has gained popularity, mostly among younger people (6, 7), often referred to as “body art” or “modifications of the body”, in this respect also including tattoos (8). The anatomical location for piercing now seems to have

reached the male genitalia (4). Urologists should be aware of this rare cause of paraphimosis and secure adequate treatment and patient compliance in the management of this rather piercing condition.

REFERENCES

1. Biggar RJ, Haughie GE. Medical problems of ear piercing. *NY State J Med* 1975; 75: 1460–1462.
2. Cortese TA, Dickey RA. Complications of ear piercing. *Am Fam Phys* 1971; 4: 66–72.
3. Hendriks WM. Complications of ear piercing: treatment and prevention. *Cutis* 1991; 48: 386–394.
4. Jones SA, Flynn RJ. An unusual (and somewhat piercing) cause of paraphimosis. *Br J Urol* 1996; 78: 803–804.
5. Mason A. *An illustrated dictionary of jewelry*. New York: Harper and Row, 1974.
6. Scully C, Chen M. Tongue piercing (oral body art). *Br J Oral Maxill Surg* 1994; 32: 37–38.
7. Watson MG, Campbell JB, Pahor AL. Complications of nose piercing. *Br Med J* 1987; 294: 1262.
8. Wright J. Modifying the body: piercing and tattoos. *Nurs Stand* 1995; 10: 27–30.