



SURGICAL CORRECTION OF PARAPHIMOSIS IN BULL: A CASE STUDY

Biraj Kumar Sarma., Ruma Devi., PallabiThakuria., Jitumoni Das., Prasanta Kumar and Boro and AnjanjyotiNath

Lakhimpur College of Veterinary Science, Assam Agricultural University
Jyhing, North Lakhimpur, Assam-787051

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ABSTRACT

A bull of aged 2½ year old was presented with a history of protrusion of the penis and unable to retract back to preputial cavity from last three days. Clinical examination revealed edematous penile protrusion with adhesions between preputial skin and penis. Under local analgesia repositioned and retention of the penis into the preputial cavity and adequate postoperative measures were carried out for early recovery.

Key words:

bull, paraphimosis, glans penis

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INTRODUCTION

Paraphimosis is the inability of retraction of the penis back into the preputial cavity. It typically occurs after erection (Davidson, 2010) and which may be due to either the constriction of penis behind the glans penis or swelling of glans penis, making it impossible to draw the organ back through the naturally small preputial orifice (Neal, 1960). This paper communicates successful surgical management of paraphimosis in a bull.

CLINICAL HISTORY AND OBSERVATIONS

A 2½ year old bovine bull was presented in the Veterinary Clinical Complex of Lakhimpur college of veterinary science, Jyhing, North Lakhimpur with a history of protrusion of the penis from the preputial orifice and unable to retract back. The owner also reported sustained penile protrusion for last three days along with anorexia, constant bleating and anuria. Clinical examination revealed the edematous glans penis covered with necrosed tissues and derbies and adhesions were observed between preputial skin and gland penis with accumulation of urine behind the preputial orifice.

TREATMENT AND DISCUSSION

The animal was restrained physically with right lateral recumbancy and lignocaine jelly was applied to the exposed glans penis and waited for ten minutes for local analgesia. After that, the area was disinfected with application of

antiseptic iodine lotion and necrosed tissues and debris were removed from the surface of the penis and the prepuce was exposed. A lubricated urinary catheter was passed through the penile orifice to establish the urine flow and evacuated the accumulated urine as much as possible. The adhesions between the preputial skin and glans penis were separated with the help of an artery forceps. As there was oedematous swelling of the glans penis and it was unable to retract through the comparatively small preputial orifice, a small incision was made dorsal to the preputial orifice to make the orifice wide enough to insert the penis through it. After application of lignocaine gel as lubricant cum analgesic agent, reposition of the glans penis was carried out by sliding it into the preputial cavity and retention was achieved by applying a simple purse string suture with non-absorbable suture material to the preputial orifice. Postoperatively a long acting Enrofloxacin (Flobac SA) was injected intramuscularly @ 3ml/40 kg body weight to prevent secondary bacterial infections and meloxicam hydrochloride was injected intramuscularly @ 0.5 mg/kg body weight to reduce pain and swelling of glans penis. The suture was removed on 7th postoperative day and animal was recovered uneventfully without any complications and recurrence. The primary goal in treating paraphimosis is to reduce the swelling and replace the prolapsed penis back to the preputial cavity as soon as possible to protect it from further injuries and to prevent infection along with maggot infestation mentioned by Mahesh *et al.*, (2016) in his case report of treatment of paraphimosis in a goat. Nevi *et al.*, (2015) also reported that acquired paraphimosis is a result of trauma to the penis which causes damage to the innervations

*Corresponding author: **Biraj Kumar Sarma**
Lakhimpur College of Veterinary Science, Assam Agricultural University Jyhing, North Lakhimpur, Assam-787051

of the penis leading to the paralysis of penile retractor muscles. In the present case also paraphimosis might be due to the trauma to the penis during coitus. Fossum (2002) reported that application of suture to the preputial orifice as one of the options to keep the penis in the preputial cavity in the initial surgical treatment of paraphimosis. Adeola and Enobong, (2016) also used the similar procedure with application of simple interrupted suture for treatment of paraphimosis in dogs.

CONCLUSION

Surgical correction of paraphimosis by repositioning and retention it into the preputial cavity as early as possible is considered as an emergency uro-genital condition to establish urine outflow and to prevent necrosis and further damage of the penis.

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