Sir,

Strangulating injury to penis caused by hair or thread is occasionally seen, presenting mainly as penile pain and swelling. The diagnosis is frequently missed owing to lack of awareness of the condition and improperly done examination.

We managed 7 patients of hair tourniquet syndrome with mean age of 6.2 ± 2.1 years with presenting complaint of penile pain swelling and painful micturition. At presentation, 2 patients had developed urethro-cutaneous fistula, one had glanular amputation while remaining 4 had just superficial ulceration. All the patients were circumcised and constricting material in all cases was human hair. Patients with superficial ulceration were treated by removal of tourniquet and patients with urethro-cutaneous fistula underwent successful repair. No treatment could be offered to patients with glanular amputation.

The hair tourniquet syndrome is a term given to circumferential strangulation of one or more appendages by a constricting agent.1 The body parts affected by this syndrome include toe, finger, penis, clitoris and vulva.1-3 Etiology is mostly accidental, however, cases of child abuse have also been reported.2,3,5 Local myths and prevention of enuresis have also been implicated as causative factor.5 Circumcision is one of the major risk factor.4 Postnatal telogen effluvium, poor hygiene and child neglect are other associated factors.

Circumferential constriction impairs lymphatic and venous drainage causing distal edema.8 Untreated obstruction may cause arterial occlusion and ischemic injury finally leading to tissue necrosis and ultimately auto-amputation.3 Main presenting symptoms of penile tourniquet include penile swelling observed by care giver, crying during micturation or even unexplained irritability and crying.

Treatment is prompt removal of the constricting hair or fiber and is usually done without anesthesia. Surgical intervention is mandated in cases of urethrocrotaneous fistula, urethral resection and when hair cuts through the skin and becomes invisible.3,4 Early recognition and removal are usually followed by complete recovery.4

The diagnosis is often missed owing to lack of awareness of the condition and most often improperly done examination as happened in these patients. All the patients visited local doctors and were treated by local creams and antibiotics but were not properly examined. Delay in diagnosis and treatment in these patients led to devastating complication like urethrocrotaneous fistula and complete glanular amputation. Therefore, all the patients presenting with penile pain and swelling should be thoroughly examined for tourniquet injury since a delay or missing the diagnosis is associated with devastating complications.

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REFERENCES

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