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Successful management of paraphimosis in a Mecheri ram: A case report

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Abstract

A three year old Mecheri ram was reported with the history of sustained penile protrusion for 5 days. On clinical examination, the protruded penis was inflamed, oedematous, necrotic and soiled. It was cleaned gently with 1 per cent potassium permanganate solution and repositioned. The ram was treated with antibiotic, anti-inflammatory and antihistamine. The ram recovered uneventfully.

Keywords: Mecheri breed, ram, paraphimosis, clinical management

Introduction

Injuries to the male reproductive tract sometimes may lead to potential ending of functional use of the animal. Inability to retract back the penis completely into the preputial cavity is called paraphimosis and it usually happens after erection of penis (Davidson, 2010) [3]. It is commonly seen after penile erection (Venugopalan, 2015) [8]. Priapism, foreign objects around the penis and constricting band of hair at preputial orifice are the other reasons for paraphimosis (Davidson, 2010) [3]. The constriction of prepuce behind the glans penis or inflammation of the glans penis makes it impossible for the withdrawal of penis back into preputial cavity. The congenital paraphimosis is caused by narrowness of the preputial orifice or shortened preputial sheath and acquired paraphimosis occurs due to trauma or infection (Ramani, 2010) [6]. The incidence of paraphimosis due to excessive sexual activity is mostly reported in young male dogs (Hedlund, 2007) [4]. This present paper reports successful management of paraphimosis in a Mecheri ram.

Case History and Observation

A 3 years old Mecheri ram was brought to Veterinary Clinical Complex, Veterinary College and Research Institute, Namakkal with the history of anorexia, continuous bleating, anuria, sustained penile protrusion for the past five days. The history revealed that the ram was allowed for natural service with ewe 5 days before. The ram was restrained in an examination table and clinical investigation was carried out. The clinical examination the glans penis revealed edema, inflammation, necrotic areas and soiling with dirt (Fig. 1). Pain was evinced by the ram on palpation. The prepuce was tightly constricted around the penis behind the inflamed part but no adhesion was noticed. The other clinical parameters were within the normal physiological range. Based on the history and clinical observation, the case was diagnosed as paraphimosis.

Treatment and Discussion

The preputial hair around the protruded penis was trimmed. The penis was washed with running tap water and with 1 per cent potassium permanganate solution (Fig. 2) to remove the soil, dirt and necrotic tissues. The hypertonic saline solution was poured over the exposed glans penis to reduce the edema and again washed. The lignocaine jelly was liberally applied to the exposed part and waited for ten minutes for local analgesia. Two allis tissue forceps were applied over the preputial orifice and it was pulled apart for replacement of penis. Then the glans penis was manually and gently pushed into preputial cavity. The preputial cavity was infused with strepto penicillin (1 gm in 10 ml) to prevent the adhesion formation. Clinically the ram was administered with Inj. Enrofloxacin (5 mg/kg, i/m), Inj. Meloxicam (0.2 mg/kg, i/m) and Inj. Chlorpheniramine maleate (0.5 mg/kg, i/m). The clinical treatment was continued for five days and the ram recovered uneventfully (Fig. 3).

Trauma to the penis during coitus is considered to be the most common cause of paraphimosis. Further, paraphimosis is also associated with penile injury, trauma, laceration, diseases and damage to the penile innervations (Nevi *et al.*, 2015 and Ravikumar *et al.*, 2019) ^[5, 7]. In the reported case the animal was allowed for natural service few days back and injury which happened during that period might be the reason for paraphimosis.

In paraphimosis, if the exposed penile part appears normal and not painful it requires less intervention to correct (Hedlund, 2007) ^[4]. As the time gap increases, the trauma and impaired blood supply led to edema, inflammation and necrosis. The condition further aggravated by soiling and continuous licking (Chutia *et al.*, 2020) ^[2]. In delayed cases, the inflamed penis becomes infected and adhesion occurs at prepuce which might cause permanent damage. Hence it is highly essential to treat the paraphimosis at the earliest to restore the reproductive ability. The treatment of choice depends on the clinical signs, damage occurred and duration of condition (Ali and Davoud, 2011) ^[1]. The present case was reported five days after paraphimosis however there was no adhesion noticed and hence treated conservatively.



Fig 1: Protruded penis with inflammation, edema, necrosis and soiling

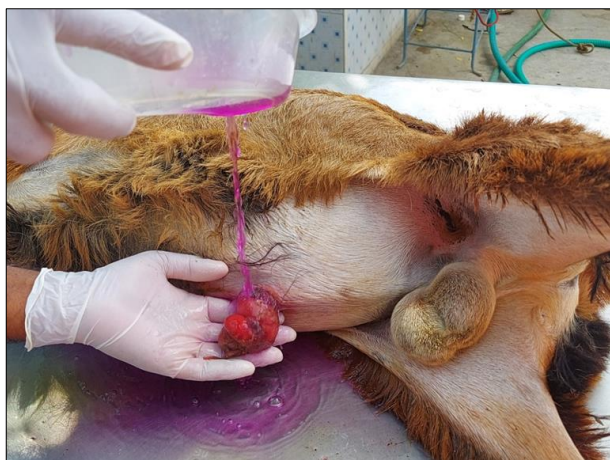


Fig 2: Washing with 1% potassium permanganate solution



Fig 3: Uneventful recovery after treatment

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