

PARAPHIMOSIS IN A PUBERTAL PIG AND ITS SUCCESSFUL CORRECTION

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ABSTRACT

A Large White Yorkshire male pubertal pig was presented with the history of sustained protrusion of penis for about six hours. Edema of the protracted penis was reduced. Manual repositioning and retention of glans penis into preputial cavity was carried out successfully. There was no recurrence.

Keywords: Pubertal pig, Paraphimosis, Manual correction

Received : 11.11.2022

Revised : 10.03.2023

Accepted : 10.03.2023

Paraphimosis is an inability to completely retract the penis into the preputial cavity. It usually occurs after the erection (Davidson, 2010). This condition is commonly reported in dog and stallion (Noakes *et al.*, 2019), however its occurrence is rare in pigs (Roberts, 1971). The present report communicates the rare occurrence of paraphimosis and its successful correction in a pubertal pig.

Case history and clinical observation

A Large White Yorkshire male pig (7 months) was presented to Gynaecology unit of Veterinary Clinical Complex, Veterinary College and Research Institute, Orathanadu with the history of protracted penis for about six hours. Animal was found to be active and alert with normal vital parameters. On clinical examination, it was found that the penis was protruded through the prepuce and it was hyperemic and edematous (Fig.1.). The penis was unable to retract spontaneously. Based on the observations the condition was diagnosed as paraphimosis as described by Roberts (1971).

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Treatment and Discussion

The animal was restrained in dorsal recumbency. The protruded glans penis, preputial skin and its orifice were washed with normal saline to avoid contamination. For reducing the edematous swelling on glans penis, glycerin was applied. After reducing the edema, the protruded portion of the penis was thoroughly lubricated with liquid paraffin and then the glans penis was slowly repositioned by sliding it into the preputial cavity gently and carefully (Fig.2.). The animal was under observation for one hour after reduction for any reoccurrence. Post operatively the animal was administrated with Inj. Enrofloxacin (5 mg/kg i/m), Inj. Chlorphenaramine maleate (0.5 mg/kg i/m) and Inj. Meloxicam (0.4 mg/kg i/m) for a period of three days. The animal was reexamined after seven days. There was no further reoccurrence and the animal had an uneventful recovery.

Paraphimosis might 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. It can also be a sequel of priapism, severe systemic illness, debilitation and exhaustion. This condition was reported in grower pigs, piglets at the age of 5 weeks and in some older pigs (Ajibola, 2007). The pubertal animal was reported to have developed a vice of frequent playful mountings with the co-partners in

the pen, which might have predisposed to the paraphimosis condition. In prepubertal and pubertal age, this type of vices could be prevented by proper managerial practices like castrating the male pigs before weaning (3-4 wks) or separating the uncastrated male from females before pubertal period of 6-7 months (Roberts 1971). The animal was adviced to be separated from the rest of the animals in the pen.

The primary goal in treating paraphimosis was to reduce the edema and to replace the protruded penis back into the preputial cavity as soon as possible to protect it from further injuries (Mahesh *et al.*, 2016). In chronic cases, it might lead to bladder rupture (Nevi *et al.*, 2015). In the present case, the affected animal was reported for treatment and attended promptly in time, hence the reduction was possible without any complication. The antibiotics and anti-inflammatory drugs were used to prevent further post-operative complications.

It was concluded that paraphimosis is considered as an emergency uro-genital condition where the prolapsed penis is more prone for external injuries or damage. Early repositioning and retention of glans penis into the preputial cavity led to uneventful recovery of the pubertal pig.

The authors thank the Dean, Veterinary College and Research Institute,



Fig 1. Protruded glans penis through the preputial orifice



Fig 2. Post repositioning and retention of glans penis

Orathanadu and the Director of Clinics, TANUVAS, Chennai -7 for their support in documenting the report.

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