Case Report

PARAPHIMOSIS IN A CASTRATED BUCK

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ABSTRACT

A 2-years-old non-descript buck was presented with a protruded penis with dribbling of urine. Based on the clinical signs the condition was diagnosed as paraphimosis. The buck was treated and resulted in successful correction without recurrence. This case describes the management of paraphimosis in a buck .

Keywords: Buck, paraphimosis, penis,castrated.

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INTRODUCTION

Paraphimosis is the protrusion of the non-erect penis accompanied by an inability to retract the penis back into the prepuce (Roberts, 1971). In young dogs, sexual hyperactivity may precede the development of paraphimosis (Kumaresan *et al*., 2014). Prompt treatment is essential, as paraphimosis is a painful condition with potentially severe consequences. Although commonly reported in dogs and stallions (Prakash *et al.*, 2023) it is very rarely reported in bucks. Hence, this case reports a rare occurrence of paraphimosis in a castrated buck and its successful correction.

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CASE HISTORY AND CLINICAL OBSERVATION

A two years old non-descript buck was presented to the Gynaecology unit of Veterinary Clinical Complex, Veterinary College and Research Institute, Orathanadu, with the history of protruded penis outside the prepuce and it was castrated one week back. Strangulated and edematous penis with dribbling of urine was noticed. The animal felt pain on palpation and was unable to retract the penis spontaneously.

TREATMENT AND DISCUSSION

The buck was restrained in lateral recumbency and the hair around the prepuce was clipped. The protruded penis and surrounding preputial area were cleaned with 0.1 percent potassium permanganate (KMnO4) solution. To reduce the edema in the glans penis, glycerine was applied

(Fig. 1). Once the swelling reduced, the exposed portion of the penis was lubricated with liquid paraffin and carefully repositioned into the preputial cavity by gentle manipulation. To prevent recurrence, a purse string suture using silk was placed at one corner of the preputial opening without affecting urination (Fig. 2). Antiseptic cream was applied for smoothing effect and to prevent adhesion . The buck was treated with inj. enrofloxacin (2.5 mg/kg B.W I/m), inj. chlorpheniramine maleate (0.5 mg/ kg B.W I/m), and inj. meloxicam (0.4 mg/ kg B.WI/m) for three days. The suture was removed on the seventh day and the animal showed exhibited uneventful recovery with no recurrence, resuming normal urination.

Paraphimosis is characterized by the inability to retract the penis into the preputial cavity, which may result from congenital or acquired preputial strictures, penile paralysis or balanoposthitis. Several etiological factors, including penile tumors, parasitic invasion, traumatic or spinal disease affecting innervation of structures responsible for penile retraction. Castration at the pubertal age (around 6–12 months) can help prevent paraphimosis by reducing hormone levels, minimizing anatomical changes, and decreasing risky sexual behaviors (Palanisamy *et al.*, 2023). However in the present case the paraphimosis occurred one week after the castration. It might be due to improper castration procedures or any injury that happened to the adjacent structures that may predispose the occurrence of paraphimosis. In chronic cases, untreated paraphimosis may progress to bladder rupture (Nevi *et al*., 2015).The pathogenesis of paraphimosis involves painful vasoconstriction, distal venous congestion and progressive edema, which ultimately lead to necrosis.Treatment should focus on reducing edema, minimizing trauma to the penile integuments, and providing adequate support to the prepuce until the penis can be successfully retracted into the preputial cavity (Ravikumar *et al*., 2019). Paraphimosis can be effectively managed using both manual reduction and surgical intervention, depending on the severity of the condition. Manual reduction involves cleaning the penis, applying lubricants and gently repositioning it into the preputial cavity. Surgical methods are necessary for severe, chronic or recurrent cases. Procedures include phallopexy, preputial advancement, and in extreme cases, partial penile amputation to prevent necrosis and urinary obstruction. However, a revised surgical technique combining preputial advancement and phallopexy has been reported to achieve complete and lasting coverage of the glans penis by the prepuce (Wasik and Wallace, 2014). In the present case, early presentation enabled successful manual reduction without subsequent complications and need of surgical intervention.

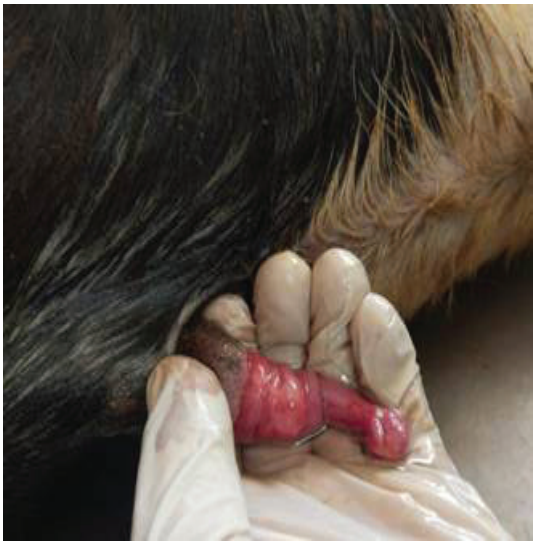

Fig.1. Protruded and edematous penis

Fig.2. Retention of penis by applying purse string sutures to preputial orifies

CONCLUSION

Early clinical intervention facilitated successful manual reduction of the protruded penis, avoiding surgical intervention. Proper post-castration care is essential to prevent complications like paraphimosis. This case underscores the importance of timely diagnosis, effective management, and preventive measures to ensure a full recovery and avoid recurrence.

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