

Surgical management of paraphimosis in a Squirrel - a case report

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Introduction

Paraphimosis occurs when the penis is unable to retract into the prepuce. It may be associated with copulation, trauma, penile hematoma, neoplasia (Roberts, 1999), infection (Papazoglou, 2001) or foreign bodies. Constricted preputial opening due to a band of hair which preventing the return of the penis into the prepuce has also been reported by O' Connor, 1985. An injury to the penis does not allow it to be retracted easily and the impairment of circulation causes the penis to become oedematous and further compromises circulation. Various types of conservative therapies like hydrotherapy, massaging and diuretics have also been used to treat this condition. Present report describes a case of paraphimosis in a squirrel.

Case history and observations

A 45 days old squirrel was brought to the Teaching Veterinary Clinical Service complex, College of Veterinary Science, Sri Venkateswara Veterinary University, Tirupati with a complaint of paraphimosis (Fig. 1). The owner noticed this condition just after an injury that had occurred due to the cage. Clinical examination revealed congestion of penile mucosa. The length of exposed penis at the time of presentation was 1.50cm.

Treatment

The animal was surgically prepared and anaesthesia was achieved with xylazine hydrochloride@1.0mg/kg and ketamine hydrochloride@20mg/kg body weight intramuscularly. The animal was secured in dorsal recumbency and the area around the preputial orifice was cleaned with chlorhexidine solution. Gauze soaked with hyper osmolar solution of salt was applied with gentle force to the site to reduce the size of penis. Liquid paraffin was applied over the preputial orifice to provide lubrication during reduction. The size of the penis was gradually reduced and the exposed portion of the penis was repositioned. Portion of the preputial orifice was closed with simple interrupted pattern sutures using 3/0 poly glycolic acid. Post operatively animal was given oral antibiotics and dressing was done with Scavon ointment which contains Oil of Atasi (*Linum usitatissimum*), 50mg Tailapatra (*Eucalyptus globulus*), 30mg Karpooora (*Cinnamomum camphora*), 25mg Tulasi (*Ocimum sanctum*), 12mg Vacha (*Acorus calamus*) and 8mg Powder of Tankana (Shuddha) 18mg for 5 days.

Result and Discussion

The inability to withdraw the penis into the prepuce



Figure 1. Showing paraphimosis with oedematous swelling

was due to the oedema and swelling caused by trauma. Application of hyper osmolar salt solution, ice packs helps reduce the oedematous swelling (Tiwari, 2004) and drawing the prepuce over the penis with gentle force was successful in the correction of paraphimosis. Cranial advancement of the prepuce may be the treatment of choice for correction of idiopathic penile protrusion when the length of the exposed penis is 1.50cm or less (Papazoglou, 2001).

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