Penile injection of foreign bodies in eight Thai patients

In the past, the presence of a large sexual organ was regarded as a symbol of strong body composition, especially with regard to sexuality. Foreign body injection into the penis for the purpose of augmenting the penile contour used to be culturally popular in some primitive communities although this practice became less fashionable after the early 1900s. The practice has continued in some parts of the world as evidenced by reports from some Asian and eastern European countries.

Here, I present a summary of the clinical history of eight Thai patients who presented to the physician with injected foreign bodies in their penis (table 1). The age range was 24–52 years (mean 36.3 years). The main presenting complaint of the patients was penis pain (75%); no late complications were detected. In previous reports, the patients usually presented with late complications such as penile ulceration and successful treatment was difficult to achieve.

Most of performed self injection (87.5%) and the average period of injection was 1.8 years. All patients underwent penile injection on the advice of friends, usually for the purpose of increasing their sexual attraction to potential partners. Unlike previous reports, the common injectable agents were Vaseline and olive oil. The probable explanation is that both Vaseline and olive oil are more available than silicone or paraffin in Thailand. The self injection of a foreign body may predispose the patient to subsequent infection. All patients were advised to undergo surgical removal of the residual foreign material and surrounding granulomatous tissue reaction. None of the cases reported sharing a needle with a friend during the injection process and the seven patients who agreed to undergo surgery were HIV seronegative on preoperative screening for HIV antibodies.

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References


Table 1  Characteristics of the eight Thai men who underwent penile injections

<table>
<thead>
<tr>
<th>No</th>
<th>Age (years)</th>
<th>Chief complaints</th>
<th>Type</th>
<th>Who inject?</th>
<th>Reason</th>
<th>Period (month)</th>
<th>Final treatment</th>
<th>Anti-HIV serology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31</td>
<td>Penis pain</td>
<td>Vaseline, paraffin</td>
<td>Patient</td>
<td>Sexual purpose</td>
<td>12</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
<td>Penis pain</td>
<td>Olive oil</td>
<td>Patient</td>
<td>Sexual purpose</td>
<td>36</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>3</td>
<td>24</td>
<td>Penis pain</td>
<td>Olive oil</td>
<td>Patient</td>
<td>Sexual purpose</td>
<td>36</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>4</td>
<td>24</td>
<td>Penis pain</td>
<td>Olive oil</td>
<td>Patient</td>
<td>Sexual purpose</td>
<td>36</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>5</td>
<td>24</td>
<td>Penis pain</td>
<td>Vaseline</td>
<td>Patient</td>
<td>Sexual purpose</td>
<td>2</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>6</td>
<td>52</td>
<td>Fear for penis cancer</td>
<td>Vaseline</td>
<td>Patient</td>
<td>Sexual purpose</td>
<td>12</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>7*</td>
<td>52</td>
<td>Penis pain</td>
<td>Vaseline</td>
<td>Patient's friend</td>
<td>Sexual purpose</td>
<td>6</td>
<td>Surgical removal</td>
<td>Negative</td>
</tr>
<tr>
<td>8</td>
<td>36</td>
<td>Penis pain</td>
<td>Olive oil</td>
<td>Patient</td>
<td>Health belief</td>
<td>24</td>
<td>Lost to follow up</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

*This patient had previously injected foreign material into his penis which had been removed surgically 10 years previously.
†Belief that a large penis brings good health.

CORRECTION

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In the August issue of the journal there was a mistake in the paper by A Wald et al (Oral shedding of herpes simplex virus type 2. Sex Transm Infect 2004;80:272–6). In table four the first column, second line currently states ‘genital HSV-1 shedding rates’, however, it should read ‘oral hsv-1 shedding rates’ and on the fourth line ‘oral HSV-1 shedding rate’ should read as ‘genital HSV-1 shedding rate’. 
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