

PostScript

LETTER

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 Europe countries.¹⁻³

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.¹⁻³ 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,¹⁻³ 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.

V Wiwanitkit

Department of Laboratory Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand 10330; wwiroj@pioneer.netsew.chula.ac.th

doi: 10.1136/sti.2004.011064

Accepted for publication 8 April 2004

References

- 1 Lee T, Choi HR, Lee YT, *et al.* Paraffinoma of the penis. *Yonsei Med J* 1994;**35**:344–8.
- 2 Gfesser M, Worret WJ. Paraffinoma of the penis. *Hautarzt* 1996;**47**:705–7.
- 3 Lighterman L. Silicone granuloma of the penis. Case reports. *Plast Reconstr Surg* 1976;**57**:517–9.

CORRECTION

doi: 10.1136/sti.2003.007823corr1

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.

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

No	Age (years)	Chief complaints	History			Period (month)	Final treatment	Anti-HIV serology
			Type	Who inject?	Reason			
1	31	Penis pain	Vaseline, paraffin	Patient	Sexual purpose	12	Surgical removal	Negative
2	25	Penis pain	Olive oil	Patient	Sexual purpose	36	Surgical removal	Negative
3	24	Penis pain	Olive oil	Patient	Sexual purpose	48	Surgical removal	Negative
4	46	Penis pain	Olive oil	Patient	Sexual purpose	36	Surgical removal	Negative
5	24	Penis pain	Vaseline	Patient	Sexual purpose	2	Surgical removal	Negative
6	52	Fear for penis cancer	Vaseline	Patient	Sexual purpose	12	Surgical removal	Negative
7*	52	Penis pain	Vaseline	Patient's friend	Sexual purpose	6	Surgical removal	Negative
8	36	Penis pain	Olive oil	Patient	Health belief†	24	Lost to follow up	Unknown

*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.