

Treatment of paraphimosis in a goat

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Abstract

A 2½ year old goat was presented with a history of sustained penis since coitus. Clinical examination revealed edematous penile protrusion with adhesions between preputial skin and penis. Under local analgesia repositioned and retention the penis into the preputial cavity and adequate postoperative measures rewarded an early recovery.

Key words: goat; paraphimosis; purse string sutures

Introduction

Paraphimosis is inability to completely retract the penis into the preputial cavity. It usually occurs after erection (Davidson, 2010). It may 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 (Neal, 1960). This paper communicates successful management of paraphimosis in a goat.

Clinical history and Observations

A 2½ year old goat was presented to the clinics; college of veterinary science, Proddatur with a history of anorexia, constant bleating, anuria, sustained penile protrusion since coitus i.e. one week ago. On clinical examination the glans penis was edematous, adhesions were presented between preputial skin and gland penis with accumulation of urine behind the preputial orifice (Fig:1).



Fig:1 Paraphimosis and accumulation of urine (AU) behind the preputial orifice.



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

Treatment and Discussion

Lignocaine jelly was applied to the exposed glans penis and waited for ten minutes for local analgesia. By passing the lubricated urinary catheter through the penile orifice urine flow was established and evacuated the accumulated urine. The adhesions between the preputial skin and glans penis were separated by making a circular incision at the junction of glans penis and preputial orifice. Repositioned the glans penis by sliding it into the preputial cavity and retention was achieved by applying purse string sutures to the preputial orifice (Fig:2). Postoperatively animal was administered with amoxicillin-cloxacillin-500mg to prevent secondary bacterial infections and meloxicam @ 0.2 mg/kg body weight to reduce swelling of glans penis intramuscularly for 5 days. Purse string suture was removed on 9th postoperative day and animal was recovered uneventfully without any complications.

The primary goal in treating paraphimosis is to reduce the swelling and replace the prolapsed penis back to the preputial cavity as soon as possible to protect it from further injuries. Nevi et al., 2015 mentioned that acquired paraphimosis is a result of trauma to the penis which causes damage to the innervations of the penis leading to the paralysis of penile retractor muscles. In the present case paraphimosis might be due to the trauma to the penis during coitus. Temporary purse string sutures were applied to the preputial orifice to keep the penis in the preputial cavity as one of the options in the initial surgical treatment of paraphimosis mentioned by Fossum, 2002. Kumaresan et.al., 2014 applied purse string sutures for retention of penis whereas Adeola and Enobong, 2016 used tension release incision with simple interrupted sutures for treatment of paraphimosis in dogs.

It is concluded that paraphimosis is considered as an emergency urological condition where urine flow should be established and further damage, necrosis of the penis is prevented by repositioning and retention it into the preputial cavity as early as possible.

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