

# Characteristics and Treatment of Penile Paraffinoma in Makassar, Indonesia

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**Abstract Introduction and objective:** Penile paraffinoma or an old term is *sclerosing lipogranuloma of male genitalia*, are injected mineral oils, like paraffin, or other materials have been used more often in Eastern Europe and Asia, to increase the circumferential of the penis. This study aims to know the distribution and management of the Penile paraffinoma. **Materials and methods:** This is a single center retrospective descriptive study from January 2009 to December 2016. The data was collected from the personal interview and medical record of the patients who treated in our institution in Makassar. We collect the age of patients, a reason to injected foreign bodies, the person who injected, satisfied status after injected, site of inflammation, a reason to operate, type of operation procedure, and complications after the operation. **Results:** a Total Fifty-seven patient who came to our institution. Age range 25-47 years old, 56% injected to enlarged the size of the penis, 86% injected by a nonmedical person. 87% not satisfied with the results after injection, 51% inflammation less than a half of shaft penis. 49% want to operate to release the pain, and 51% of the patients we treated only with partial excision and primary closure and the rest dealt with by one step radical excision and skin graft/flap or by two-step cutaneous plasty of the penile shaft with scrotal skin. Two patients need second radical excision. **Conclusion:** Penile paraffinoma is an entity product that occurs by injected foreign material for penile augmentation. The treatment often requires extensive penile reconstruction surgery involve complete excision of foreign bodies along with associated reaction followed by primary closure if possible.

**Keywords:** *penile paraffinoma, foreign bodies, complete excision*

**Cite This Article:** Muhammad Asykar Palinrungi, Syakri Syahrir, Andhiny LR Palinrungi, Eko Krahmadi, and Prihantono Prihantono, "Characteristics and Treatment of Penile Paraffinoma in Makassar, Indonesia." *American Journal of Medical Sciences and Medicine*, vol. 5, no. 3 (2017): 53-55. doi: 10.12691/ajmsm-5-3-3.

## 1. Introduction

Foreign modeling agent reactions are the result of the injection of unapproved high-viscosity fluids with the purpose of cosmetic body modeling. The most commonly injected sites are buttocks (38.5%), legs (18%), thighs (15.4%) breasts (11.8%), and penis (4.3%) [1].

No matter how often women reassure men that size does not matter, people still can't help craving bigger ones. The obsession with a larger penis and its close relation to a person's ego and attention to self-image effect a lot of man around the world [2].

Penile paraffinoma or in old term sclerosing lipogranuloma of male genitalia [3], are injected by mineral oils, like paraffin, have been used more often in Eastern Europe and Asia, subcutaneously and even intra-urethral [4], to increase the circumferential of the penis and make the sexual organ appears bigger [5].

The first paraffin injection into the male genitalia was reported by Gersuny in 1899 in which mineral oil was injected into the scrotum of a boy who had undergone bilateral orchiectomy for genital tuberculosis. [1,6,7,8]

Now, penile augmentation by localized injection of foreign body was widely known as an inadequate medical procedure because of its severe destructive consequences [9,10].

## 2. Material and Methods

This is a single center retrospective descriptive study from January 2009 till December 2016. The data were collected from the personal interview and medical record of the patients who treated in Division of Urology, Department of Surgery, Faculty of Medicine Hasanuddin University/ Hasanuddin University Hospital, Makassar, Indonesia. We collect the age of patients, a reason to injected foreign bodies, the person who injected, satisfied status after injected, site of inflammation, a reason to operate, type of operation procedure, and complication after the operation.

## 3. Results

A total of 57 patients with age range 25-47 years old (mean 37.4 yo) who come to our institution. All patients have histories of paraffin, Vaseline, or oil injection for

penile augmentation. The characteristic data are shown in Table 1.

**Table 1. Purpose of penile augmentation, person who inject, satisfaction status, site of inflammation, reason to operated, types of surgery, result after surgery**

	Pts. Number (%)
<b>Purpose</b>	
- Enlarge size	32 (56 %)
- Treat Erectile dysfunction	18 (32 %)
- Satisfy Sexual partner	7 (12 %)
<b>Person who inject</b>	
- Paramedic	8 (14 %)
- Nonparamedic	49 (86 %)
<b>Satisfaction status</b>	
- Satisfied	8 (14 %)
- Not Satisfied	49 (86 %)
<b>Site of Inflammation</b>	
- Penis + scrotum + symphysis	10 (17.5 %)
- Penis + Symphysis or scrotum	8 (14 %)
- Entire shaft of the penis	10 (17.5 %)
- Less than half shaft of the penis	29 (51 %)
<b>Reason to release the object</b>	
- Pain	28 (49 %)
- Wound (ulcer)	11 (20 %)
- Abscess	8 (14 %)
- Difficult in intercourse	7 (12 %)
- Not satisfy with shape	3 (5 %)
<b>Surgical management</b>	
- Excision with primary sutured	29 (51 %)
- One step procedure with skin graft	6 (10 %)
- One step scrotal tunnel and ventral V-Y plasty	4 (7 %)
- Two-step cutaneous plasty of the penile shaft with scrotal skin.	18 (32 %)
<b>Results after surgery</b>	
Good healing	46 (81 %)
Infection	5 (9 %)
Haematoma	4 (7 %)
Recurrence	2 (3 %)

## 4. Discussion

Bigger sexual organ was the symbol of the power in many cultures [5]. Despite lack of available data, Most Asian countries are paternal society, and most Asian men wish to have a strong masculinity with a large penis [9].

A wide variety of foreign oils[6], including paraffin, mineral silicone, Vaseline, motor transmission fluid, cod liver oil, and autologous fat, as well as nandrolone decanoate and mercury, have been injected into the penis with the intent of augmentation [11].

Unfortunately the injection turn cause complication [3], the severity level was correlated to the amount of oil pumped and the time interval between injection and presentation [12], such as infection, allergic reaction, paraphimosis, severe pain, tenderness [3], ulcer [7], even inguinal lymphadenitis [11].

However the injection is still performed by a nonmedical person, and there is an illegal procedure, most of the patient are likely to be of low social status. Their primary motivation of penile injection is the recommendation of their acquaintances, who already experienced an injection of a foreign body [9].

In our cases, Most of the patients were trying to enlarge the penis (56 %), and the other wants to treat erectile dysfunction and to satisfy their sexual partner. Unfortunately, there was no evidence about their sexual potency. And Cause they don't know the complication after injected the foreign body, most of them have suffered from various side effects and want to remove the foreign material.

All patients have histories of paraffin, Vaseline, or oil injection for penile augmentation mostly by nonmedical person (86 %), and most of them (86 %) not satisfied with the result after injection, 10 patients (17,5 %) have inflammation, revealed hard consistency at the entire of the penis, scrotum and pubic (Figure 1a) 11 cases skin ulceration, and most of them (49 %) want to release the foreign body cause of pain when erection. All masses with overlying nonviable skin were excised with primary suture in 29 patients (51 %), in some cases, the whole penile skin had to be removed and two-step cutaneous plasty of the penile shaft with scrotal skin. (fig. 1b-d) Was performed 18 patient (32 %). Two patients (3 %) had recurrence and need second radical excision (Figure 2).

Treatment of penile paraffinoma includes intralesional steroid injection and hot water bath [13,14] and the aggressive wide excision [4,12] of the skin and subcutaneous skin infiltrated by the foreign material with appropriate phalloplasty. [12] The possibility of skin necrosis formation and the requirement for additional cures after excision depending on the penetration of foreign substance and degree of the dissection done should be noted [5].

Operatif treatment for penile paraffinoma by partial excision and primary closer [3], or one stage by using One-sheet spiraling full-thickness skin graft for penile resurfacing [15], bilateral scrotal flap [16], Inverted ventral V-Y plasty [17], Scrotal tunnel + ventral V-Y plasty, using the fasciocutaneous radial forearm free flap [18], or two-stage cutaneous plasty of the penile shaft with scrotal skin [19].



**Figure 1.** Two-step cutaneous plasty of the penile shaft with scrotal skin: a. Preoperative appearance of penile paraffinoma; b. After the first stage; c. Inverted V shape incision; d. Final appearance



Figure 2. Recurrence after radical excision

## 5. Conclusion

Penile paraffinoma is an entity product that occurs by injected foreign material for penile augmentation. The treatment often requires extensive penile reconstruction surgery involve complete excision of foreign bodies along with associated reaction followed by primary closure if possible.

## Acknowledgements

This article was presented as a poster at the 15th Urological Association of Asian Congress on August 4 – 6, 2017 in Hongkong.

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