CASE REPORT

Penis self - injection of liquid paraffin

Ioannis Solinis, Michael Platanas, Christos Mavroudis
Department of Urology, General Hospital of Didymoticho

Abstract

The injection of liquid paraffin subcutaneously for penis enlargement, although it is medically unacceptable, is still used in some countries of Eastern Europe and Far East. The complications of the technique are many and serious.

Introduction
The use of liquid silicone, paraffin or other swelling materials to increase the tissue volume is considered a reprehensible medical practice with disastrous consequences for the body and it can even lead to death. Subcutaneous injection of liquid paraffin to the penis to enlarge it and specifically to increase its thickness is a process that occurs in some countries of Eastern Europe (Russia, Bulgaria, Romania, Ukraine) and the Far East (Korea, Myanmar, Laos). Due to the rarity of the situation in Greece, we are presenting the case of a Bulgarian male patient, who had carried out liquid paraffin self - injection into his penis, 4 months before coming to the Outpatient Department.

Case report
A 27 year old Bulgarian came to the Emergency Clinic reporting difficult urination, which had appeared 4 months previously, when, as per his statement, he performed a liquid paraffin injection in his penis. The purpose of self - injection was the enlargement of the genital organ. He did not explain however if he had performed one or more injections. The clinical examination found a very large and partially uneven swelling of the entire penis, except for approximately 3 cm at its root. The swollen foreskin creates phimosis and it was impossible to uncover the penis balanus. There were no signs of inflammation of the specific area (pain, redness, temperature increase). The scrotum was normal. The patient’s only symptom was intense dysuria justified by the phimosis. The organ’s function was not discussed, as the patient had been detained from the early days of the injection and it was manifestly impossible. Also, (at the request of the patient), the quality of erection remained unclear. The routine laboratory testing (complete blood count, biochemistry, urinalysis) did not reveal any abnormality.

We proposed to the patient to perform circumcision to restore urination. Surgery was done under general anaesthesia. The excision of the swollen foreskin was particularly difficult because of its hardness due to the addition and solidification of the liquid paraffin into the tissue. The added material in the tissues was firmly connected both with the skin of the penis and

Key words
penis; liquid paraffin; self injection

Corresponding author:
Ioannis Solinis, 49, Kalymnou Str. Alexandroupoli PC 68100, Tel. 25510-38612, 6932833695, E-mail: isolinis@yahoo.com
Postoperatively, the patient reported that the quality of the urination had been fully restored. He did not present any complication and left the hospital on the 2nd postoperative day.

The histopathological report stated “reactionary and inflammatory skin lesions”, while the dermis presented “moderate round cell infiltrations around optically empty spaces”.

**Discussion**

Many men in recent years, influenced perhaps by the modern lifestyles, have been looking or seeking to increase the penile length or (most commonly) the penile circumference. Nonetheless, the often poorly informed patients are ready to proceed to unacceptable methods such as liquid paraffin injection due to the low cost and the erroneous guidance.

In 1899, an Austrian surgeon made an injection of vaseline to the scrotum of a patient who had the corpora cavernosa. Haemostasis was extremely difficult. Finally, the removed foreskin was sent for histological examination.

Postoperatively, the patient reported that the corpora cavernosa. Haemostasis was extremely difficult. Finally, the removed foreskin was sent for histological examination.

Postoperatively, the patient reported that the quality of the urination had been fully restored. He did not present any complication and left the hospital on the 2nd postoperative day.

The histopathological report stated “reactionary and inflammatory skin lesions”, while the dermis presented “moderate round cell infiltrations around optically empty spaces”.

**Discussion**

Many men in recent years, influenced perhaps by the modern lifestyles, have been looking or seeking to increase the penile length or (most commonly) the penile circumference. Nonetheless, the often poorly informed patients are ready to proceed to unacceptable methods such as liquid paraffin injection due to the low cost and the erroneous guidance.

In 1899, an Austrian surgeon made an injection of vaseline to the scrotum of a patient who had
undergone bilateral orchiectomy because of tuberculous epididymitis. His aim was to replace the absence of testicles. The surgery was deemed successful and later, other substances were used for the same purpose, such as mineral oil, cod liver oil, silicone and liquid paraffin.

The principle of the technique was the injection of a substance in a semi-liquid state, in conditions of increased temperature and which would solidify when it became cooler. At this state it is stabilised in the human body. Thus, liquid paraffin, like other substances used in the treatment of cleft palate, urinary fistulas and inguinal hernia. Those were mostly used for cosmetic purposes such as facial wrinkles, breast augmentation and penis size enlargement. Today, the use of liquid silicone is approved by the Food and Drug Administration United States (FDA) only for ophthalmic use.

Despite the serious complications reported, the technique remained popular the first two decades of the 20th century. The injection of liquid paraffin is still used in some countries of Eastern Europe and the Far East in order to enlarge the penis and specifically its circumference. It is performed either by self-injection or by persons without medical training and under unacceptable medical conditions.

Subcutaneous injection of liquid paraffin and the subsequent reaction with the tissues results in the creation of flat and stable nodules. This condition was initially designated by the pathological-anatomical term "sclerosing lipogranuloma". This term was used to describe histopathological features, corresponding to the replacement of normal subcutaneous tissue by cystic spaces with paraffin. Later, (after 1971) the term "paraffinoma" was introduced and is now preferred, to describe pathological findings caused by the injection of liquid paraffin or a similar material.

The complications of the technique reported in the literature are severe and include: deformation of the penis and phimosis, erectile dysfunction and failure of penetration, ulcers and skin necrosis, abscesses and Fournier gangrene. Tissue reaction to the injection of paraffin can be gradually increased and continue for months and even years after the injection. Some incidents have been reported to be treated 20 years later and while the initial diagnosis was possible penile neoplasm.

The treatment of penile paraffinoma includes wide excision of the skin and underlying tissues that have been infiltrated by the foreign substance. The aim is to restore the organ cosmetically as well as functionally. Recovery operations may be complicated with techniques of both plastic and reconstructive surgery. Many a time an invasive procedure is required, with several stages that include (depending on the extent of damage) stripping the penis, burying the organ in the scrotum and recovery three months later. The failure of complete excision of the foreign body and the concomitant damage can lead to a relapse resembling neoplasma. Finally, interstitial injection of corticosteroids has been reported previously with various results in selected cases.

Various studies have shown that at least 25% of men underestimate the size of their organ and do not require any surgery. In these cases appropriate psychological support is recommended rather than any kind of intervention. Various techniques for increasing the penis are under investigation, but none has become a standardized urological practice.

Conclusion
Both medical specialists (Urologists, Dermatologists) and the public should be aware of the unscientific and totally inappropriate methods used such as liquid paraffin injection, and especially by persons without medical training. Also, they should be aware of the consequences of such techniques. The only acceptable response to such incidents is considered the complete excision of the lesion and the restoration of the organ.
Περίληψη

Η έγχυση υγρής παραφίνης υποδερματικά για τη μεγέθυνση του πέους, παρότι είναι απαράδεκτη ιατρικά, εξακολουθεί να χρησιμοποιείται σε ορισμένες χώρες της Ανατολικής Ευρώπης και της Άνω Ανατολής. Οι επιπλοκές της τεχνικής είναι πολλές και σοβαρές. Παρουσιάζεται περιστατικό, σπάνιο για τα ελληνικά δεδομένα, ατόμου που είχε διενεργήσει αυτοένεση υγρής παραφίνης στο πέος του με αποτέλεσμα σημαντική δυσμορφία και δυσουρία λόγω φίμωσης.

References