

Penile Paraffinoma, A Disastrous Effect of a Failed Self inflicted Penile Augmentation Technique

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Abstract

Penile paraffinoma is a rare cause of penile lump(s) or mass that occurs after self- injecting liquid paraffin or similar substances like vaseline, mineral oils, illicitly performed to augment penis growth. This practice is commonly seen in many parts of central and south east Europe and some parts of Asia like Korea. Although paraffin is an inert substance for human body tissue, it can often cause complications like nodules, lumps, ulcers, pain, deformity etc. when injected into human body. The purpose of this study is to present a case of an adverse consequence of a failed penile augmentation technique that required surgical reconstruction.

Keywords: Penile; Penis; Paraffinoma; Sclerosing; Lipogranuloma; Paraffin; Vaseline; Penile injection; Penile growth; Augmentation; Penile surgery; Reconstruction.

Introduction

Paraffin, also known as petroleum wax is a colourless solid that is derived from petroleum or coal and consists of a mixture of hydrocarbons.¹ It stays in solid form at room temperature and starts melting above 37⁰.¹ This product is commonly used for candles, lubrication, electrical insulations, colouring crayons, chewing gums additive, coating candies (non digestible), and cosmetics like vaseline.¹ This was first produced in Germany by Carl Reichenbach in 1830 and became popular in the candle making industry.¹ The word is derived from Latin word 'parum' meaning 'very little' and 'affins' meaning

'lacking affinity or lacking reactivity'; this means paraffin is non reactive in nature.¹ This can stay in human body, if injected, without any reactivity for a long time but very often it causes early complications like severe pain, infection, allergic reaction, and delayed complications like lumps and swelling, ulcerations, paraphimosis and deformity.^{2,4} The phrase 'penile paraffinoma' comes from the words penis and paraffin and pathologically it is actually sclerosing lipogranuloma of male genitalia.⁴ This is also known as Oleoma or Oil tumor.



Fig. 1: Paraffin in solid form (Courtesy – Google pictures)

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In 1899, an Austrian surgeon Robert Gersuny injected vaseline/mineral oil to substitute the absence of testicles in patients who underwent removal of testicles for epididymitis secondary to tuberculosis⁵ and initially this was seen as a great success. Such substances were then used for filling soft tissue defects like cleft lip and cleft palate and breast augmentation. Although, it did not show any immediate complications, it was found that many patients had complications which needed extensive surgical repair and this product/s became less and less popular in medical use. However, non-medical personnel continued using such products for self injecting for cosmetic purposes especially for penile augmentation. This practice is commonly seen in central and southeastern Europe and some parts of Asia. Most of such people end up in the hospital for complications as mentioned above. Treatment remains a challenge and may include surgical excision, reconstruction as required and involvement of plastic surgeons.

We are presenting a case of a 47 years old Bulgarian man who presented with severe pain, swelling and hardened skin of his penis as a consequence of self injecting paraffin into his penile subcutaneous tissue.

Case History

A 47 years old man, originally from Bulgaria, now living in England presented to the Urgent Care Centre in the evening time with history of severe pain, redness, swelling and lumps and redness of his penis and front part of his scrotum since 3-4 days. It was initially difficult to get a proper history as he did not understand English and so we had to take the help of Trust's language translation services. He was able to pass urine but was painful and his penis was more painful on erection. He mentioned that it made him more worried when he could not have sexual intercourse with his wife 2 days back. He had no hematuria, abdominal pain, diarrhea, constipation, vomiting, fever. He further revealed that he intentionally injected some liquid paraffin and vaseline into the subcutaneous tissue of the penis 3 weeks back in order to get penile growth. He mentioned that he did it as he had seen many of his Bulgarian friends who got their penile growth after this injection.

He had no comorbidities and was not on any regular medications nor did he have any drug allergies.

He was truck driver by profession and was a

chronic smoker and occasional alcoholic.

On examination, he was conscious, oriented, afebrile, well built, with normal hydration and there was no pallor, icterus or cyanosis. His vital stats were P=76/min, regular, BP = 136/80 mmHg, RR = 16/min, SpO₂ = 97% RA, T = 36.3 degree C, EWS = 0.

His abdomen was soft, nontender and bowel sounds were normal. He had equal and clear air entry in both lung fields. Heart sounds were normal with no murmur. Neurologically he was conscious, oriented, with no acute focal neurological deficit with normal gait.

On local examination of the genitalia, there was swelling, amorphous skin changes, redness and tenderness of the penile shaft and foreskin. The skin of the penile shaft was hardened to touch. The foreskin was not retractable but there was no discharge or priapism. There were localized lumps of about 1-2 cms each in the scrotal skin, mostly anteriorly and these were hard and tender. There were no enlarged palpable inguinal lymphnodes.



Fig. 2: External genitalia

Fig. 3: Hardened penile shaft



Fig. 4: Scrotal nodules

He was started on NSAID analgesia, IV Fluids, and IV antibiotics in the ED in view of severe acute inflammatory changes. Blood samples were sent for

routine tests and urine sample was analysed which showed normal results. Urology Registrar was informed of the case and he suggested to transfer him to the Urology ward for review and that he would probably be transferred to Manchester University Hospitals NHS Trust for further surgical treatment.

Discussion

Our patient presented with symptoms of penile paraffinoma within 3 weeks of self-injecting paraffin and vaseline. On further enquiry he mentioned that he had injected few times earlier as well. This material takes some months or years to cause complications but since he has been injecting multiple times, he developed complications earlier. Although he did not need urgent surgical treatment but we had to make a plan for his treatment. Initially we discussed with the general surgical team, but they advised to consult the urology team. Urologist, we discussed with, mentioned that this is a rare case and they are not experts to deal with such a patient and so he had to be transferred to a super speciality hospital in Manchester which deals with complicated surgeries involving the genitalia. He was planned to be taken up for a planned elective surgery involving surgical excision of paraffinoma followed by split skin graft, scrotal skin flap reconstruction and prepuce grafting.

Conclusion

Penile paraffinoma is a rare complication of illicitly performed self injection of paraffin or similar

substances in the penile soft tissue for penile augmentation. This becomes a big challenge and dilemma for its treatment which may involve surgical excision of the paraffinoma, split skin grafting of penis and scrotum. Some patients have had lost sexual functions due to its complications. It's a dire need to create awareness in areas where this kind of practice is prevalent. By presenting this case, we intend to make ED Physicians, Dermatologists and Urologists and other healthcare professionals aware of this rare entity so that proper diagnosis and adequate treatment can be given to such patients.³ Detailed history is probably more important than pathological examination in diagnosing this condition.

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