

CASE REPORT

Bullet Shaped Artificial Penile Implant in an Alleged Case of Death Due to Firearm Injuries: A Rare Autopsy Case Report of Fang Muk like Genital PearlingIshwer Tayal¹, Shilekh Mittal², Hussanpreet Singh Gera³, Parul Garg⁴, Rohit Deora⁵

HOW TO CITE THIS ARTICLE:

Ishwer Tayal, Shilekh Mittal, Hussanpreet Singh Gera, et al. Bullet Shaped Artificial Penile Implant in an Alleged Case of Death Due to Firearm Injuries: A Rare Autopsy Case Report of Fang Muk like Genital Pearling. *Jr of Clinical Forensic Sci.* 2025; 3(2): 101-105.

ABSTRACT

Road accidents pose a significant challenge in both developed and developing Artificial penile nodules are inert objects inserted beneath the skin of the penis like plastic beads made from toothbrushes, silicon, metal pellets, glass, ivory, precious metals, marbles or pearls¹ due to the belief that it will enhance sexual performance and pleasure of female or male sexual partners during intercourse. In this article, one such case with artificial penile nodule made is being presented. The deceased was having a cylindrical shaped small foreign body implanted underneath the dorsal aspect of the penile skin which was presented for Postmortem examination in Mortuary as alleged case of death due to Bullet Injuries by the Investigating Police officer but on external Postmortem examination mismatch between no. Of Entry wounds and Exit wounds contrary to the presence of one Bullet inside Penile shaft created confusion to the Autopsy surgeons as Radiological examination also proved to be inconclusive. Subsequent on dissection, Internal examination

AUTHOR'S AFFILIATION:

¹ Associate Professor, Department of Forensic Medicine and Toxicology, G.G.S. Hospital and Medical College, Faridkot, Punjab, India.

² Professor, Department of Forensic Medicine and Toxicology, G.G.S. Hospital and Medical College, Faridkot, Punjab, India.

³ Junior Resident, Department of Forensic Medicine and Toxicology, G.G.S. Hospital and Medical College, Faridkot, Punjab, India.

⁴ Associate Professor, (IHBT) G.G.S. Medical College and Hospital, Faridkot, Punjab, India.

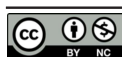
⁵ Junior Resident, Department of Forensic Medicine and Toxicology, G.G.S. Hospital and Medical College, Faridkot, Punjab, India.

CORRESPONDING AUTHOR:

Ishwer Tayal, Associate Professor, Department of Forensic Medicine and Toxicology, GGS Hospital and Medical College, Faridkot, Punjab, India.

E-mail: drtaylor@ggsmch.org

➤ Received: 30-10-2025 ➤ Accepted: 25-12-2025



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Red Flower Publication and Open Access pages (<https://www.rfjpl.co.in>)

revealed the object to be an artificial penile nodule, a rarely encountered form of body modification during Medico-legal examinations, Hence this case report.

KEYWORDS

• Penile artefact • Sexual Behavior • Postmortem • Firearm Injuries

INTRODUCTION

Body modifications, such as tattooing, piercing, and subdermal implants, are becoming increasingly prevalent worldwide. Among these, artificial penile nodules often inserted for cultural, aesthetic, or sexual enhancement reasons are rare and infrequently reported in forensic literature. Historically, most reports on penile implantation of foreign bodies originate from North and Southeast Asia (2, 3). The occurrence of this phenomenon is much less common in non-Asian groups, but it has been reported in Romania (4), among Fijians (5) as well as Russian immigrants in Israel (6). However, it has also been reported in Western Europe (7) and in the USA (8).

Herein, one such autopsy case with alleged gun shot injuries conducted at tertiary care level Modern Mortuary complex of GGS Medical College and Hospital Faridkot is being reported. In cases of firearm injuries, the detection of unidentified foreign bodies can lead to diagnostic confusion, especially when radiographic findings are inconclusive.

Case History as per Police Inquest Papers submitted: It was alleged to have died due to gunshot injury after being presented in emergency ward in state of shock with Blood Pressure and Pulse not recordable. Initially Body was taken to secondary care Level District Civil Hospital for postmortem examination. A Medical board was constituted by Senior Medical officer of the Hospital referred the case to tertiary care level GGS Medical College and Hospital Faridkot due to non-availability of Forensic Medicine Specialist Doctor for postmortem examination to avoid loss of any evidence. As per Hospital record patient was in cardiopulmonary arrest at the time of presentation, CPR done but could not be revived and declared as brought dead on 15/11/2024 at 1:00PM.

On external Postmortem examination:

It was body of a middle aged male bearing T shirt and a vest torn and blood stained and a

lower with tears present over the front and back of right leg area with stains of blood and multiple tears present over the medial side of left leg. Light grey colored underwear with no tear and blood stain. Rigor mortis was absent all over except for fingers and toes. **Post mortem staining** was present over the dependent areas of back sparing the areas of pressure contact flattening and is fixed. Crepe bandage was present in situ over the left foot. Old healed scar mark measuring 4cm X 0.2cm was present over the left side of forehead and another Old healed scar mark measuring 3cm X 1cm was present over the left side of abdomen wall. Intravenous injection mark was present over the right femoral region. Pupils were dilated and fixed. Following injuries found to be present over the body:

Injury no. 1: Firearm entry wound in the form of punctured laceration measuring 0.8cm x 0.5cm was present over the front of right thigh, 3cm above knee and 51cm above the heel. Margins were inverted. Clotted blood was present in and around the wound. Abrasion collar was present all around the wound. On dissection, infiltration of blood was observed in soft tissue planes. The track of wound was divergent in nature and directed downwards, backwards and from right to left, perforating through all the soft and hard tissue. The comminuted fracture of lower end of femur bone was present, infiltration of blood was present at fractured ends of bone.

Injury no. 2: Firearm exit wound in the form of laceration measuring 2cm X 1cm was present over the back of right knee, 44cm above heel. Margins were everted. Track of the wound found to be communicating with atmosphere through Injury number 1.

Injury no. 3: Firearm entry wound in the form of punctured laceration measuring 1cm x 1cm was present over the inner side of left knee, 47cm above left heel. Margins were inverted. Clotted blood was present in and around the wound. Abrasion collar was present all around the wound. On dissection, infiltration of blood

was found to be present. The track of wound was divergent and was directed downwards, obliquely and from right to left, perforating all the soft and hard tissue of the track. Shaft of fibula bone was fractured with infiltration of blood present at fractured ends.

Injury no. 4: Firearm exit wound in the form of laceration measuring 2cm x 1.5cm was present over the lateral aspect of left leg, 28cm above heel. Margins were everted. Track of the wound found to be communicating with atmosphere through Injury number 3.

Injury no. 5: Reddish bruise measuring 3.5cm x 2cm was present over front of left thigh. On dissection, infiltration of blood present.

No Injury mark found to be present over Penile shaft as alleged in Police Papers, however, One cylindrical Bullet shaped Foreign body seen to be present over dorsal aspect of penile shaft underneath the skin (Figure 1). On dissection One White translucent Plastic foreign body hard in consistency measuring 1.5cm in length found to be encapsulated in fibrous layer of

tissue with no infiltration of blood in and around it (Figure 2).

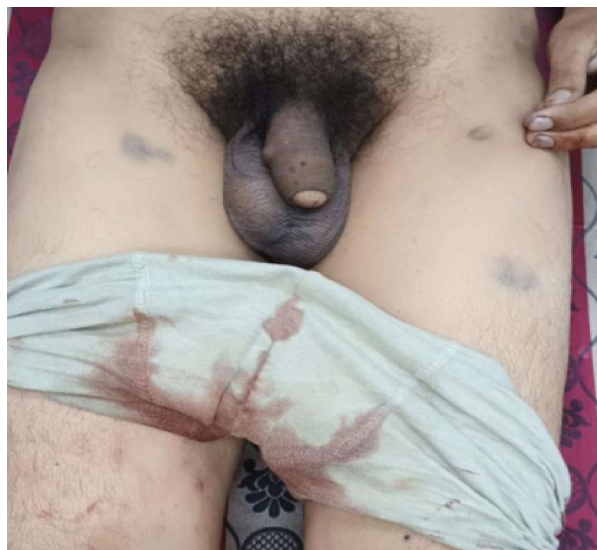


Figure 1: External Postmortem Examination: One cylindrical bullet shaped penile foreign body observed on the dorsal aspect of the penis with no tear in the underwear

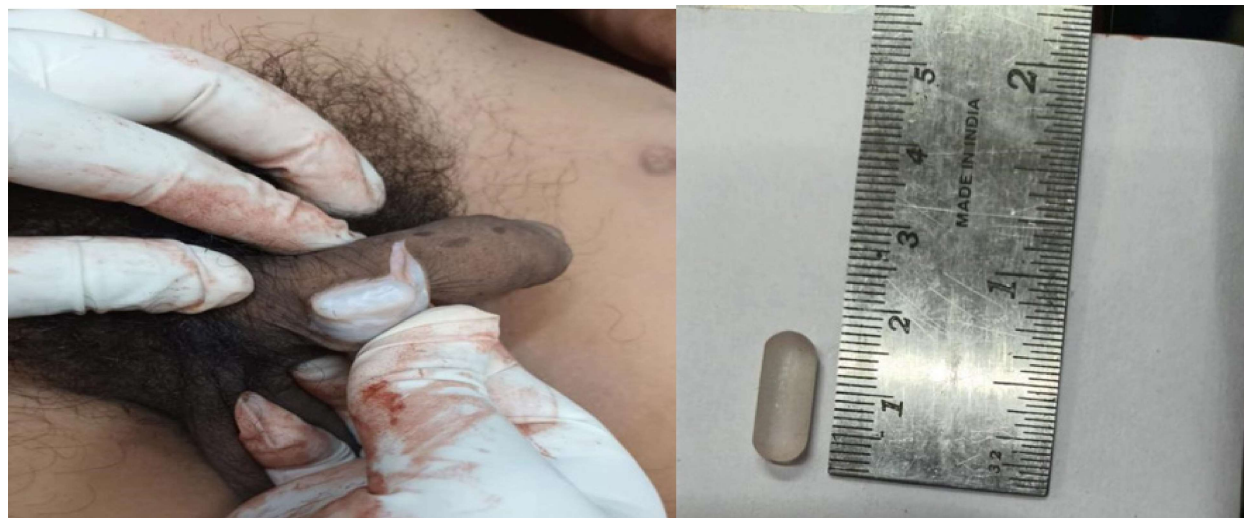


Figure 2: After Dissection Internal Postmortem Examination revealed One cylindrical shaped silicon penile implant underneath the skin on the dorsal aspect of the penis with no sign of any Blood infiltration in the surrounding soft tissue planes:

On Internal Postmortem examination: Viscera of all the three cavities including cranium, Thorax and Abdomen was found to be Pale and no other abnormality was detected.

Cause of Death: In this case was declared as Haemorrhagic Shock as a result of Injuries sustained with Rifled Firearm weapon which were of antemortem origin and were collectively sufficient to cause death in an ordinary course of nature.

DISCUSSION

External Postmortem examination revealed two entry wounds and two corresponding exit wounds on the lower limbs but presence of Bullet like looking Foreign body (Figure 3). Considering the findings submitted by Police officer in inquest Papers regarding firearm injuries and location of the foreign object, initial suspicion fell on the possibility of a retained bullet. However, absence of

any wound over the penile shaft as well as absence of any corresponding tear in the clothing (the underwear and the lower) led to a state of confusion. Body was subjected to X-ray examination but due to overlapping pelvic structures and non-metallic density, a definitive identification of the object could not be made out. On dissection only examination revealed encapsulated implant with fibrous tissue without any sign of antemortem trauma, supporting its non-traumatic presence unrelated to present incident of Homicidal assault.

The phenomenon of penile bead implantation is not uncommon in other cultures, but is new and rather peculiar in our Indian society. In this paper we presented a case of ex prisoner Indian with self-made artificial penile nodule. The origins of the custom of inserting penile implants, especially among prisoners, dates back to the 18th century in Japanese gangsters, members of the criminal organization Yakuza³, who practiced it to demonstrate their loyalty to the clan.⁹ Several case reports and studies of prisoners and ex-prisoners worldwide, suggest that this population gradually adopted the practice.^{7,8,10} However, the practice has also said to be more common among seamen, soldiers, drug addicts and those with lower socioeconomic backgrounds.^{6,7,11}

Data regarding the prevalence of this phenomenon vary among different cultures. Serour in his study reported the prevalence of 0.63% among Russian immigrants who participated in a circumcision program in Israel.⁶ In the study of Tsunenari *et al*, 22% of prisoners in Japan had penile implants and most of them belonged to the Yakuza organization.³ A study conducted in Taiwan among male heroin abusers has shown that 40% of respondents had artificial penile nodules.¹¹ Among one hundred young amphetamine users in Thailand, Thomson *et al*, found that 51% had penile modifications, the most common being inlaying with muk(s) in 61%.¹²

Implants are made from different materials – plastic, metal, glass, ivory, silicon, wood, marbles and pearls. In Japan, implants are called “Tancho nodules” after glass bottles of popular “Tancho” Japanese hair pomade, either melted or polished which is used to smooth beads for implantation.¹³ Other terms for insertion are “fang muk” in Thailand, China,

Singapore, Malaysia, Vietnam and Cambodia; chagan balls in Korea; bulleetus in Philippines, penis marbles in Fuji, “goli” in India and RuJu in Taiwan.^{5,11,14,15} Artificial penile nodules in our country are called “dolphins”.

In prison, the beads are made out of spoons, toothbrushes, dominoes, chopsticks, melted toothpaste tube caps, buttons or deodorant roller balls.^{3,16,17} Outside the prison, there are glass balls, pearls or precious stones being used for implantation.³ Our two patients made implants from toothbrushes and the third patient made it from a dice. By making, polishing and subcutaneously inserting penile beads in the foreskin, prisoners combat prison boredom and provide income from selling and inserting finished implants to other prisoners.¹⁸

Implantation procedures in prison are usually performed under primitive conditions without using anesthesia and antiseptics. Penile implants are important for dermatologists and venereologists, because these make condom use more difficult and may represent a risk factor for sexually transmitted infections.

CONCLUSION

This case highlights a rare autopsy finding of an artificial penile nodule misinterpreted as a retained bullet / Firearm Projectile. Forensic experts should remain vigilant to the presence of non-traumatic body modifications, especially in cases involving gunshot wounds, to avoid diagnostic errors and ensure accurate medico-legal documentation of Injuries and evidence based opinions derived thereof.

REFERENCES

1. Fischer N., Hauser S., Brede O., Fisang C, Muller S. Implantation of artificial penile nodules – A review of literature. J Sex Med 2010; 7: 3565-71.
2. Wilcher G. Artificial penile nodules – a forensic pathosociology perspective: four case reports. Med Sci Law 2006; 46: 349-56.
3. Tsunenari S., Idaka T., Kanda M., Koga Y. Self-mutilation. Plastic Professional Article Serbian Journal of Dermatology and Venereology 2013; 5 (4): 165-170.
4. Wolf P., Kerl H. Artificial penile nodules and secondary syphilis. Genitourin Med 1991; 67: 247-9.

5. Norton S.A. Fijian penis marbles: An example of artificial penile nodules. *Cutis* 1993; 51: 295-7.
6. Serour F. Artificial nodules of the penis. Report of six cases among Russian immigrants in Israel. *Sex Transm Dis* 1993; 20: 192-3.
7. Rothschild M.A., Ehrlich E., Klewno W.A., Schneider V. Selfimplanted subcutaneous penile balls – A new phenomenon in Western Europe. *Int J Legal Med* 1997; 110: 88-91.
8. Hudak S.J., McGeady J., Shindel A.W., Breyer BN. Subcutaneous penile insertion of domino fragments by incarcerated males in Southwest United States prisons: A report of three cases. *J Sex Med* 2012; 9: 632-4.
9. Tsunenari S., Yonemitsu K., Kanbe T., Kanda M. How to identify the Yakuza, Japanese racketeers-their sociology, criminology and physical characteristics. *Ann Acad Med Singapore* 1984; 13: 25-31.
10. Yap L., Butler T., Richters J., Malacova E., Wand H., Smith A.M., et al. Penile implants among prisoners – a cause for concern? *PLoS ONE* 2013; 8: e53065.
11. Lee T.S. Penile bead implantation in relation to HIV infection in male heroin users in Taiwan. *J AIDS Clin Res* 2012; 3(Suppl):1.
12. Thomsen N., Sutcliffe C.G., Siroj B, Sintupat K., Aramrattana A., Samuels A, et al. Penile modification in young Thai men: risk environments, procedures and widespread implications for HIV and sexually transmitted infections. *Sex Transm Infect* 2008; 84: 195-7.
13. Sundaravej K., Suchato C. Tancho's nodules. *Australas Radiol* 1974; 18: 453-4.
14. Sugathan P. Bulleetus. *Int J Dermatol* 1987; 26: 51.
15. Stankov O., Ivanovski O., Popov Z. Artificial penile bodies from Kama sutra to modern times. *J Sex Med* 2009; 6: 1543-8.
16. Loue S., Loarca L.E., Ramirez E.R., Ferman J. Penile marbles and potential risk of HIV transmission. *J Immigr Health* 2002; 4: 117-8.
17. Hull T.H., Budiharsana M. Male circumcision and penis enhancement in Southeast Asia: matters of pain and pleasure. *Reprod Health Matters* 2001; 9: 60-7.
18. Kelly A., Kupul M., Nake Trumb R., Aeno H, Neo J., Fitzgerald L., et al. More than just a cut: A qualitative study of penile practices and their relationship to masculinity, sexuality and contagion and their implications for HIV prevention in Papua New Guinea. *BMC Int Health Hum Rights* 2012; 12: 10.