Trauma and Reconstruction

A Domino Effect? The Spread of Implantation of Penile Foreign Bodies in the Prison System

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Abstract

Subcutaneous penile insertion of foreign bodies is a practice performed globally but has mostly been reported outside of the United States. An incarcerated 29-year-old Caucasian male in a midwestern prison whittled a domino into a dog bone shape and placed it into his ventral penile subcutaneous tissue. He presented to our facility with erosion of the corners of the foreign body through his skin without evidence of infection. Self-insertion of foreign bodies into penile subcutaneous tissue by incarcerated American men for sexual enhancement is more widespread than previously reported. Erosion is a novel presentation.

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Introduction

The use of foreign bodies to enhance sexual experience is a practice that has been around for centuries. In fact, this practice is described in the Kama Sutra, and since that time numerous reports have been presented in the literature, indicating the increasing popularity of this practice.1 Stankov et al and Fischer et al have recently published reviews on implantation of artificial penile bodies. Both articles cite a predominance of the practice in Asia, with a relative paucity in Western culture. Neither review reports the practice in the United States. Fischer reports that in addition to penile enhancement for sexual pleasure of partner (63.9%), implantation of beads often ascribes an affiliation to a specific group (18.1%).2 A search on the Internet reveals that penile foreign body insertion is gaining popularity among laypersons, as attempts at self-insertion of these prosthetics have increased.

We report a case of an incarcerated Caucasian American male patient with a subcutaneously self-inserted penile foreign body.

Case presentation

A 29-year-old circumcised Caucasian male patient who was incarcerated at a midwestern prison presented to the urology clinic with the complaint of a wound on his penile shaft. He reported having placed a foreign body on the ventral aspect of his penis approximately 5 years before as a sexual pleasure device. He claimed that it was a domino, which he had shaved down and inserted under his penile skin. He noted erosion through the skin over the past several months, which was not painful. He desired removal of the object.

A picture of the eroded prosthesis is seen in Figure 1. The removed object is shown in Figure 2.

Discussion

The practice of self-inserted penile prostheses as pleasure devices seems to be expanding among the general, Western population, and there seem to be new trends in this practice on the basis of the published literature. First, the practice seems to be diffusing into the United States prison system similar to the practice seen in Asia and Australia. Second, the change in venue and clientele has led to the adoption of different shapes used for the prostheses placed.

There are now multiple case reports of US inmates placing penile implants.4,5 Similar to the 3 cases reported by Hudak et al, our current case involves an inmate in the United States prison who self-inserted a domino fragment into the ventrum of his penis.
Incidentally, the patient mentioned that some of his fellow inmates have performed similar implants. This was corroborated by the prison guards accompanying the patient, and this, along with the report by Yap et al is growing evidence that this practice is more common in the penal system than reported in the medical literature.3

What were traditionally glass spheres have become dominos whittled to irregular shapes.5 In our current case, the object was a shaved down domino shaped similar to a dog bone. This change of shape may be what has affected the natural progression of these implants. In the reports by Thomson and Tsunenari, very few of the reported cases resulted in explantation of the prosthesis because of erosion or infection.4,5 In the report by Griffith, none of the 4 presented cases required explantation of the self-inserted spheres.4 In contrast, in the cases reported by Hudak et al, placement of these irregularly shaped foreign bodies each required explantation secondary to infection.5 Similar to the patients presented by Hudak et al, our patient required explantation of his foreign body. However, this was for erosion and not infection, which has not been previously reported in the literature, indicating the natural history of placement of penile foreign bodies can have a wide spectrum of end points.

Conclusion

Penile subcutaneous implantation has long been used for sexual enhancement. Although its sexual effects may not be well quantified, its medical consequences are requiring more attention, particularly from urologists. The technique of nonsterile placement of a shaved domino fragment used in the United States prison system seems to be spreading. The lack of sterile tools and techniques has led to pain and infection, and we now report erosion as a complication. This likely stems from the irregular shape of the foreign body in our report which differs from the more commonly used sphere. Although prevention of placement of foreign bodies may not be logistically feasible, the lack of reporting on the subject infers that complications are also relatively rare. However, education of at risk individuals such as prisoners regarding complications may be beneficial in helping to prevent them.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

Conflict of interest

The authors declare that they have no competing interests.

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