

A penal problem: the increasing incidence of implantation of penile foreign bodies

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Our objective is to describe a novel presentation of subcutaneous penile insertion of foreign bodies. This is a practice performed globally and mostly has been reported outside of the United States. We present three cases of incarcerated males that implanted sculpted dominos into

the penile subcutaneous tissue. The patients presented with erosion of the foreign bodies through the skin without evidence of infection. We believe that insertion of foreign bodies into penile subcutaneous tissue by incarcerated American males for sexual enhancement is more widespread than previously reported. Erosion is a novel presentation.

Key Words: penis, implantation, penile nodules, penile foreign body, erosion, prison

Introduction

The use of foreign bodies to enhance sexual experience has been practiced for centuries. In fact, it is even described in the Kama Sutra and, since that time, there have been numerous reports 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 countries and neither reports the practice in the United States.^{1,2}

We report what we believe to be the largest case series of incarcerated Caucasian American males who inserted penile foreign bodies into the subcutaneous space.

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Case series

Three incarcerated Caucasian American males presented to our facilities with complaints involving an inserted penile foreign body. Informed consent for treatment and photography was obtained from each patient per hospital policies. As single case reports, IRB approval was waived. Each patient was treated with surgical management. Collaboration was then undertaken amongst the treating physicians to report the cases. Background research was conducted using Ovid MEDLINE and PubMed.

Patient 1

A 29-year-old circumcised Caucasian male 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 prior 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 which measured 3 cm x 2 cm x 0.8 cm.

During surgery, the deep aspect of the skin showed epithelialization. Bacitracin ointment was applied and the wound was dressed. A picture of the eroded prosthesis is seen in Figure 1a. The removed object is shown in Figure 1b.

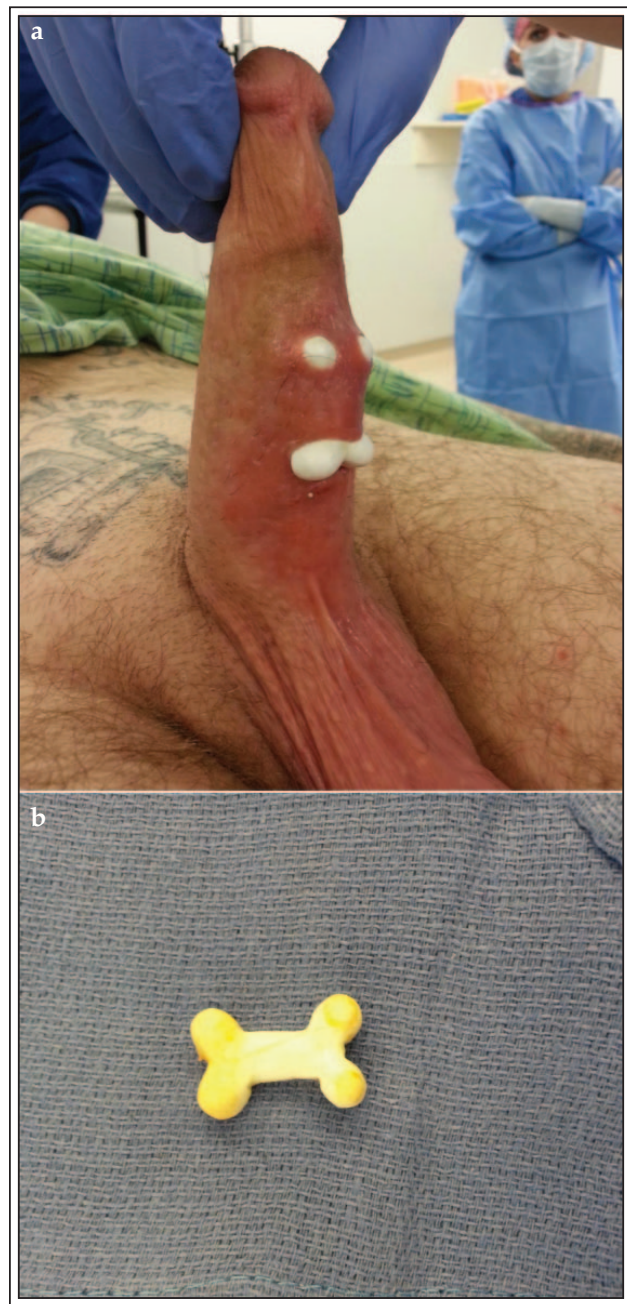


Figure 1a and 1b. Eroded “dogbone” shaped domino.



Figure 2a and 2b. “Playboy bunny”.

The patient was seen in clinic 1 month after the operation with good healing of his surgical wound. The patient consented to imaging and reporting of the case.

Patient 2

A 24-year-old Caucasian male inmate presented to the emergency department with a 4 day history of progressively worsening penile pain at the site of an open penile wound. The patient reported this began after implantation of a foreign body for sexual enhancement seven days prior. He denied any urinary symptoms or hematuria. His exam demonstrated a mildly erythematous and ecchymotic, 3 cm horizontal open wound without purulence or active bleeding at the dorsum of the proximal penis. A foreign object was palpated in the subcutaneous space. He desired removal of the object, which measured 3.3 cm x 2 cm x 0.5 cm. The deep aspect of the wound appeared uninfected, was copiously irrigated and closed with interrupted absorbable sutures. Bacitracin ointment was applied and the wound was dressed. A picture of the open wound is seen in Figure 2a. The removed object is shown in Figure 2b. He consented to imaging and reporting of the case.

Patient 3

A 36-year-old circumcised, incarcerated, Caucasian male presented to the emergency department with increasing pain at the site of an implanted penile foreign body. The patient reported placement of a domino in the subcutaneous space on the dorsal aspect of his penis. He stated this was inserted approximately 6 weeks prior to presentation. It was sutured in with dental floss and the foreign body was pulled through via a more distal, second incision. The patient desired removal of the object.



Figure 3. Heart shaped domino.

Following removal, the wound was closed primarily. A picture of the foreign body in situ is shown in Figure 3. He consented to imaging and reporting of the case.

Discussion

The practice of subcutaneous penile implants is at least centuries old and seems to be gaining popularity.^{1,2} Placement of subcutaneous penile foreign bodies usually falls under one of two intentions, though these are likely intertwined. 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 or gang (18.1%).² Even a basic internet search reveals that penile foreign body insertion is gaining popularity amongst lay persons as attempts at self insertion of these prosthetics have increased.

Reports of subcutaneous insertion of foreign bodies placed in the genitalia for various reasons exist most commonly in Southeast Asia.^{2,3} The majority of these reports describe placement of spherical objects such as beads, balls, and marbles into the foreskin. Tsunenari discusses penile balls among the Yakuza, an organized crime group of Japan, reporting a prevalence of 21.5% among detained members of the group.⁴ An even higher prevalence of penile modification (51%) is reported among Thai methamphetamine users.⁵ Of these men, 61% report inlaying “muks” – plastic or glass balls – as their form of penile modification. The vast majority (80%) of modifications were performed in prison, usually with the assistance of a friend.⁵

Although the practice is more commonly reported in Asia, the use of self implanted penile prosthetics has spread to Western society. The first report of a self implanted penile foreign body in North America was of two Southeast Asian male immigrants. Each

had placed glass spheres in their penises for the purpose of increased sexual stimulation of the partner.³ Further evidence of the geographical expansion on this phenomenon is described in two cases of young Eastern European men who, on autopsy, were found to have implanted penile balls.⁶ In a recent survey of Australian prisoners, 5.8% (118/2018) reported having a subcutaneous penile implant, with the majority (73%) having had this placed during incarceration.⁷

The practice of self inserted, subcutaneous penile foreign bodies as a pleasure device seems to be expanding amongst the Western population and there seem to be new trends in this practice based on 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.^{8,9} Similar to the three cases reported by Hudak et al, our case series involve inmates who have inserted domino fragments into the subcutaneous space of the penis. Incidentally, our patients have detailed that the practice is widespread in their respective prison communities. One patient (case 2) mentioned he opted for placement of his implant in prison after learning he was being released from prison in the near future since the “street” cost for implantation is \$3,000. Another patient (case 3) reported that at least 20 more inmates in his prison had similar implants. These three clinical scenarios, along with the report by Yap et al, provide growing evidence that this practice is more common in the penal system than reported in the medical literature.

While glass spheres were traditionally used in the past, dominos are now being whittled to irregular shapes.⁹ In case 1 of our series, the domino was shaped like a dog bone. In case 2, a “playboy bunny” was explanted from the patient. Case 3 demonstrated a domino shaped like a heart. The clinical presentation of erosion or infection may be attributed to the irregular shape of the implants. In previous cases, irregular shaped objects have led to infections requiring explantation.⁹ All three of our reported cases required explantation of their implants. In contrast, the reports by Thomson and Tsunenari used spherical, smooth shaped implants. They demonstrated very few cases resulting in explantation due to erosion or infection.^{4,5} In the report by Griffith (also using spheres) none of the four presented cases required removal.⁸ There are no reported cases of erosion outside of our case series in the literature, indicating the natural history of placement of penile foreign bodies can have a wide

spectrum of end points. In our case series, all patients were managed relatively conservatively, with either primary or secondary closure of the erosion site. Based on our experience, it is possible to allow these wounds to heal without the use of skin grafting.

Conclusion

Penile subcutaneous implantation has long been used for sexual enhancement. While its sexual effects may not be well quantified, its medical consequences are requiring more attention, particularly from urologists. The technique of non-sterile 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. While 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. □

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