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Unusual case of peripheral venous occlusion

We describe a case in which the use of a proprietary sexual aid necessitated surgical intervention to effect its removal. Investigation showed these items to be in common usage.

Case history

A 21 year old man presented to the accident and emergency department on the morning of 24 December 1981. For three years he had been in the habit of using a so called "cock ring." The device consisted of a simple metal ring which was fitted around the base of the penile shaft proximal to the scrotum before erection. Erection would cause the ring to tighten, thus occluding venous return and resulting in maintenance and prolongation of the turgid state of the penis.

Having recently mislaid his usual ring, the patient had purchased a new one, which he had used for the first time the previous night, some 12 hours before presentation. Although enjoying satisfactory intercourse, he had been unable to remove the ring either immediately after the act or on waking the next morning. The ring was causing pain and he was unable to urinate.

Examination showed the penis to be congested and semierect (figure). There was moderate scrotal oedema and the ring was firmly in situ around the base of the penile shaft, obstructing venous return. All attempts to pull the ring off were unsuccessful. A rotary cutter used to remove rings after finger injuries made no progress and finally broke. Eventually the ring was cut in two places with a hacksaw, the patient sustaining a small scrotal laceration in the process. The ring (figure) was 5 cm internal diameter and the metal 0.8 cm in cross section.

Comment

Similar rings are apparently readily found in shops supplying sexual aids in and around central London. They are available in various sizes and no warning is supplied. The possibility of the reported complication of the use of these rings is inherent in their mode of action. In more extreme cases they could conceivably cause penile ischaemia or even necrosis.

We think that rings of this type should be withdrawn from circulation, and since there seems to be a demand they should be replaced by models with a clasp and hinge mechanism for rapid release.

Above: Appearance at presentation. Below: The ring after removal.

Alternatively they might be made of rubber or a similar elastic material, which could be stretched if necessary.

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Identical twins with identical vesicoureteric reflux: chronic pyelonephritis in one

It is well established that chronic pyelonephritic scarring occurs predominantly in kidneys drained by ureters in which vesicoureteric reflux occurs in childhood.¹ Most of such ureters develop a competent vesicoureteric valve during follow up periods of at least 10 years,² so that only a few adults with pyelonephritic scarring still show reflux.³ Reflux of sufficient severity to be associated with renal scarring is inherited as an autosomal dominant with high penetrance.⁴ Controversy continues as to whether reflux per se causes renal scarring during a period of high vulnerability in early childhood or whether the kidney is only damaged when the refluxing urine is infected.³ We describe identical twins in whom bilateral vesicoureteric reflux persisted into adult life, only one of whom developed chronic pyelonephritis, suggesting that an environmental factor is required before reflux leads to scarring.