

## Coconut Oil Induced Phimosis with Balanoposthitis - A Case Report

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**Abstract:** Injection of oils into the penis for sexual enhancement has been rarely reported. However coconut oil induced phimosis with balanoposthitis is extremely rare. We report a case of 29 year old Myanarese gentleman, who presented with 45 days history of gradual increase in penile swelling and scrotum following self-injection of coconut oil into his penis just for fun. Following the injections he developed phimosis with balanoposthitis and multiple subcutaneous nodules over the shaft of penis. On treating with analgesics and antibiotics the mild inflammatory reaction reduced but however the nodules remained. The result was not assessed as patient never had follow-up. This is the second case reported from Malaysia.

**Keywords:** Balanoposthitis, Coconut oil, Paraffinomas, Phimosis.

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### I. Introduction

Injecting mineral oil into the human body for therapeutic and cosmetic purposes has been reported in the literature even as early as in the 20th centuries [1]. Various types of oils like paraffin, vase-line, mineral, coconut oil and olive oil have been used by non-medical persons for penile augmentation as well as sexual desirment in various countries [2,3]. Following the injection therapy the resulting deformity of the male genitalia is described as penile paraffinomas or sclerosing lipogranuloma (SL) of the penis [4]. But phimosis with balanoposthitis following self-injection of coconut oil is rarely been reported. Case is being presented for its rarity.

### II. Case Report

A 29 year old myanmar man suddenly noticed pricking type of pain over his shaft of penis in the early morning of 4/9/15 (Day -1). The day before he had attended a party and was fully drunk. He was informed by his friend that both have injected coconut oil at 5 different sites into his shaft of penis for the sake of just fun. When he was boarding the flight the next day (5/9/15 - Day - 2) to Malaysia, he noticed worsening of the pain with gradual increase in the size of the penis and scrotum. With this problem he carried on his routine work for next 43 days until the pain and swelling was gross enough, presented to us on 45th day (24/10/15). There was no discharge of blood during urination or difficulty in voiding. No symptoms of lower urinary tract or other constitutional symptoms was noted. He also denied of multiple sexual partners.

On examination the whole penis and scrotum was swollen, erythematous and tender. The prepuce was unretractable and glans penis cannot be completely seen. There were multiple nodules felt over the shaft of penis. Other examination was normal. His blood and urine reports was within normal limits except for the increase in total WBC ( $12.31 \times 10^9/l$ ). With the diagnosis of phimosis with balanoposthitis on clinical grounds he was advised to undergo fine needle aspiration cytology (FNAC), biopsy, ultrasound of penis as well as magnetic resonance imaging (MRI) to confirm the lesion, but he refused to do so. He was treated with antibiotics and analgesics and subsequently the pain along with swelling of both penis and scrotum was reduced. As the patient refused to undergo any further evaluations he was discharged at request and never had follow-up.

### III. Discussion

Injection therapy for penile augmetation or enlargement is still in practice in many countries like Far East Asia and Europe by non-medical personal [3,5]. But self-injection for sake of sexual enhancement or fun has been rarely reported but still bring practiced in some countries such as Philippine, Myanmar etc. [6]. The procedure of self-injection is relatively cheap and requires injection at multiple sites to reach the desired effect and is reported in earlier studies [5] similar to our case.

Following the oily injections, the male genitalia have resulted in various early complications of penis and scrotum such as phimosis, paraphimosis, skin lesions, voiding difficulty and nodule formation [3]. The occurrence of such subcutaneous nodules at the injection sites was reported as SL and paraffinomas in the earlier literature [4,7]. As the oily injection cannot spread beyond the anatomical planes, results in granulomatous foreign body reaction and manifests as induration, swelling and deformity. Usually these

deformities occur, months to years after the injections [3,5] but it occurred within 45 days in the presented case. It also depends on the amount and types of material used for injection. In the presented case, phimosis with balanoposthitis but without voiding difficulty was the early complications seen following self-injection.

In such cases the diagnosis is difficult if the patient does not disclose the issue and may lead to the misdiagnosis of malignancy [8]. However biopsy may show features of paraffinomas or SL which included dense fibrosis with chronic granulomatous cells and giant cells surrounded by cystic spaces of oil [3,4]. Our patient admitted himself to have injected coconut oil into his penis, so the diagnosis was not difficult. Some studies have reported more than pathological examination, detailed history is more evidence in diagnosing paraffinomas [9] similar to present case. Apart from biopsy some studies have shown MRI to be effective in diagnosing paraffinomas and depend on the time interval before its presentation [10]. The features include circumferential enlargement of penis with diffuse thickening of the space between buck's fascia and penile skin. As the patient refused to undergo these investigations, it was deferred.

Since the patient suffered from mild to moderate forms of genital inflammation caused by coconut oil injection he was treated conservatively with antibiotics and analgesics similar to earlier studies [9,11]. The inflammatory reaction reduced but the nodules remained. Considering paraffinomas, no spontaneous regression have been reported so far. Many treatment methods are available from conservative measures such as steroid injection and hot water baths to radical surgical management like excision with skin grafting repair [8]. In order to prevent recurrence, complete surgical excision of the nodule is the definitive treatment [5,11].

The final results of the conservative measures offered to the patient could not be assessed as the patient never had follow-up and probably returned to his homeland.

#### **IV. Conclusion**

Injecting any oily substances into the human body is harmful and hazardous. Self-injection of oil into the penis just for sexual enhancement results in complications. The differential diagnosis of nodules following injections should be kept in mind and in doubtful cases, biopsy should be done. Early recognition of these complication (phimosis and balanoposthitis) with detailed history can be conservatively treated. Regular follow-up is essential to prevent further inflammatory event. Safe and legal procedures should be implemented for penile enlargement so as to avoid self-injections and in prevention of such debilitating problem.

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