

Artificial penile nodules: case reports

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SUMMARY An interesting cultural practice of implanting foreign bodies under the skin of the penis for enhancing sexual excitement in the man's sexual partner is described. Recognition of this is important to venereologists because of their primary concern with the genital area. The term artificial penile nodule has been suggested for the condition resulting from this practice.

Introduction

The practice of implanting foreign bodies into the penis for psychosexual reasons has been reported in journals of urology, radiology, and dermatology.¹⁻⁴ It has not, to our knowledge, been reported in journals of venereology. Venereologists should be familiar with this practice, which may otherwise be mistaken for other pathological conditions. We here report three cases seen at this hospital to illustrate the clinical features of the practice, and the resulting complications in one patient.

Case reports

CASE 2

A Singaporean Chinese man aged 20 who presented to the sexually transmitted disease (STD) clinic at this hospital for routine investigation was found to have a hard, non-tender subcutaneous nodule measuring 1.5 × 0.5 cm on the ventral aspect of the prepuce, just lateral to the median raphe. The overlying skin was normal, and the nodule moved freely with preputial retraction (fig 1). No other abnormalities were found, and the regional lymph nodes were not enlarged. A foreign body, calcification of the penis, or a median raphe cyst were considered as possible diagnoses.

Despite repeated questioning, the patient denied having implanted any object into the penis, but agreed to an operation. A yellow plastic bead measuring 1.35 × 0.65 cm (fig 2) was easily extruded through a small incision over the nodules.

CASE 2

A Singaporean Chinese man aged 25 presented to the dermatology clinic of this hospital with a two week

history of pain and swelling of the penis. This had followed the implantation of "pearls" via multiple puncture sites by a non-medical person in Thailand two weeks before.

Examination showed inflammation and induration of the skin of the middle and distal third of the penile shaft. Seven infected ulcers were seen corresponding to the puncture sites, four on the dorsal and three on the ventral aspects of the shaft (fig 3). Several firm irregularities were palpable within the area of induration. The regional lymph nodes were enlarged and tender. Wound infection after implantation of a foreign body was diagnosed, and a 10 day course of ampicillin 250 mg and cloxacillin 250 mg every six hours was prescribed. The patient defaulted from follow up, however, and was not seen again.

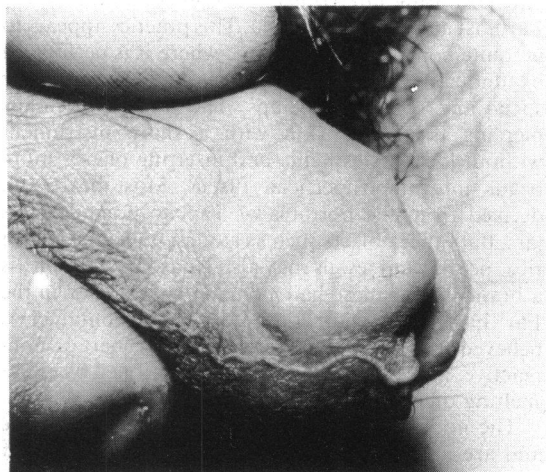


FIG 1 *Oval subcutaneous nodule on the ventral aspect of the prepuce, just lateral to the median raphe.*

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CASE 3

A Singaporean Chinese man aged 18 presented to the STD clinic at this hospital with acute gonococcal urethritis and was found to have a dumbbell-shaped nodule measuring 1 cm on the dorsal aspect of the prepuce (fig 4). The nodule was stony hard and not tender. Extensive tattoos were also noted on the patient's trunk, arms, and legs.

Further questioning showed that he had self-implanted some foreign bodies while he was an inmate at the local drug rehabilitation centre 2½ years before. He had pierced the prepuce with a sharp iron rod and had inserted two severed plastic tops of drawing pins after cleaning and greasing them. Mild pain and slight bleeding had been associated with the procedure, which he was taught by other inmates. This practice was apparently regularly carried out by inmates to increase sexual arousal of their sexual partners.

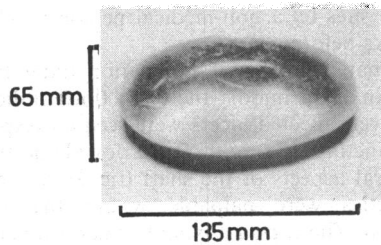


FIG 2 Yellow plastic bead measuring 1.35 × 0.65 cm removed at operation.

Discussion

Implantation of beads under the skin of the penis to enhance coital excitement and orgasm of the sexual partner during intercourse is not uncommon in the Far East and South East Asia. This practice appears to be quite common in Thailand, where it is performed by unqualified people in prisons and among lower social and economic groups. The procedure entails piercing the penile skin with a sharp instrument without local anaesthetic, and inserting one or more beads into the superficial fascia. Most beads are derived from the bottoms of Tancho pomade glass jars, but other objects such as stones, bullets, grains of rice, pearls, and jewels may also be used.^{2,3} (Tancho is a brand of Japanese hair pomade widely used in the Far East and South East Asia. The container is believed to be made of a special, rather inert or non-reactive, type of glass. Spheres are fashioned by either melting or grinding the glass.^{3,4})

The nodules that result are usually asymptomatic and are identified incidentally in men presenting for other reasons, as in cases 1 and 3, or with complications as in case 2. They have been called Tancho's nodules³ and artificial penile nodules.² The latter term

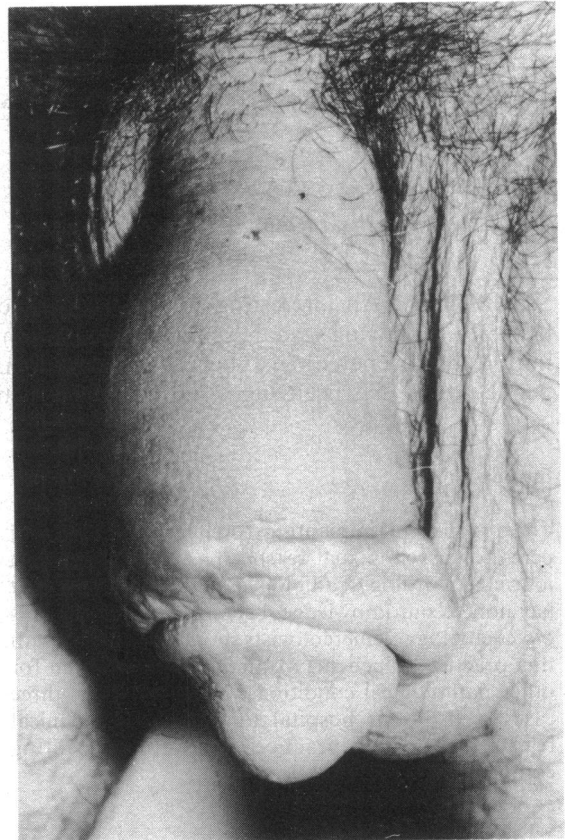


FIG 3 Infection of wounds after implantation of foreign bodies. Note inflammation, swelling, and ulceration of puncture points.

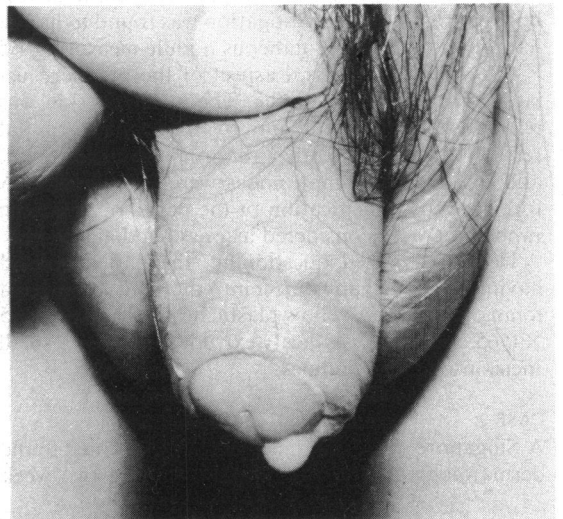


FIG 4 Dumbbell shaped nodule on the dorsal preputial skin and associated gonococcal urethritis.

is probably more appropriate as a variety of artificial objects may be used.

It is not clear when this practice began, or where it originated, but Thai dermatologists believe that it started after the second world war.^{3,4} Though the practice is believed to have originated from the Orient, the earliest report of embedding beads into the penis appeared in an Argentinian urological journal in 1953.¹

The diagnosis of artificial penile nodules is usually straightforward, and the stony hardness of the implanted beads is characteristic. Other conditions, such as sclerosing lipogranuloma, paraffinoma, silicone granuloma, cyst, mucocele, calcification or ossification of the penis, and penile nodules due to subcutaneous angitis, however, may require differentiation from artificial penile nodules.² All patients

should be screened for sexually transmitted diseases as they also represent a high risk promiscuous group (Lim KB, personal observations).

Recognition of this unusual cultural practice is essential for venereologists, as artificial penile nodules may incidentally be seen in patients with genitourinary complaints and may cause confusion.

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