



Published in final edited form as:

J Sex Med. 2012 February ; 9(2): 632–634. doi:10.1111/j.1743-6109.2011.02551.x.

Subcutaneous Penile Insertion of Domino Fragments by Incarcerated Males in Southwest United States Prisons: A Report of Three Cases

Steven J. Hudak, MD^{*}, James McGeady, MD[†], Alan W. Shindel, MD[‡], and Benjamin N. Breyer, MD[§]

^{*}Department of Urology, University of Texas Southwestern Medical Center, Dallas, TX, USA

[†]Department of Urology, University of New Mexico, Albuquerque, NM, USA

[‡]Department of Urology, University of California Davis, Sacramento, CA, USA

[§]Department of Urology, University of California San Francisco, San Francisco, CA, USA

Abstract

Introduction—Self-insertion of penile foreign bodies is performed worldwide, largely due to a perception that it will enhance sexual performance and virility. There are relatively few cases reported in the United States.

Aim—We report three cases of Hispanic men incarcerated in separate southwest United States prisons who utilized a similar technique to insert foreign bodies fabricated out of dominos into the subcutaneous tissues of the penis.

© 2011 International Society for Sexual Medicine

Corresponding Author: Steven J. Hudak, MD, Department of Urology, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd., Dallas, Texas 75390-9110, USA. Tel: 214-648-0277; Fax: 214-648-8786; Steven.Hudak@utsouthwestern.edu.

Conflict of Interest: None.

Statement of Authorship

Category 1

a. Conception and Design

Steven J. Hudak; Benjamin N. Breyer

b. Acquisition of Data

Steven J. Hudak; James McGeady

c. Analysis and Interpretation of Data

Steven J. Hudak; Benjamin N. Breyer; James McGeady; Alan W. Shindel

Category 2

a. Drafting the Article

Benjamin N. Breyer

b. Revising It for Intellectual Content

Steven J. Hudak; James McGeady; Alan W. Shindel

Category 3

a. Final Approval of the Completed Article

Steven J. Hudak; James McGeady; Alan W. Shindel; Benjamin N. Breyer

Methods—Details of the three cases were retrospectively reviewed.

Main Outcome Measure—Resolution of the case.

Results—In each case, an incarcerated Hispanic male or fellow inmate filed a domino into a unique shape for placement under the penile skin. Utilizing the tip of a ballpoint pen or a sharpened shard of plastic to create a puncture wound, each man inserted the domino fragment into the subcutaneous tissue of the penis. All three men presented with infection requiring operative removal.

Conclusions—Incarcerated males put themselves at risk for injury and infection when attempting penile enhancement with improvised equipment.

Keywords

Penis; Foreskin; Implantation; Penile Nodules; Penile Foreign Body

Introduction

Insertion of foreign bodies (FB) under the penile skin has been practiced for millennia in various parts of the world [1]. There are myriad reasons for penile “self-enhancement” using FB; the most common reasons include an attempt to enhance sexual performance, partner pleasure, and penile aesthetics [1]. In the modern era, a bewildering array of objects including marbles, ball bearings, oils, and modified household items have been reportedly inserted into the penis for this purpose [2, 3]. Based on reporting trends, this practice appears to be most common in Asia, the Pacific, and Eastern Europe [1, 3, 4].

There are relatively few cases of self-insertion of subcutaneous penile FB in the United States. Here, we report three cases of Hispanic men incarcerated in separate southwest United States prisons who utilized similar techniques to insert FB under their penile shaft skin.

Case 1

A 25-year-old uncircumcised Hispanic male who was recently released from a Texas prison presented with penile edema and erythema. Upon questioning, the patient reported that he had inserted a FB into the shaft of his penis 7 days earlier. This was done on the advice of a fellow inmate who informed him that this procedure would enhance female partner pleasure during intercourse. The FB was a domino that had been crafted into a heart-shaped piece of smooth plastic (Figure 1). The FB had been introduced by making a stab incision in the mid-dorsal foreskin with a ballpoint pen. Upon examination, the FB was easily palpable in the dorsum of the patient’s prepuce. Purulent drainage was noted from the phimotic, edematous, erythematous foreskin. A dorsal slit incision was performed and the foreign body was delivered. Purulent fluid was expressed, the wound was irrigated, and the dorsal slit was loosely closed with absorbable suture. The patient recovered uneventfully and was discharged on post-operative day 1 but was lost to follow-up.

Case 2

A 39-year-old circumcised Hispanic male who was incarcerated in a New Mexico prison presented with penile cellulitis and extrusion of a penile FB placed 8 months prior. The patient stated that he had been encouraged by his fellow inmates to modify his penis for enhancement of the sexual pleasure of his future female partners. A fellow inmate utilized a sharpened piece of plastic to make paired, dorsal, and ventral incisions in the patient’s mid-penile shaft skin. Two rosary beads and a horseshoe shaped band carved out of a domino

with externally facing “ribbing” was inserted into the dorsal incision and a heart-shaped bead carved from a domino was placed in the ventral incision (Figure 2). Upon presentation to the emergency department 8 months later, the patient had mild cellulitis and extrusion of the distal aspect of the right arm of the band, which he reported occurred 24 hours earlier after a fall. At the bedside, a dorsal incision was made over the palpable FBs and the band, and two dorsal beads were removed (the patient insisted that the ventrally placed, uninfected heart-shaped bead be left in place). The wound was irrigated and packed and the patient was discharged on 5 days of oral antibiotics, but failed to return for his follow-up appointments.

Case 3

A 28-year old uncircumcised Hispanic male incarcerated in a separate Texas prison was referred from a community hospital after becoming combative during bedside explantation of two infected subcutaneous penile FBs. Under general anesthesia, the two FBs (each were fragments of a domino that had been fashioned into a bone and a diamond-shaped bead) were removed through small skin incisions that were loosely closed. He was discharged the following day but failed to return for follow-up.

Discussion

We report three cases of penile modification in separate southwest United States prisons. In all cases, the patients inserted dominos fashioned into a variety of shaped beads into the subcutaneous tissue of the penis using a modified pen or sharpened piece of hard plastic as a crude scalpel. All patients reported that the purpose of the maneuver was for enhancement of their female partner’s sexual response in future encounters.

The practice of penile modification via implantation of subcutaneous nodules is not new. It has been reported to be more prevalent in those of low socioeconomic status, including prisoners [4]. While previous reports have indicated that prisoners will use creative, readily obtainable objects for implantation (i.e., pushpins and toothbrushes), there are no published reports that have identified dominos as an object that may be implanted [4]. We are unaware of any connection between these three men. Given similarities between the incidents, it is reasonable to speculate that penile modification by self-placement of foreign bodies is not a rare practice among some members of the incarcerated population in southwest United States prisons. Whether or not such practices either genuinely enhance sexual experience for the female partner or end in anything other than infection and/or extrusion is unclear. Given the circumstances under which such devices are placed, it seems unlikely that men who attempt this procedure will be able to realistically avoid infectious complications.

Conclusion

There is remarkable similarity in the rationale and technique used to insert domino-based penile FBs in these three unrelated cases from southwest United States prisons. While a feasible wide-scale means to prevent this occurrence is not immediately apparent, education of the patient who has attempted penile FB placement is warranted.

References

1. Stankov O, Ivanovski O, Popov Z. Artificial penile bodies-from kama sutra to modern times. *J Sex Med.* 2009; 6:1543–1548. [PubMed: 19473473]
2. Manny T, Pettus J, Hemal A, Marks M, Mirzazadeh M. Penile sclerosing lipogranulomas and disfigurement from use of “Isuper extenze” among Laotian immigrants. *J Sex Med.* 2010 Aug 16. [Epub ahead of print].

3. Thomson N, Sutcliffe CG, Siroj B, Sintupat K, Aramrattana A, Samuels A, Celentano DD. Penile modification in young Thai men: Risk environments, procedures and widespread implications for HIV and sexually transmitted infections. *Sex Transm Infect.* 2008; 84:195–197. [PubMed: 18192295]
4. Fischer N, Hauser S, Brede O, Fisang C, Muller S. Implantation of artificial penile nodules—A review of literature. *J Sex Med.* 2010; 7:3565–3571. [PubMed: 20102449]



Figure 1.
Heart-shaped bead crafted from domino removed from patient 1.



Figure 2. Multiple FBs removed from patient 2. The band and heart were each crafted from a domino. The beads were obtained from a rosary.