

## A Rare Case of Webbed Penis in an Alleged Accused of Sexual Assault

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### ABSTRACT

**Background:** Webbed penis is a rare congenital anomaly of penis which can be presented in late childhood or adolescence. It can be present in isolation or can also occur in combination with hypospadias, chordee, and micropenis.

**Case Report:** A 42-years old unmarried male, working as tailor was brought by police with alleged history of sexual assault with 6 years old girl. On examination of penis and scrotum, the penoscrotal fusion extending from the preputial skin to the scrotal wall was seen suggestive of simple type, grade-03 webbed penis.

**Conclusion:** In cases of alleged accused of sexual offences having webbed penis without having any other penile deformity will not to be considered as legitimate cause of impotency.

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► *Implication for health policy/practice/research/medical education:* Webbed Penis and Alleged Accused of Sexual Assault

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### 1. Introduction:

Inconspicuous penis is sub-classified as micro-penis, buried penis, webbed penis and trapped penis (1). Webbed penis, a sub-type of inconspicuous penis is a rare congenital anomaly of penis which can be presented in late childhood or adolescence (2). However, the classification of inconspicuous penis is not perfect and there are chances of overlapping of the various types. But it is beneficial in knowing the major anatomic issues which will be helpful in rectification of the problem. Diagnosis of type of

inconspicuous penis is based on anatomical considerations (3).

Webbed penis refers to the penis of normal size for age concealed in the adjoining scrotal and pubic tissues. This is usually the outcome of abnormal dartos bands anchoring the penile skin on the surface of the scrotum. This leads to the obliteration of ventral penoscrotal angle and resultant appearance of a short penis. It has also been known as penis palmatus (4). It is type of atypical preputial formation resulting in varying visualization of the ventral aspect of the penis (5). It can be present in isolation or can also occur in combination with hypospadias, chordee, and Micropenis (5-7).

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**2. Case Report:****History**

A 42-years old unmarried male, working as tailor was brought by police on 17.07.2014 with alleged history of sexual assault with 6 years old girl 13 days back. A complaint was registered against unknown person by the father of the girl for abducting his daughter and having forceful sexual intercourse and physical abuse to the girl. Above mentioned alleged accused was resident of same locality as that of victim and he was missing from the same day of incidence of sexual assault. He also has previous criminal history of molestation with another female. In addition, he used to exhibit his genitals to the people at his working place. He was arrested by police once for involving in the fight. His previous criminal record related with involvement in sexual crimes and sudden absence after the abovementioned incidence of sexual assault raised the strong suspicion of his involvement in concerned sexual offence.

In accordance with routine protocol, as the request letter received from investigation authority, the medicolegal examination of the alleged accused of sexual assault was carried out by the panel of experts from Department of Forensic Medicine in this institute. The written informed consent was taken before conducting the examination. Two identification marks on the body of the accused were noted.

On taking history from the alleged accused, he had left his house to meet his mother in Andhra Pradesh, India. He claims inability to perform sexual intercourse due to penoscrotal deformity. Accused had given history of alcohol intake in the form of "Tadi" since twenty years. He was used to drink 1-2 two bottles of Tadi every day. There was history of self-injurious behaviour in form of slashing over forearms, under the influence of alcohol. He had given history of occasional painful erections with bilateral testicular pain. There was history of testicular trauma by ball 15 years back. There was no history of any mental disturbance or features suggestive of withdrawal. His family history was not significant.



**Fig. 1.** It is showing webbed penis of simple type, grade 03.

**Examination Findings**

**General Examination.** Accused was averagely built and moderately nourished. He was conscious, cooperative and well oriented in time, place and person. His secondary sexual characters were adult type. There were following surface injuries present over the body were as follows:

- 1) Abrasion with black scab present over medial aspect of right clavicular region of size 0.5 cm X 0.3 cm.
- 2) Abrasion of size 02 cm X 0.5 cm present over medial aspect of right knee partially healed with slight yellowish pus.

**Local Examination.**

- i. Penis and scrotum: show lifting up of scrotal skin when the penis is moved to lay flat on the anterior abdominal wall suggestive of scrotal skin adherent to the ventral aspect of penis. The penoscrotal fusion extends from the preputial skin to the scrotal wall suggestive of simple type, grade-03 webbed penis (Figure 01). Prepuce was retractable.
  - a. Length of penis (flaccid):- 07.5 cm and
  - b. Circumference of penis at mid shaft:- 09.5 cm.
  - c. No any other deformity, No phimosis, No scar on glans penis.
  - d. Both the testis present in scrotum and were normal. No swelling, tenderness or redness present over scrotum. Sensations present over penis and scrotum.

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- ii. Smegma: absent.
- iii. Pubic hairs: present and not associated with matting.
- iv. No any foreign body.

**Systemic Examination.** Central nervous system, Respiratory system, cardiovascular system and alimentary system do not reveal any abnormality.

**Sample Preservation**

Blood sample was forwarded in sealed container (EDTA bulb) for DNA profiling and for detection of sexually transmitted diseases like syphilis.

**Examination Findings of Other Experts**

The reports by the experts from surgery and urology did not reveal any genital abnormality except peno-scrotal adhesions. Ultrasonography of the scrotum reveals normal findings. Psychiatric evaluation of the accused suggests alcohol dependence. Rapid Plasma reagent (RPR) test done in department of Microbiology was non-reactive.

**Final Opinion**

After detailed physical examination, opinions of surgery and urology experts, findings of ultrasound examination, we are of opinion that there is nothing to suggest that the said person is unable to perform sexual intercourse.

**3. Discussion:**

Webbed penis is an abnormality in which the scrotal skin adheres onto the ventral penile skin. In children, webbed penis usually does not lead to any problems except for poor appearance (8, 9). But, in adults it can cause psychological pressure due cosmetic deformity and physical problems like chordee, discomfort during intercourse and difficulty in placing a condom. Some cases may present with pain, abnormal stream of urine or genital dysfunction (5).

**Overview of previous studies in concerned with webbed penis.**

Rudin and Osipova (9) studied 30 boys of webbed penis along with their clinical symptoms, morphological features and projected the classification including three basic clinical forms of this deformity, and mentioned the principles of diagnosis and

differential diagnosis with the conditions associated with a micro penis. Medina Lopez *et al* (10) presented a case of webbed penis along with phimosis and penile curvature. Abbate *et al* (11) studied 92 cases having penile anomalies excluding hypospadias. Percentage of cases having webbed penis was 9.78% i.e.9 cases.

Bergeson *et al* (6), conducted study among 19 patients of inconspicuous penis and reported one case of webbed penis and one case of combined webbed and buried penis. Amano *et al* (12) presented a case of webbed penis in an 11-year old boy associated with phimosis and recurrent epididymitis. Lynch and Bushby (13) presented a new syndrome comprising of congenital emphysema, cryptorchidism, a webbed penis, deafness, constipation and mental retardation. But, any other study did not confirm this. Shepard *et al* (14) and Alter (15) also reported a case of webbed penis.

**Medicolegal aspects of webbed penis**

Dr KSN Reddy (16) stated that scrotum adherent to penis may result in difficulty in sexual intercourse.

El-Koutby Montasser *et al* (17) classification of webbed penis is as follows

1. Primary webbed penis

A: Simple

Grade 1: The web extends to the proximal 1/3 of the shaft of the penis

Grade 2: The web extends to the mid 1/3 of the penis

Grade 3: The web extends to the distal 1/3 of the penis

B: Compound

Type 1: Web with prepenile scrotum

Type 2: Web with penile curvature

Type 3: Broad web

2. Secondary webbed penis

Post circumcision: In obese children or concealed penis

In our case webbed penis present was of simple type, grade-3 (17) and was not associated with any other genital disease or deformity. The point which favours the possibility of sexual intercourse in a person with penoscrotal skin attachment alone is presence of retractable prepuce which allows to and fro movement of penis during sexual

intercourse with some difficulty due to adhesion.

Therefore, the presence of webbed penis, not associated with any other penile deformity does not lead to impotency but can cause some discomfort due to pain during sexual intercourse.

#### **Legal perspective of webbed penis in current Indian scenario**

Indian Penal code (IPC) section 375 defines rape. The definition under section 375 IPC was amended vide the criminal amendment act 2013 (18). With respect to the amended definition, complete vaginal penetration by penile shaft is not necessary, mere touching to the vulva (Labia Majora, Labia Minora) which is also included in the phrase “vaginal penetration”, amounts to the offence of rape. Hence considering the above provision, impotency is not valid ground of defence in cases of webbed penis and possibility of truth of allegations by the victim cannot be denied.

#### **4. Conclusion:**

We can conclude that webbed penis is a rare congenital anomaly of penis which can be presented in late childhood or adolescence. Majority of the previous studies provide information in relation to the diagnosis and treatment of webbed penis

There is least information available regarding the medico-legal aspect of webbed penis as the cause of impotency. Therefore, in cases of alleged accused of sexual offences having webbed penis without having any other penile deformity will not to be considered as legitimate cause of impotency.

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