

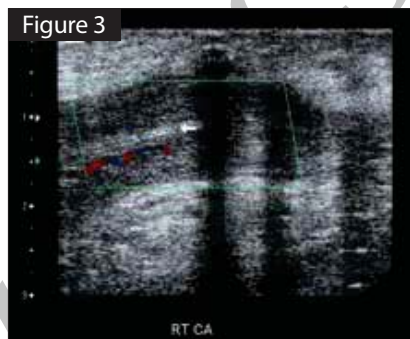
# Penile Skin Necrosis Mimicking Penile Gangrene

## An Unusual Case

An 80-year-old man presented with dry gangrene of the penis secondary to a rubber-band constriction. He started using a rubber-band for urine incontinence one month ago following which his penis started to blacken. The whole penis, including the glans and the shaft, was black, nontender, and woody hard with a demarcation line at the penoscrotal junction (Figures 1 and 2).

Color Doppler ultrasonography revealed no flow in the cavernosal arteries (Figure 3). Initially, a suprapubic cystostomy was done. Subsequently, penile amputation and perineal urethrostomy were planned. However, intraoperatively, the penis was found to be viable underneath a necrosed skin, and only a debridement was performed followed by split-thickness skin grafting harvested from anterolateral aspect of the thigh two weeks later (Figure 4). Penile gangrene is a rare, but grave sequel following infection or ischemia. Vascular compromise may be caused by tourniquet syndrome, priapism, venous thrombosis, and anticoagulants, and can also be seen in diabetics with end-stage renal disease.<sup>(1)</sup> Strangulation caused by hair, nuts, rings, threads, bands, and bottle necks has been reported mainly for autoerotism or in the mentally challenged.<sup>(2)</sup> Color Doppler ultrasonography can provide invaluable information regarding thrombosis or rupture of cavernosal and dorsal penile vessels.<sup>(3)</sup>

The presentation in this case was unusual and we were able to salvage the penis despite the clinical and radiological suspicion of non-viability.



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