PP-33 Glans Ischemia After Circumcision And Dorsal Penile Nerve Block. Clinical Case.

Poster Bildiri

Sergey Vrublevskiy Md, Phd, Dsc, Prof[1], **Filipp Turov Md, Phd**[2], Elena Vrublevskaya Md, Phd, Dsc[1], Revaz Valiev [2], Artem Vrublevskiy Md, Phd[2], Anna Oganisyan [2], Mamay Khanov[2]
1 V.f. Voyno-Yasenetsky Scientific And Practical Center Of Spicialized Medical Care For Children; Department Of Pediatric Surgery Pirogov Russian National Research Medical University
2 V.f. Voyno-Yasenetsky Scientific And Practical Center Of Spicialized Medical Care For Children

Introduction. Circumcision of the foreskin is one of the most common surgical procedures. Unfortunately, complications can occur in the intra- and postoperative period. One such serious and rare complication is post-circumcision ischemia, and sometimes necrosis of the glans penis. Purpose of the study. To present our own experience in the treatment of a rare complication of ischemia of the glans (IG) of the penis that developed after circumcision. Materials and methods. A 12-year-old boy was admitted to the surgical department of Voyno-Yasenetsky for surgical treatment of circumcision. Immediately before the operation, a dorsal pineal blockade was performed with a solution of naropin 0.2% 20 ml without the use of adrenaline under ultrasound control. During the surgical intervention, a classic circumcision of the foreskin was performed using monopolar electrocoagulation with a power of 12 W. Vicril 4/0 interrupted sutures were placed. 12 hours after the operation, there was a change in the color of the glans penis with the appearance of multiple areas of dark color, without priapism. In order to exclude thrombosis, the child underwent an ultrasound examination of the penis. In order to stop microcirculatory disorders, therapy was prescribed aimed at improving the rheological properties of blood (pentoxifylline, actovegin, heparin), antibiotic therapy (ceftriaxone), symptomatic treatment, as well as local treatment (heparin leniment). The therapy was carried out against the background of daily monitoring of activated partial thromboplastin time (APTT) and prothrombin. As a result of the therapy, a positive result in the form of normalization of the color of the head began to be observed 48 hours after the operation. After 6 days the child was discharged home in a satisfactory condition. The control examination was carried out after 2 weeks and 1 month. The blood supply was completely restored to the skin and the glans penis, healing by primary intention, the meatal opening was not narrowed, urination with a wide stream. Conclusion: The etiology and pathogenesis of IG is not well understood. The most common cause of IG is dorsal nerve block with local anesthetics with or without vasoconstrictors.

Keywords: Circumcision, glans, necrosis, nerve block.