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Hyaluronidase Injection and Multiple Puncture Technique in the Treatment of Paraphimosis: A Comparitive Study Dr. Kiran Kumar¹ Br. Kiran Kumar¹ Received: 11 December 2015 Accepted: 5 January 2016 Published: 15 January 2016

7 Abstract

Background: Paraphimosis is a surgical emergency in surgical practice. A number of 8 treatment options are available for treatment of paraphimosis including surgical and non g surgical ones. No randomized studies were undertaken to compare any treatment techniques 10 of paraphimosis. This study attempts to compare the outcome of injection of Hyaluronidase 11 and Multiple puncture technique in the treatment of paraphimosis. Materials and methods: A 12 randomized controlled study was undertaken in the surgery department of a medical college. 13 About 60 consecutive patients admitted with the history of paraphimosis were randomly 14 divided into two groups. One group received Hyaluronidase injection and another group had 15 been treated by using multiple puncture technique. The patients were followed on seventh day 16 and six months after the surgery. Results: The study group included both pediatric and adult 17 population. About 43.3 18

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20 Index terms— paraphimosis, hyaluronidase, multiple puncture technique, randomized controlled trial.

²¹ 1 I. Introduction

araphimosis is not a common condition but when presented, it is a surgical emergency in day to day surgical 22 practice. Paraphimosis is a condition of retraction of the foreskin behind the glans penis in uncircumcised males. 23 The condition is common in young boys and this entity is rare in middle and elderly males. 1 The phimosis can 24 be congenital or acquired is the causative factor for paraphimosis in most of the cases. The congenital phimosis 25 mainly occurs in the young children and acquired is more common in elderly population may be a result of 26 poor hygiene, chronic balanoposthitis or forceful retraction of the prepuce, leading to a tight fibrotic ring. 2 27 This painful medical condition requires urgent attention and early reduction. If the paraphimosis left untreated, 28 the paraphimosis lands up in severe consequences including strangulation of the glans and tissue necrosis. 3 29 The goal of treatment of paraphimosis is reducing the penile edema and restoring to the prepuce to its original 30 position. A number of treatment methods are available for the paraphimosis. They include the use of gentle 31 manual compression, osmotic agents or ice. The invasive modes of treatment include glans aspiration, dorsal 32 slit procedures, injection of Hyaluronidase etc which are often used when the non invasive methods fails. 4 The 33 literature available shows the success and failures of different treatment methods in one or two cases. Similarly, 34 the literature shows that the Hyaluronidase injection has shown efficacy in two cases. 5 The Hyaluronidase 35 degrades the hvaluronic acid and enhances the diffusion of trapped fluid in the tissue planes to decrease the 36 preputial swelling. 6 Where as multiple puncture technique permits the safe and effective evacuation of the 37 trapped fluid. 7 None of the studies are available to compare the efficacy and recurrence of these methods in the 38 literature available. Hence, this study was undertaken in a tertiary care setting in Karnataka. 39

40 2 II. Materials and Methods

41 A randomized controlled study was taken up in order to determine the efficacy and recurrence of multiple and 42 puncture technique and injection of hyaluronidase in the general surgery department of Basaveshwara Medical

College and Hospital, Chitradurga. About 30 patients admitted to the surgery department were randomly divided 43 in to two groups with the help of computer generated random numbers. In the patients of multiple puncture 44 technique group, using a 24 -26 G needle one or several openings were done in the edematous prepuce distal to 45 the constricting ring to allow the edematous fluid to escape from the puncture sites with the manual compression 46 of the glans and prepuce. In Hyaluronidase group, injection of Hyaluronidase was given into one or more sites 47 of the edematous prepuce to facilitate the reduction of paraphimosis. The patients were followed up after one 48 of the procedure, 7 days and 15 days and at six months. The recurrence, need for surgery and success were 49 noted in a predesigned proforma. The data thus collected was analyzed by using Statistical Package for Social 50 Services (SPSS vs 21). Chi square test was applied to study the significance between the two procedures. At 51 the end of six months of follow up, 10% of the patients in the Hyaluronidase group and 13.3% of the patients 52 in the multiple puncture technique groups had recurrence of the paraphimosis. About 3.3% of the patients in 53 Hyaluronidase group and 13.3% of the patients in the multiple puncture technique group needed surgery again 54 within six months. About 3.3% of the patients in Hyaluronidase group and 16.7% in the multiple puncture 55 technique group had post operative pain. 56

57 **3** III. Results

58 4 IV. Discussion

This study was undertaken mainly to compare the two different procedures. The literature available is very sparse about the comparison of procedures. The sample size in those studies was also a problem where only cases studies can be found. The main concern behind paraphimosis repair is to relieve the pain and to reduce further ischemia of the glans penis.

This study has shown that the paraphimosis is a disease condition of both children and adult population. 63 Skin changes and edema are the common accompaniments of the disease. The literature available shows that the 64 phimosis is the main cause of paraphimosis in the pediatric population and acquired phimosis is the main cause 65 for the paraphimosis in cases of adult population. 2 Skin changes and edema in the patients with paraphimosis 66 67 also reported in other studies. 4 This condition mainly results in venous and lymphatic returns from the glans and 68 distal foreskin is obstructed and these structures swell alarmingly causing more pressure within the obstructed 69 ring of prepuce. 9 A number of treatment options are available for the management of paraphimosis including 70 operative and non operative methods including puncture techniques, osmotic methods, aspiration methods and using Hyaluronidase etc. Multiple puncture technique is a common procedure often practiced frequently under 71 even ordinary peripheral surgical settings. This procedure allows the edematous fluid to escape for the puncture 72 sites with manual compression of the glans and prepuce. 10,11 The band of the prepuce has to be divided if the 73 condition could not improve with these methods. 12 Injection of Hyaluronidase in to one or more sites of the 74 preputial edema has been shown to facilitate the reduction of paraphimosis. 13,14 The main acting principle of 75 Hyaluronidase disperses extracellular edema by modifying the permeability of intracellular ground substance in 76 the connective tissue, enhancing diffusion of trapped fluid between the tissue planes to decrease the preputial 77 swelling. Some of the studies consider that the method of reduction is not the effect of Hyaluronidase but 78 punctures made during the procedure. This procedure is contraindicated in presence of infection. 15 Since the 79 randomized controlled studies are lacking, this study results could not be compared. The Hyaluronidase group of 80 81 patients had shown less chance of recurrence, need for further surgery and post operative pain when compared to the patients of multiple puncture technique group. The recurrence was observed in Hyaluronidase group among 82 those who presented late to the surgeon. It may substantiate the acting principle of Hyaluronidase as reported 83 by the available literature. 13,14 V. Conclusion 84

This study had shown that the injection of Hyaluronidase results in lesser recurrence, need for the surgery and post operative pain than the multiple puncture technique. This is a randomized controlled study of first of its kind. The results may help other researchers to undertake many more randomized controlled studies across different parts of the world to reproduce similar results.¹

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Figure 1: P

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Particulars Hyaluronidase group		Multiple puncture tech- nique group
	N = 30	N = 30
	$21.13 (\pm 9.6)$	$14.1 \ (\pm \ 7.3)$
Pediatric	$13 \ (43.3)$	16(53.3)
Adult	17 (56.7)	14 (46.7)
Absent	17 (56.7)	12 (40.0)
Present	13 (43.3)	18(60.0)
Absent	5(16.7)	4(13.3)
Present	25 (83.3)	26 (87.7)
	Pediatric Adult Absent Present Absent	$\begin{array}{c} N = 30 \\ 21.13 \ (\pm \ 9.6) \end{array}$ Pediatric 13 (43.3) Adult 17 (56.7) Absent 17 (56.7) Present 13 (43.3) Absent 5 (16.7)

Figure 2: Table 1 :

$\mathbf{2}$

Outcome	Hyaluronidase group (N	Multiple puncture technique	
	= 30)	group $(N = 30)$	
	n (%)	n (%)	
Recurrence	3(10.0)	4 (13.3)	
Need for surgery	1(3.3)	4 (13.3)	
Post operative pain	1(3.3)	5(16.7)	

Figure 3: Table 2 :

4 IV. DISCUSSION

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