

## CASE REPORT

# A Presentation of Penile Siliconoma in Primary Care after a Dubious Implant Injection: A Case Report

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### ABSTRACT

Cases of penile siliconoma are unusual and less commonly present to medical practitioners. The siliconoma is a subsequence of injecting high viscous solution into the penis; commonly silicone with the aim to enhance its size and performance. This case will look at a patient who developed penile siliconoma after a dubious penile implant injection gone wrong. It will also look at what surgical options are available to the unfortunate patients to ease their suffering. Physician should have a high index of suspicion on the use of such substances to enhance sexual performances in patients presenting with atypical penile swelling.

**Keywords:** Penile granuloma; Penile siliconoma; Penile paraffinoma; Primary care; Surgery

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### INTRODUCTION

Often used with the aim of increased sexual performance, silicone implant into the penis have a variety of side effects. Although liquid silicone is non-active substance, it can lead to a variety of adverse inflammatory reactions including granuloma and tissue necrosis (1). Worse still, these complications are sometimes unpredictable and non-amenable to surgical correction.

### CASE REPORT

A 31-year-old man presented to the tertiary primary care clinic in Kuala Lumpur with a history of penile swelling for the past two months. He initially claimed that he sustained this swelling after extensive masturbation by his partner. However after much persuasion, he admitted to have gone for a penile implant injection on his penis that cost a mere RM 300 a month earlier. The procedure took place at a non-healthcare setting. He is a construction worker, single and is sexually promiscuous. He uses condoms during sexual intercourse and denies using drugs. He has no significant past medical or surgical history. He has no known drug allergies.

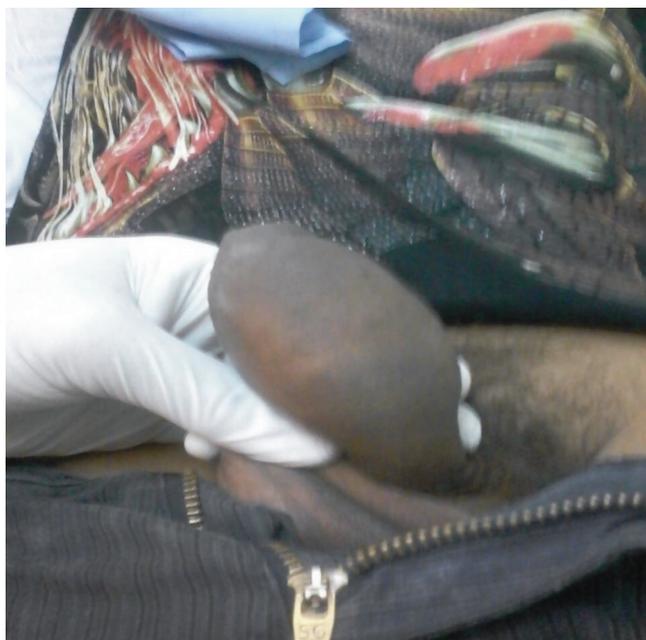
He initially sought treatment at several general practitioner (GP) clinics which treated him as penile infection and allergy. He was prescribed with antibiotics and antihistamines. A full sexually transmitted disease profile was also done which were all negative. However the swelling persisted, hence the reason why he came to seek treatment at this instance. There was no fever, penile discharge or symptoms of lower urinary tract infection. Occasionally, he will have pain over the swollen part when lying down with a pain score of 3-4/10.

On examination, his vital signs are stable and he is afebrile. Genitalia examination showed generalised swelling over the penile head and shaft which was firm but non-tender and not inflamed. There was absence of necrotic skin or palpable inguinal lymph nodes. (Figure 1, 2) There is no penile discharge. Examination of scrotum and testes was unremarkable.

An urgent penile ultrasound scan showed no evidence of collection, suggestive of abscess or hematoma. It also showed no defect in tunica albuginea to suggest any penile fracture. Infective status (HIV, hepatitis B and C screening) was negative. Differentials were penile siliconoma, cellulitis or abscess. However based on this findings, provisional diagnosis of penile siliconoma was made. The case was referred to the urology team, whom agreed with the provisional diagnosis and suggested reconstructive surgery of the penis and scrotum.



**Figure 1:** Inferior view of penile siliconoma



**Figure 2:** Lateral view of penile siliconoma

However, due to financial reasons, the patients opted to go back to his native country for further surgical intervention.

## DISCUSSIONS

This was indeed an interesting albeit a rare case seen at primary care. Not exclusive to silicone alone, other substances that are used include paraffin, collagen and mineral oils, all in the name of boosting penile size and sexual performance (2). If silicone is used it would be termed siliconoma and if paraffin; paraffinoma (2).

Administration of substances into the penis for augmentation causes a granulomatous and fibrotic

reactions occurring in the subcutaneous fat region leading to formation of lipogranuloma which presents as firm, disfiguring, subcutaneous mass, with surrounding skin fibrosis and thickening which ultimately gives the perception of increase in size (1).

Complications associated with administering these substances can be local and systemic. Local complications are pain, erythema, foreign object reaction, ecchymosis, cellulitis, tissue destruction, scarring, ulceration and even discomfort to their sexual partner (1). Systemic complications are embolism of the substance causing acute pneumonitis or granulomatous hepatitis (1). Other case reports on penile augmentation have reported procedures being done by non-medical personnel in a non-sterile environment similar to our patient (1). This puts them at high risk of being exposed to infection and other complications. Abnormal reactions to the procedure can be delayed, averaging 14 months after the procedure. However, some patients can delay their presentation to clinic up to four to six years later; and some even up to 23 years!, as patients are still able to proceed with their normal daily and sexual activities once the pain or discomfort subsides (1). This patient presented with swelling associated with discomfort of the penis. This complication occurred relatively early i.e. just one month after the penile silicone implant procedure was performed. He, fortunately, had no other complications such as cellulitis, scarring, ulceration or systemic complications that can result from the presence of the foreign body, especially when this procedure was conducted in a non-sterile environment.

Genital dissatisfaction can affect any men regardless of their sociodemographic background (3). In a population-based survey among US citizens men aged 18 years-old and older, around 15% were dissatisfied with their genitals. The dissatisfaction was with the size of their flaccid penis, the length, the girth, the amount of pubic hair and even with the amount of semen ejaculated (3). Having larger penis has been associated with better self-image and feeling of greater sexual competence which in turn could lead to men feeling more attractive to women (4). There are many treatment options to address the genital size dissatisfaction, therefore avoiding seeking penile implants. This includes pharmacological and non-pharmacological management such as education on the average penile length (flaccid and erect), use of psychotherapy, use of physical devices such penile vacuum or penile ring, referral to psychiatrist for evaluation and management of body dysmorphic disorder (BDD) and as a last resort surgical options (5). Therefore all patients presenting to the primary care practitioner with this condition requires a comprehensive medical and psychosocial assessment, based on the mentioned factors.

The aim of treatment for cases of penile lipogranuloma is restoring the penis function as a conduit for body

fluids and sexual organ with an acceptable appearance of the penis. Treatment is primarily surgical whereby the granulomatous tissues are excised (1). Closure of the wound would depend on the cosmetic appearance, tissue bulk and risk of graft contracture (2). Primary closure is an option for small lesions. For larger lesions whereby primary closure is not possible, options available are scrotal skin flap, Cecil's inlay operation, split skin graft or full thickness skin graft (1,2). In this patient the most suitable option would be the latter two techniques mentioned as it is a circumferential siliconoma.

## CONCLUSION

This case illustrates the importance of good history-taking and having a high-index of suspicion. This patient had presented before to another general practitioner, however as the diagnosis of penile siliconoma was not suspected, proper management was not initiated. Treatment is surgical based. Although he has opted not to surgically intervene due to financial reasons, this opportunity was taken by the general practitioner to educate patient on his sexual health and health seeking behaviour; mainly to avoid seeking healthcare interventions from non-registered and unsafe sources. He had been screened for sexually transmitted disease and was also educated on his psychological well-being. Although he denies any of the psychiatric symptoms, he was advised and educated on when to seek treatment. He is also advised to come back for surgical intervention should he change his mind. This case illustrates how one presenting complaint can actually be only a tip of the iceberg that may conceal several other underlying problems. As the topic of sexual organs and sex is still

considered a taboo for some, patients may hide vital information unless prompted with emphasis on doctor-patient confidentiality. Therefore having an open and patient-centred approach is important in building a trusting relationship with patients to obtain the correct and vital information for the proper diagnosis and management to be made.

## ACKNOWLEDGEMENT

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## REFERENCES

1. Inn FX, Imran F-H, Ali MF, IH R, Z Z. Penile Augmentation with Resultant Foreign Material Granuloma and Sequelae. *Malays J Med Sci MJMS*. 2012;19(4):81–3.
2. Hamzah AA, Bathusha MS, Rahman MNG, Khan AH. Penile Siliconoma: Complication of Unregulated Penile Augmentation with Foreign Material. *Int J Surg Res*. 2015;4(1):1–3.
3. Gaither TW, Allen IE, Osterberg EC, Alwal A, Harris CR, Breyer BN. Characterization of Genital Dissatisfaction in a National Sample of U.S. Men. *Arch Sex Behav*. 2017 Oct;46(7):2123–30.
4. King BM, Duncan LM, Clinkenbeard KM, Rutland MB, Ryan KM. Social Desirability and Young Men's Self-Reports of Penis Size. *J Sex Marital Ther*. 2019 Jan 25;0(0):1–4.
5. Wylie KR, Eardley I. Penile size and the 'small penis syndrome.' *BJU Int*. 2007 Jun 1;99(6):1449–55.