

CASE REPORT

When Love Hurts: A Case Report of Cellulitis Over the Penile Frenulum Due to Complications From Fellatio

Nurul Hazwani Hatta¹, Khadijah Hasanah Abang Abdullah², Asma Alhusna Abang Abdullah³, Hatta Sidi⁴

¹ Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia.

² Psychiatry Unit, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Persiaran Ilmu, Putra Nilai 71800 Nilai, Negeri Sembilan, Malaysia

³ Department of Paediatric Dentistry and Orthodontics, Faculty of Dentistry, Universiti Sains Islam Malaysia, Jalan Pandan Utama, Pandan Indah, 56100 Kuala Lumpur, Selangor, Malaysia

³ Dean's Office, Faculty of Medicine, Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia.

ABSTRACT

Penile trauma resulting in infective lesions has become increasingly reported in recent years. Such trauma to the penile skin and glans penis may arise from routine self-care practices, such as the shaving of pubic hair, or during sexual intercourse. Oral sex, or fellatio, can also lead to penile lesions, because of friction due to excessive force or physical trauma from oral structures. We present a case involving a 38-year-old male who developed cellulitis localised to the left side of the frenulum of his penis following fellatio by his spouse, who was wearing orthodontic appliances. The orthodontic appliances inadvertently caused trauma, leading to the infection. The cellulitis was successfully treated with antibiotics and analgesics. Educating patients and their partners about safe sexual practices, particularly when one partner wears orthodontic appliances, is crucial to prevent similar injuries and complications in the future.

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Corresponding Author:

Khadijah Hasanah Abang Abdullah, DrPsych

Email: k.hasanah@usim.edu.my

Tel: +6067985002

INTRODUCTION

Penile trauma or injury can be induced by a variety of factors, and even minor lesions on the genitals or penis can cause significant concern and anxiety for individuals. For instance, the use of cosmetic products, shavers, and other tools for the removal or trimming of pubic hair may inadvertently lead to penile injury (1). Additionally, external factors such as sexual intercourse (SI) can contribute to the development of penile lesions. For example, inadequate vaginal lubrication during SI may result in friction-induced peeling of the penile skin, which subsequently increases the risk of infection. Rough sexual activity may further exacerbate this by causing excessive rubbing and sensitization of the penile skin, particularly the glans penis. This sensitization can lead to inflammation and, if the skin is damaged, infection.

The practice of oral sex, such as fellatio, may also result in penile trauma if performed incorrectly. Fellatio is a common practice in oral sex and involves the stimulation of the penis using the mouth, lips, and tongue. It is an acceptable and widespread sexual activity that is often incorporated into intimate relationships as a means of enhancing sexual pleasure and fostering emotional connection between partners. However, if the partner performing fellatio is wearing orthodontic appliances, the metal components of the orthodontic appliances may cause injury to the penis, as demonstrated in the present case report.

CASE REPORT

A 38-year-old married male, father of one child, and employed as an architect, presented with a three-day history of pain in the penile region prior to seeking medical consultation. He reported experiencing pain even at rest and described a sensation of feverishness during his visit to his general practitioner. He denied any urinary symptoms or history of urethral discharge. The patient's

past medical history was unremarkable. He denied any history of diabetes mellitus, immunosuppression, or chronic skin conditions such as eczema or psoriasis that might predispose him to cellulitis. On examination, he was afebrile with stable vital signs. A physical examination of the abdomen and pelvic region revealed normal findings; however, a rounded, hot, and tender elevated lesion measuring approximately 1 cm x 2 cm was noted on the left frenulum of the penis (Figure 1). A small area of abrasion was identified at the same site, which had likely resulted in bacterial invasion and subsequent cellulitis of the distal penile shaft.

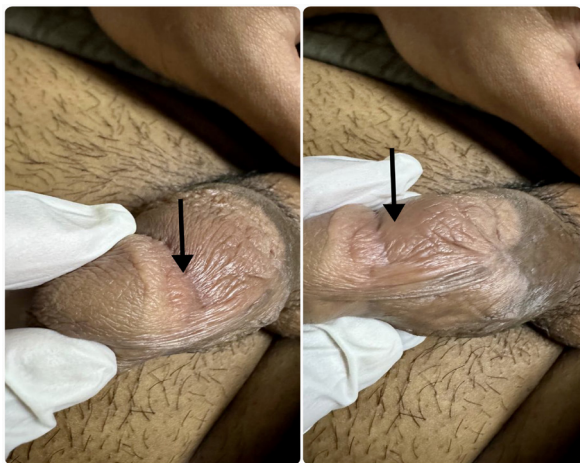


Figure 1: Inflamed lesion on the left frenulum of the penis

Upon further investigation and reassessment of his sexual history, the patient confirmed no sexual contact with anyone other than his wife. He also revealed no engagement in anal sex, sadomasochism, or the use of sexual devices (e.g., rings or piercings) that could contribute to traumatic injury. Both the patient and his partner had no known history of sexually transmitted infections. He disclosed that his wife had recently begun performing oral sex to enhance their sexual relationship, and she had recently started wearing orthodontic appliances to treat her malocclusion. He reported that following one such episode of fellatio, he experienced pain, and his wife observed an abrasion on the penile region. The pain progressively worsened, and swelling developed, prompting him to seek medical attention. On the day of the consultation, the pain had become severe, and he was issued a medical certificate due to the intensity of the discomfort.

The patient was treated with a course of macrolide antibiotics, specifically clarithromycin 500 mg twice daily, along with paracetamol 500 mg three times daily for pain management. After one week, he returned for a follow-up visit, during which his lesion showed signs of improvement in response to the antibiotic therapy. The pain and swelling had significantly decreased, and the patient reported being fully recovered and able to return to work. He did not experience any emotional or mental health issues during the course of his illness. The patient

was counselled on strict genital hygiene and safe oral sex practices. Key preventive strategies included applying orthodontic wax to the appliances, using condoms, and ensuring adequate lubrication to prevent future injuries.

DISCUSSION

Fellatio is generally considered a safe and pleasurable component of sexual activity. However, the present case showed that it can lead to complications if performed roughly or if orthodontic appliances are involved. The genitalia is particularly susceptible to friction-related injuries, which can lead to infections, as illustrated by this case, or to other complications such as lacerations or avulsions of the penile skin.

The incidence of penile trauma is rising, likely driven by evolving sexual practices. Recent literature underscores the infectious risks of orogenital contact. A 2025 review identified oral sex as a documented cause of penile abscesses (2), while another report linked the oral commensal *Streptococcus intermedius* to severe penile cellulitis (3). Friction during sexual activity can cause abrasions on the glans penis. Although a tight foreskin is a common risk factor, this patient was circumcised. Additionally, vigorous thrusting can injure the partner's oral structures, such as the palate.

The use of orthodontic appliances during fellatio has traditionally not been a significant concern. However, with an increasing number of adults undergoing orthodontic treatment, the potential for injury has become more relevant. Fixed orthodontic appliances consist of metal brackets and wires, mostly placed on the labial surfaces of teeth, as seen in Figure 2. Intraoral traumatic ulcers are one of the most common lesions that can occur during fixed orthodontic therapy as the appliances rub against intraoral mucosa (4). Thus, in fixed orthodontic patients who engage in fellatio, there is a risk that the metal components of the appliances may scrape against the delicate penile skin, leading to abrasions and trauma.



Figure 2: Example of upper and lower fixed orthodontic appliances bonded to the labial surfaces on teeth

Few preventive strategies can be imposed to reduce the incidence of penile trauma in patients with fixed orthodontic appliances engaging in fellatio. Conventionally, orthodontic wax has been prescribed

to reduce intraoral mucosal irritation from orthodontic appliances. Patients performing fellatio may apply the similar method by placing the orthodontic wax over the brackets and wires of the anterior teeth to create a smooth barrier, hence reducing the potential for abrasions during oral contact. Adopting a gentler technique, with reduced force and pressure, such as 'licking', can further minimise friction and the risk of injury. The use of barriers, such as condoms, is also advisable, as it provides a protective layer that decreases direct contact of the orthodontic appliance to the penile surface. Additionally, adequate lubrication, whether natural or supplemented with water-based lubricants, should be encouraged to reduce friction and the chances of abrasion. Adjusting positioning to limit contact between the orthodontic appliances and penile tissue can help prevent injuries. Moreover, maintaining optimal oral hygiene is essential to reduce the oral bacterial load, thus decreasing the risk of infection if trauma occurs. Implementing these strategies might reduce the incidence of penile trauma and infection, although further studies are needed to explore the effectiveness of these methods in diverse patient populations.

A basic internet search revealed that genital injuries resulting from dental orthodontic appliances are not uncommon, raising public concerns about the safety of engaging in oral sex while wearing such devices. However, we could only find one similar case reported in a dermatology journal in 2005 where a man had penile injury which developed into a painful ulcer, after an episode of fellatio with a sex worker wearing dental orthodontic appliances (5). It highlighted the importance of performing full history-taking to identify any important circumstances and evaluate the risk of infectious diseases. The oral cavity harbours a high concentration of bacteria. Therefore, early wound care and the use of prophylactic antibiotics following an injury are recommended (2).

Beyond mechanical barriers, general advice on reducing skin infection risks is paramount. Patients should be counselled on maintaining optimal skin hygiene and managing underlying conditions, such as diabetes, which may exacerbate infection risks. This case underscores the broader implication for sexual health education; clinicians should proactively discuss the potential impact of orthodontic treatment on intimacy, ensuring patients are aware of risks that are rarely discussed in routine dental visits.

In both instances, the injuries occurred as a result of fellatio, prompting consideration of whether cunnilingus

might similarly pose a risk of injury to the female partner. Additionally, it raises the question of sexual satisfaction among individuals undergoing orthodontic treatment, which typically spans an average duration of two years, while wearing orthodontic appliances.

CONCLUSION

Orthodontic appliances may pose a risk of injury to the genitalia during oral sexual intercourse, which may develop into cellulitis or ulcer. This case highlights the critical need for educating individuals with orthodontic appliances on safe oral sex practices, particularly to prevent serious injury and infection during fellatio. It is essential to emphasise the importance of avoiding actions that could cause trauma and to encourage patients to implement recommended preventive strategies to protect against injury during oral sexual activities. We recommend orthodontic professionals integrate a brief, sensitive discussion on 'intimacy and appliance safety' into routine fitting appointments.

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