

IMAGES IN CLINICAL PRACTICE

UNUSUAL PRESENTATION OF FORESKIN INJURY: ACCIDENTAL ENTRAPMENT IN BATHING SHORTS MESH LINING

Rita Justo Pereira¹, João Tavares², Maria João Virtuoso¹.

¹Department of Pediatrics, Centro Hospitalar Universitário do Algarve, Faro, Portugal,

²Department of Pediatrics and Neonatology, Hospital Particular do Algarve, Faro, Portugal.

KEYWORDS

Entrapment, Foreskin, Penile, Mesh.

ARTICLE HISTORY

Received 3 November 2022

Accepted 4 February 2023

A 9 year-old-boy was admitted to the pediatric emergency room with sudden genital pain and edema, which enables him to remove the bathing shorts. He is otherwise healthy, with no relevant past medical history. It was observed during the examination, the boy was uncircumcised and that the lateral portion of his penile foreskin was entrapped in the bathing shorts mesh lining causing a strangulation effect, leading to pain and edema (Figure 1).

Figure 1. Penile foreskin entrapped to the mesh lining of the bathing shorts.



No injury of the penile shaft, urethra or scrotum was identified. The remaining physical exam was unremarkable.

The mesh liner was cut away for better visualization and handling of the affected area. Topical anesthesia with lidocaine-prilocaine (EMLA) and cryotherapy were applied enabling a further reduction of the entrapped tissue. Examination revealed a small laceration at the site of the constricted foreskin (Figure 2), with no lesion of the glans or urethral meatus. A normal urine stream

was observed. He was discharged to home with the instruction to apply an antibiotic ointment to affected area for a few days.

Figure 2. Small laceration at the site of the constricted foreskin.



What is the Diagnosis?

Foreskin entrapment injury, although uncommon¹ with few reported cases in the literature, is a recognized non-iatrogenic penile injury mainly due to clothing.^{1,2} The majority of cases occur in the pediatric age group.^{2,3} Self-inflicted zipper lesions remain the most commonly reported penile injury in the pediatric population⁴ as a result of the fast upward movement used when fastening the trousers. The entrapped tissue may exhibit signs of bruising, lacerations, bleeding, edema or even a greater degree of tissue damage the longer the tissue is trapped.^{5,6} For this reason, prompt attempt should be made to remove the entrapped tissue. However, multiple unsuccessful tries should not delay the search for medical care as the delayed presentation may worsen the treatment outcome.⁵ It is known that a genital injury causes pain and acute distress in children. Therefore, administration of analgesia, topical anesthesia and non-pharmacological methods may be required to ensure successful management at the emergency department.² Most of the time the prognosis is good.⁶ Nevertheless, to avoid this type of self-inflicted penile injury, it is

Address for Correspondance: Rita Justo Pereira, Av^a Calosute Gulbenkian Lote 46 MS, 5^oA, 8000-072 Faro, Portugal.

Email: anajustopereira@gmail.com

©2025 Pediatric Oncall

recommended to remove the bathing suit mesh lining as a preventive measure prior to use.

Compliance with Ethical Standards

Funding: None

Conflict of Interest: None

References:

1. Hoppa EC, Wiley JF. Bathing suit mesh entrapment: an unusual case of penile injury. *Pediatr Emerg Care.* 2006;22(12):813-814. doi:10.1097/01.pec.0000238745.81358.75
2. Krishnan A, McCormick B, Swana H, et al. Acute Foreskin Strangulation Injury due to Bathing Suit Mesh Entrapment. *Urol Case Rep.* 2017;13:85-86. Published 2017 Apr 26. doi:10.1016/j.eucr.2016.05.009
3. Mankowitz S. Laceration Management. *J Emerg Med.* 2017; 53(3): 369-382.
4. Wyatt JP, Scobie WG. The management of penile zip entrapment in children. *Injury.* 1994;25 (1):59. doi:10.1016/0020-1383(94)90186-4
5. Halis et al, Self-Inflicted Strangulation of Prepuce in a Child. *APSP J Case Rep* 2013;4:4
6. Leslie SW, Sajjad H, Taylor RS. Penile Zipper and Ring Injuries. In: *StatPearls [Internet] Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK441886/*