

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Penile Foreskin Avulsion from Parrot Fish Bite

Permalink

<https://escholarship.org/uc/item/3q84r7qm>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 16(2)

ISSN

1936-900X

Authors

Kobayashi, Sow A.
Sanford, Erica F.
Witucki, Peter

Publication Date

2015

DOI

10.5811/westjem.2015.1.25338

Copyright Information

Copyright 2015 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

Penile Foreskin Avulsion from Parrot Fish Bite

Sow A. Kobayashi, MD*
Erica F. Sanford, MD†
Peter Witucki, MD*

* University of California, San Diego, Department of Emergency Medicine, La Jolla, California

† University of California, San Diego, Department of Pediatrics, La Jolla, California

Section Editor: Dr. Sean O. Henderson, MD

Submission history: Submitted January 3, 2015; Accepted January 21, 2015

Electronically published February 26, 2015

Full text available through open access at http://escholarship.org/uc/uciem_westjem

DOI: 10.5811/westjem.2015.1.25338

[West J Emerg Med. 2015;16(2):320.]

A healthy, uncircumcised 34-year-old male presented to an emergency department (ED) in Tinian (Commonwealth of the Northern Mariana Islands) after a parrot fish bite. The patient was spearfishing in the Philippine Sea and impaled a 15-pound parrot fish. As the patient was attempting to grasp the speared fish it bit him in the groin exterior to his swimming trunks. He experienced immediate penile pain and swam back to shore. Upon removal of his intact swimming trunks, the patient noticed a two-centimeter foreskin avulsion at the proximal penile shaft (picture). He presented to the ED where extensive irrigation of the wound with normal saline was initiated, followed by administration of local anesthesia and laceration repair with sutures. The patient was offered systemic analgesics but declined. He received tetanus toxoid immunization and was discharged with an antibiotic prescription for skin and marine flora with instructions to follow up in one week. The patient was contacted 10 weeks later for follow-up and stated that the avulsion healed well with good comesis and he has had no infections or issues with urination or erections.

Address for Correspondence: Sow Kobayashi, MD, 200 West Arbor Dr., MC #8676, San Diego, CA 92103 Email: s2kobayashi@ucsd.edu.

Conflicts of Interest: By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.



Figure. Penile foreskin avulsion from parrot fish bite.