

CASE REPORT

Necrosis of the Body of the Penis after Intracavernous Injection of Betamethasone in the Context of Treatment of Lapeyronie’s Disease

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Abstract

Necrosis of the body of the penis is rare. It is often associated with complications of circumcision. We report the case of a patient following an intra-cavernous injection of corticosteroid as part of the management of Lapeyronie’s disease. The paucity of care available for Lapeyronie’s disease in our context led us to divert the use of corticoids towards local treatment. Treatment consisted of necrosectomy followed by directed healing.

Keywords: Betamethasone, Penis, Necrosis.

1. Introduction

Penile necrosis is a rare and serious complication. It usually occurs in specific circumstances, such as prolonged paraphimosis. Treatment of Lapeyronie’s disease at the sequela stage is based on local collagenase injection. 1

In the absence of collagenase on the local market, we have developed a treatment involving local corticosteroid injections. We report a clinical case of an accident involving a corticosteroid injection that caused penile necrosis. We will focus on the conditions under which it occurred and the clinical presentation.

2. Case Presentation

The patient was 53 years old. He is a known diabetic on insulin therapy. He presented with a previous episode of Lyell’s syndrome following oral administration of a sulphonamide. He has been treated for 5 weeks for Lapeyronie’s disease. Clinically, this pathology is expressed by a painful fibrous plaque measuring 2 cm at the root of the left corpus cavernosum. He received a local injection of Betamethasone every 02 weeks. He developed a painful swelling at the injection site. This swelling associated with a necrotic plaque occurred 3 days after the last injection.

Clinical examination revealed necrotic ulceration of the injection site with peri-lesional oedema (image 1).



Image 1. a. dorsal view of necrotic plaque



Image 1. b. ventral view

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We excised the necrotic patches (image 2), followed by wound healing.



Image 2. appearance after excision of necrotic plaques

We performed a thin skin flap. This allowed us to control the healing process.

During the healing phase, we obtained a retracted skin scar.

3. Discussion

This is a rare clinical situation outside of circumcision accidents and strangulations.²

Cases of penile necrosis following injection described in the literature relate to opioid substances.³

Our clinical case highlights a case of glans necrosis following betamethasone injection. Betamethasone is a corticosteroid that is generally used in conditions involving fibrosis, such as pulmonary fibrosis or sarcoidosis.⁴

Its role is to slow down the fibrotic process. However, the use of betamethasone in Lapeyronie's disease is not recommended by current guidelines. Side effects such as skin atrophy and thinning have also been reported.⁵

The local progression in this patient is due to ischaemia caused by the injection. This is a chemical burn mechanism with expansion of necrosis. Excipients such as benzyl alcohol can cause chemical burns in people with sensitive skin.⁶

4. Conclusion

Local use of substances containing excipients can cause necrosis due to chemical burns. This clinical

case warns us about the possible complications of using local corticosteroids in Lapeyronie's disease.

Conflict of interest

None

5. References

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