

Penile and Sexual Rehabilitation in a Patient with Lymphedema of the Penis

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Key Words

Lymphedema • Penile rehabilitation • Sexual rehabilitation

Abstract

The aim of this study is to report on penile rehabilitation in lymphedema of the penis with a new compression mechanism and the implantation of a penile prosthesis for sexual rehabilitation. The case of a 72-year-old patient with a history of edema of the penis for 6 years is reported. The patient reported that he had had periods of edema and redness and that the swelling had worsened over time. A clinical diagnosis of lymphedema of unknown etiology was made; the hypotheses were that the etiology was late congenital lymphedema of the penis or lymphedema aggravated by inflammation and/or infection. A new compression mechanism made using a cotton-polyester fabric (low elasticity and ribbed) was employed. The continued use of compression therapy led to almost complete reduction of the edema and the patient tried to return to be sexually active. A specific medication was used for erectile dysfunction; however, it resulted in no improvement and so a penile prosthesis was implanted.

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The development of lymphedema in advanced disease is distressing for patients and their carers and can prove difficult to manage for health care professionals involved in their care [1]. Penile and scrotal lymphedema produces a monstrous deformity with psychological impact and occasionally extreme mental anguish. Erection and sexual intercourse are very difficult or impossible, and the scrotal enlargement interferes with walking [2]. Surgical treatment is an option in the treatment of lymphedema [3]. The use of compression garments is a well-established practice in treating lymphedema of the penis [4]. The aim of this paper is to report on penile rehabilitation in lymphedema of the penis with a new compression mechanism and the implantation of a penile prosthesis for sexual rehabilitation.

The case of a 72-year-old patient with a history of edema of the penis for 6 years is reported (fig. 1). The patient reported that he had had periods of edema and redness and that the swelling had worsened over time. A clinical diagnosis of lymphedema of unknown etiology aggravated by inflammation and/or infection was made. Infectious causes were ruled out and treatment of acute lymphedema was proposed at the moment of treatment.

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Fig. 1. Penile lymphedema before treatment.

A new compression mechanism made using a cotton-polyester fabric (low elasticity and ribbed) was employed. This material fulfills the criteria of inelasticity for the treatment of lymphedema and has already been used for lymphedema of the legs and arms. The patient returned to the clinic after 1 week of using the compression hosiery with a significant reduction in the lymphedema. The continued use of compression therapy led to almost complete reduction of the edema and the patient tried to return to be sexually active. A specific medication was used for erectile dysfunction; however, it resulted in no improvement and so a penile prosthesis was implanted. He was again counseled by his physician who found that his penis was edematous (fig. 2); continued constant compression therapy was prescribed which reduced the swelling (fig. 3).

Another feature is that due to its ribbed structure, the cotton-polyester fabric is not elastic across the width but allows stretching along its length and is thus ideal for the treatment of lymphedema. The reduction in the lymphedema allowed penile rehabilitation in this patient, but his age and other factors had led to sexual dysfunction. The first option was to use drugs, but this did not improve erectile function. So the second option was to implant a penile prosthesis which allowed sexual rehabilitation, thereby completing penile and sexual rehabilitation in this patient with lymphedema and sexual impotence.

However, constant use of compression is needed. In these cases, the implantation of a penile prosthesis re-



Fig. 2. Edema after penile prosthesis.



Fig. 3. Control of edema with cotton-polyester gorgurão compression.

quires some care in respect to compression as excessive pressure should not be applied as it may cause trauma to the corpus cavernosum of the penis. Thus guidance must be given to prevent complications. The fabric used for compression is not elastic, which is an important factor in the treatment of these patients.

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