Author's response to reviews

Title: A peculiar hair-thread tourniquet injury to the penis: thread embedded into penile tissue over time; a case report.

Authors:

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Author's response to reviews: see over
Response to Reviewers’ comments

First Reviewer: Brian Alverson

“Hair thread tourniquet syndrome usually occurs in infants and is presumed to be purely accidental 2,5” at the beginning of the discussion has now been changed to “Hair thread tourniquet syndrome usually occurs in infants and is presumed to be accidental 2,5” The article by Barton et al on hair thread tourniquet has also been incorporated into the write up to read “However Barton et al in 1988 reported a case of hair thread tourniquet syndrome due to child abuse. 6” and included as reference number 6.

. “It is particularly unique in that there was no degree of amputation of the part distal to the tourniquet” has now been inserted in the discussion. This will distinguish it from hair thread tourniquet injury to the toe.

Second Reviewer: Ndubuisi Eke

CASE PRESENTATION

1. “He was not in chronic urinary retention” has now been replaced with “The bladder was not distended”. as suggested by the reviewer

2. The sentence “At surgery under general anesthesia and a hemostatic tourniquet applied to the root of his penis, an incision was placed in his old circumcision scar and his penile skin was dissected off the corporeal bodies towards the base of the penis.” Has now been broken into 2 parts and reads “At surgery under general anesthesia, a hemostatic tourniquet was applied to the root of his penis. A degloving incision was placed in his old circumcision
scar and the penile skin was dissected off the corporeal bodies towards the base of the penis.”

3. The degloving incision which was used has been so stated.

4. 2cm of a child’s urethra is certainly a larger proportion of his entire urethral length compared to 2 cm of an adult urethra. It would not be surprising therefore that a severe ventral chordee would result even with the best of urethral mobilization. Clinical judgement at surgery was in favour of urethral substitution which was done in this patient.

5. Reference 4 has been properly credited to Quartey to read “after the method described by Quartey”

6. It is now stated that a urethral catheter was used at surgery by inserting “reconstructing the urethra over an indwelling urethral catheter”

7. The length of follow up has now been reflected in the case presentation to read “and has been followed up for 28 months”.

DISCUSSION.

1. “The mechanism of injury in hair thread tourniquet is ischemia in the parts distal to the site of tourniquet application “ has now been inserted.

2. The sentence “This aspect of there being minimal discomfort to the child may have contributed to this patient presenting late, in addition to living with an aged grand mother and the initial recourse to native medication for 3 years has now been restructured to read “This aspect of there being minimal discomfort to the child as well as his living with an aged grand mother and the initial recourse to native medication for 3 years may have contributed to his late presentation” as suggested by the reviewer.
3. If unattended, there may be progression to skin infection and ulceration and removal of the constriction at this stage prevents long term complications has been changed to read “If the tourniquet is not removed early, there may be progression to skin infection and ulceration but removal of the constriction at this stage prevents long term complications.”

4. In cases not recognized early, the dorsal neurovascular bundle may be transected leading to loss of sensation over the glans or the corpus spongiosum may be transected leading to urethrocutaneous fistulation, or the corpora carvanosa transected leading to partial or total amputation of the penis distal to the tourniquet 6,7,8 has been recast to read “In cases not recognized early, the dorsal neurovascular bundle may be transected leading to loss of sensation over the glans penis. The corpus spongiosum may become transected leading to urethrocutaneous fistulation. The corpora carvanosa may also become transected leading to partial or total amputation of the penis distal to the tourniquet7,8,9

5. It is worthy of note that even though the patient presented here had his hair thread tourniquet for over 3 years, there were no ischemic skin changes, no urethrocutaneous fistulae, and no degree of amputation of the part distal to the tourniquet has been recast and retained for emphasis on the peculiarity of this case to read “It is worthy of note that even though the patient presented here had his hair thread tourniquet for over 3 years, there were no ischemic skin changes, no loss of sensation over the glans penis, and no urethrocutaneous fistulae. It is particularly unique in that there was no degree of amputation of the part distal to the tourniquet. There was even no discernible depression along the site of the tourniquet.
6. Who applied the tourniquet and for what? This 9 year old boy presented with a 3 year history, placing the incident most probably when he was 6 years old. “He could not recollect the circumstances surrounding the tourniquet application, who applied it and why it was applied. He was not even aware that there was a tourniquet on his penis” has now been inserted in the discussion..

7. The reference in the conclusion has been removed.

Third Reviewer: Michael Poirier

Thanks for your views