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Penis wound by scorpion sting

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ABSTRACT

Context: The majority of scorpion stings are oligosymptomatic, occurring mainly on the hands and feet. Fatality is rare.

Case report: A 33-year old man suffered a severe sting on his penis from a scorpion of the species *Tytius trivittatus*. Alcohol and salt were used without success in an effort to relieve pain. Medical assistance was sought 4 hours after the event, at which time diffuse erythema, edema and punctiform injury on the glans penis were observed, with no systemic manifestation. Intravenous meperidine was administered with immediate relief of the pain. The local signs disappeared within 48 hours, with the patient remaining asymptomatic.

Key Words: Scorpion sting. Penis.

INTRODUCTION

In Brazil 4000 scorpion stings are reported every year.¹ At our teaching hospital we see 60 cases per year. Two scorpion species are responsible for most of the reported cases: *Tytius serrulatus* and *T. bahiensis*. A third species, *T. trivittatus* (Fig. 1), is considered the most dangerous but is rarely observed. The majority of scorpion stings are oligosymptomatic, occurring mainly on the hands and feet. Fatality



Figure 1 - *Tytius Trivittatus*.

is rare. We report here a rare case of a scorpion sting on the penis.

CASE REPORT

A 33-year old man suffered a severe sting on his penis from a scorpion of the species *Tytilus trivittatus*. Alcohol and salt were used without success in an effort to relieve pain. Medical assistance was sought 4 hours after the event, at which time diffuse erythema, edema and punctiform injury on the glans penis were observed, with no systemic manifestation. Intravenous meperidine was administered with immediate relief of the pain. The local signs disappeared within 48 hours, with the patient remaining asymptomatic.

DISCUSSION

The classical clinical picture of scorpion stings is characterized by local pain, which may extend to regional lymph nodes, hyperemia and edema.² Systemic manifestations are rare and include cardiac and kidney lesions, more commonly in children and old people. Hypertension, hypothermia, cardiac arrhythmia and pulmonary edema may occur. However, the worldwide fatality rate is less than 1%.^{2,3} There are only two reported cases of stings on unusual areas of the body: one on the face⁴ and one on the penis,⁵ both by *T. serrulatus*.

Except for the unusual site of the sting, our patient presented a clinical picture of mild intensity. Self-administration of alcohol and salt may have contributed to augmenting the pain. A sting on the penis should be treated like stings on any other part of the body. Local analgesic block with 1% lidocaine for pain relief is usually

resorted to. For those cases of systemic manifestation a specific antivenin is indicated. Treatment of hypertension and acute pulmonary edema has been successfully reported with the use of prazosin. In our case report the scorpion was the *T. trivittatus* species, and no systemic manifestations were observed. The choice of therapy was intravenous analgesic with meperidine 50mg single dose, followed by ingestion of pyroxicam for a period of three days for maintenance. There was no need for local block with anesthetics.

REFERENCES

1. Brazil. Ministério da Saúde/FNS/CENEPI: Informe Epidemiológico do SUS 1992;1:20.
2. Bucherl W. Venoms of Tityinae. A: Systematics, distribution, biology, venomous apparatus, etc. of Tityinae: venom collection, toxicity, human accidents and treatment of sting. In: Bettini S. (Ed) Handbook of Experimental Pharmacology, vol. 48: Arthropod Venoms. New York: Springer-Verlag 1978;ch.14:371-9.
3. Cardoso JLC, Brando RB. Acidentes por Animais peçonhentos. São Paulo: Livraria Editora Santos; 1982.
4. Nishioka SA, Silveira PVP, Ugrinovich R, De Oliveira RB. Scorpion sting with cranial nerve involvement: letter. Toxicon 1992;30:685.
5. Nishioka SA, Silveira PVP, Pereira CAD. Scorpion sting on the penis: case report. J Urol 1993;150:1501.

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RESUMO

Contexto: A maioria das ferroadas de escorpião são oligossintomáticas, ocorrendo nas mãos e nos pés. Fatalidade é rara.

Relato de Caso: Descreve-se caso raro de ferroadada de escorpião da espécie *Tytilus trivittatus* em pênis de um homem de 33 anos. O paciente procurou o hospital 4 horas após, queixando-se de intensa dor no local. Meperidina endovenosa foi administrada com resolução do quadro doloroso imediatamente. O paciente evoluiu sem complicações sistêmicas, com os sinais locais desaparecendo em 48 horas.