

Penile Nodules in the Penal System

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The insertion of inert spherical objects under the skin of the penile shaft with the intent of enhancing the sexual experience of one's partner has been reported mostly among Southeast Asian men. This practice is gaining popularity among the Hispanic jail population and prison inmates in southern California. We present a case series of 4 inmate patients with genital modifications (artificial penis nodules [APNs]), including one patient with vitiligo that was induced by his APN. Additionally, we review the literature pertaining to this practice and the relevant clinical implications.

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The insertion of a variety of objects under the superficial fascia of the penis to create an artificial penis nodule (APN) or nodules is not a novel occurrence. This practice gained momentum in certain subsets of Asian and Southeast Asian cultures after World War II.¹ However, somewhat cryptic references to this tradition date back to Sir Richard Francis Burton's 19th century translation of the *Kama Sutra*, the 2000-year-old classic Hindu text on love.² The earliest modern report on APNs appeared in 1953 in the Argentinean literature.³

A number of monikers have been attached to APNs. The name tancho nodules is delivered from the glass bottle for a popular Japanese hair pomade. Men either melt or polish glass from these bottles to fashion smooth beads for implantation.⁴ Fang muk is the name ascribed to APNs among Thai prisoners.⁵ In addition to the more common reason given—as an aid to enhance the sexual experience of the female partner—fang muk has been implicated as a symbol of manhood and group identity similar to prison

tattoos.¹ Among non-Asian subcultural groups, APNs also have been reported in Russian, Romanian, Fijian, and Middle Eastern populations.¹ Synonyms for APNs include bulletus, chagan balls, Nakhla Nodules, and penis marbles and vary with geographic region. Reports of APNs within the United States are scarce.

Regardless of culture, these objects are almost always placed without the aid of an anesthetic. Among Philippine sailors and members of the military, steel ball bearings, pearls, or plastic beads are chosen for their inert qualities. However, prisoners who may not have such access must resort to using stones, whittled bits of wood, or a toothbrush handle. Although Asian mariners and soldiers reportedly use ethanol spirits or flaming to sterilize APNs prior to implantation, inmates often do not have this luxury.¹

We present 4 cases of APNs in patients being treated at a county jail dermatology clinic. We discuss the presentation of APNs as well as the hazards.

Case Reports

Patient 1—An inmate presented for a reason unrelated to APNs, but dermatologists noticed a subcutaneous nodule measuring approximately 1.5 cm on the dorsal penis (Figure 1). He stated that the nodule had been placed more than 2 years prior to presentation during a prior incarceration, with assistance provided by a former cellmate. He reported that he had fashioned the head of a chess piece into a smooth sphere. His cellmate used the sharp broken handle of a toothbrush to pierce the skin of the dorsal penis. The object was subcutaneously placed without using anesthesia or antiseptic. The inmate described using masking tape to close the defect. Healing occurred within days without any adverse events.

Patient 2—An inmate presented with a similar nodule on the dorsal penis (Figure 2). He described a similar method of implanting his APN, but he reported the insertion of a glass marble. After inserting the APN, his entire dorsal penis turned dark black-purple. Although he was concerned, he did not think it was necessary to seek medical treatment.

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Figure 1. Dorsal penis with artificial penis nodule.

The APN eventually healed in place without additional complications.

Patient 3—An inmate presented with a concern of discoloration of his glans penis. Clinically, this patient had depigmentation of his glans penis consistent with vitiligo (Figure 3). He reported that the onset of this condition closely coincided with the implantation of APN on the dorsal penis approximately 2 years prior to presentation. He chose a bullet as his APN and had received prior treatment for his depigmentation without improvement. We offered to remove the APN as a trial to potentially improve his condition, but after discussing the risks



Figure 3. Artificial penis nodule and vitiligo of the glans penis.

and benefits of such removal, the patient elected to keep his APN.

Patient 4—Another patient presented with an APN. He described an additional technique in which a safety-shaving razor was stomped on, and the razor blade was removed to incise the skin of the penis. He had obtained ball bearings from a machine in the jail kitchen and implanted 1 on the dorsal penis and 2 on the ventral shaft. He declined photography. The nodules were an incidental finding and he declined removal, as in the case of patient 3.

Comment

Our patients had multiple gang-related tattoos and were all Hispanic. Other short-term healthcare



Figure 2. Dorsal penis with artificial penis nodule (A and B).

providers at this jail facility reported frequent attention to inmates who have attempted to implant similar APNs. They reported abscesses and soft tissue infections that rapidly resolved on prompt removal of the APN, debridement, and administration of oral antibiotics.

The correlation between drug use, incarceration, gang affiliation, early death, and APNs has been firmly established. An Australian case series reported 4 patients with APNs who died before 30 years of age.¹ Of the 4 deaths, 3 were due to drug overdoses and the fourth case was a suicide. At least 1 of the men had gang-affiliated tattoos and at least 2 had been incarcerated. Of the 4 patients, 3 were Asian and the other 1 was white Australian. It was unclear where or when the Australian man implanted the APN.¹ A separate Malaysian forensic pathology case series of 5 men who had APNs on autopsy identified similar demographics. While incarcerated, 1 man died of complications related to human immunodeficiency virus.⁶

The largest survey of APNs evaluated 100 Thai methamphetamine users.⁷ Of the participants, 51% of men reported having APNs, which represented the doubling of the imprisoned population in the last decade secondary to criminalization related to methamphetamine use, a cause for the high rate of APNs in this population. Participants in this study reported that condom use was more difficult and it was more likely to leak or break when used. Sexual partners of individuals with APNs reported more trauma and dyspareunia during intercourse. Previously imprisoned participants in this study estimated that the prevalence of APNs in some Thai prisons was 30% to 90%. Additionally, participants reported nonhygienic widespread sharing of implements used to place APNs.⁷

An additional hazard of APNs could include an increased likelihood of penile cancer. In one case report, a 46-year-old Japanese man developed a well-differentiated squamous cell carcinoma of the penis after long-term implantation of an APN. Immunohistochemical staining failed to detect human papillomavirus in this patient's malignancy.⁸

Conclusion

Artificial penis nodules are an important consideration for dermatologists, as they may represent an independent risk factor for sexually transmitted disease. Artificial penis nodules reportedly make using

condoms more difficult. Additionally, sexual partners of individuals with APNs report dyspareunia; thus it is possible that this discomfort may indicate trauma that could more easily facilitate passage of infectious agents during intercourse. Artificial penis nodules typically are found in populations with a high risk for sexually transmitted disease. Little research exists on whether or not APNs increase risk for sexually transmitted disease.

Artificial penis nodules also have implications in forensic medicine. Dermatologists often are involved in criminal cases to identify genital lesions, which becomes especially relevant in cases of Internet predators in which the only clue to identify the perpetrators is a lesion, such as APN. Furthermore, criminal and gang culture often is shrouded in secrecy. Prison and jail healthcare providers readily recognize that inmates who present with multiple injuries from attacks often will offer the explanation "I fell in the shower." Therefore, recognition of APNs could prevent diagnostic confusion in less than forthcoming patients.

REFERENCES

1. Wilcher G. Artificial penile nodules—a forensic pathosociology perspective: four case reports. *Med Sci Law*. 2006;46:349-356.
2. Burton RT. *The Kama Sutra of Vatsyayana: The Classic Hindu Treatise on Love and Social Conduct*. New York, NY: EP Dutton; 1964:247-249. Cited by: Norton SA. Fijian penis marbles: an example of artificial penile nodules. *Cutis*. 1993;51:295-297.
3. Grimaldi AA. Foreign bodies in the penis: exaltation of the conjugal orgasm by embedding of four beads [in undetermined language]. *Rev Argent Urol*. 1953;22:271-272.
4. Lim KB, Seow CS, Tulip T, et al. Artificial penile nodules: case reports. *Genitourin Med*. 1986;62:123-125.
5. Nitidandhaprabhas P. Artificial penile nodules: case reports from Thailand. *Br J Urol*. 1975;47:463.
6. Murty OP. Male genital ornaments: penis pearls [published online ahead of print April 7, 2007]. *J Forensic Leg Med*. 2008;15:96-100.
7. Thomson N, Sutcliffe CG, Sirirojn B, et al. Penile modification in young Thai men: risk environments, procedures and widespread implications for HIV and sexually transmitted infections [published online ahead of print January 11, 2008]. *Sex Transm Infect*. 2008;84:195-197.
8. Kakinuma H, Miyakawa K, Baba S, et al. Penile cancer associated with an artificial penile nodule. *Acta Derm Venerol*. 1994;74:412-413.