

ACUTE MANAGEMENT OF THE ZIPPER-ENTRAPPED PENIS

James F. Nolan, MD, Thomas J. Stillwell, MD, and John P. Sands, Jr., MD

Departments of Urology and Clinical Investigation, Naval Hospital, San Diego, California

Reprint address: LT. J. F. Nolan, MC, USNR, c/o Clinical Investigation Department, Naval Hospital, San Diego, CA 92134-5000

Abstract — A zipper-entrapped penis is a painful predicament that can be made worse by overzealous intervention. Described is a simple, basic approach to release, that is the least traumatic to both patient and provider.

☐ **Keywords** — zipper; foreskin/penile skin; bone cutter

briefly anesthetized for the zipper removal. Using the jaws of a strong bone cutter, the median bar of the zipper fastener was cut and the upper and lower shields of the device separated, releasing the skin with minimal resultant injury (Figure 2). A formal circumcision was then undertaken at the parents' request.

INTRODUCTION

Uncircumcised young boys occasionally catch their foreskin in the process of zipping or unzipping clothing. A simple method for extraction of the male foreskin entrapped in a zipper, which is presented in this case report, has been noted previously in the pediatric and urologic literature (1-4).

CASE REPORT

A 4-year-old boy was seen in our outpatient urology clinic three hours after he lodged his ventral prepuce in the zipper of his sleeper pajamas. The skin was wedged between the engaged zipper teeth and the casing of the fastener (Figure 1A,B). The zipper had not been manipulated nor had attempts at disentanglement been manually attempted. The foreskin swelling was minimal. Due to high anxiety and lack of cooperation, the child was

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DISCUSSION

The foreskin of the uncircumcised male, and less often the redundant penile skin of the circumcised male, may be entangled by a zipper. This occurs most commonly in the downward unzipping movement, but can also occur, as in our patient, with the upward closing of the zipper. Males who go without protective underclothing and children wearing night clothing with anterior zippers are at a higher risk for this injury.

Circumcision is an option in therapy if the patient or parents consent to this surgery and if the zipper is located on the part of the prepuce removed. This may be conducted with either a local or a brief general anesthesia, depending on the patient's age and preference.

Extraction by vigorous manipulation, including attempts at unzipping the skin or prying the zipper are usually unsuccessful, painful, and can lead to further injury. Our case exemplifies a simple, quick, and nearly pain-free method of freeing entrapped zippers, which can be conducted with minimum sedation in an acute care setting, clinic, office, or emergency department. A heavy bone cutter or wire snip is applied to the median bar of the zipper to split the top and bottom pieces and free the skin (Figure 3). Given the anatomy involved and the usual young age of the patient, this procedure is best conducted by a urologist or after consultation with a urologist.



(a)



(b)

Figure 1. (a) Lateral and (b) end-on views of zipper entrapped penis.

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Figure 2. Resultant injury after zipper removed.

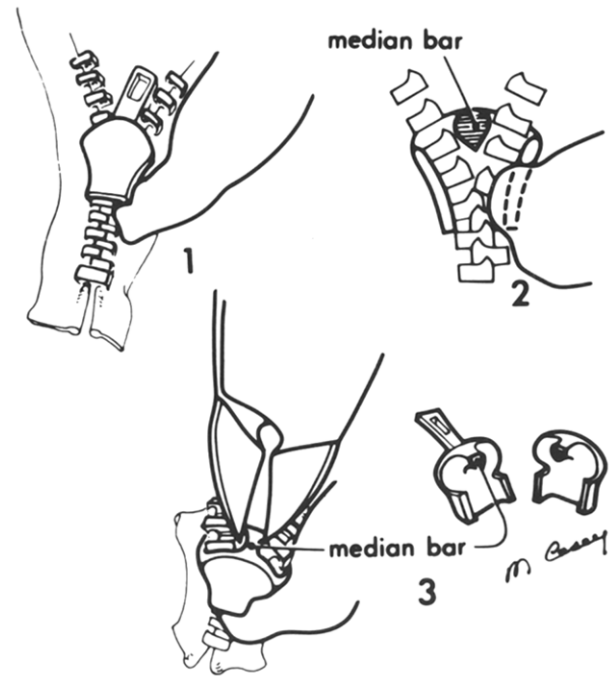


Figure 3. Directions to transect median bar of zipper (by permission of R. Flowerdew, I. J. Fishman, and B. M. Churchill. Management of penile zipper injury. *The Journal of Urology*, 117:671, copyright by Williams & Williams, 1977).