



Successful medical treatment of glans ischemia after voluntary buprenorphine injection

Submitted by Emmanuel Lemoine on Tue, 02/24/2015 - 16:13

Titre	Successful medical treatment of glans ischemia after voluntary buprenorphine injection
Type de publication	Article de revue
Auteur	Brecheteau, F. [1], Grison, P. [2], Abraham, Pierre [3], Leb dai, Souhil [4], Kemgang, S. [5], Souday, V. [6], Nedelcu, C [7], Culty, T. [8], Larré, S. [9], Azzouzi, Abdel Rahmene [10], Bigot, Pierre [11]
Editeur	Wiley
Type	Article scientifique dans une revue à comité de lecture
Année	2013
Langue	Anglais
Date	2013
Numéro	11
Pagination	2866 - 70
Volume	10
Titre de la revue	The journal of sexual medicine
ISSN	1743-6109
Mots-clés	Adult [12], Analgesics, Opioid/administration & dosage/poisoning [13], Buprenorphine/administration & dosage/poisoning [14], Enterobacter cloacae/isolation & purification [15], Enterobacteriaceae Infections/microbiology [16], Humans [17], Injections, Intravenous [18], Ischemia/chemically induced [19], Male [20], Penis/blood supply/drug effects/pathology [21], Substance-Related Disorders [22], Urethritis/microbiology [23]

Résumé en
anglais

INTRODUCTION: The diverted use of synthetic opioid buprenorphine by drug addicts can be responsible for serious ischemic and infectious complications, particularly in the case of intravenous injection. **AIM:** We present a case of serious glans ischemia after buprenorphine injection directly into the deep dorsal vein of the penis. Analysis using new medical imaging techniques and treatments is detailed below. **METHODS:** A 26-year-old male drug addict presented with glans pain 4 days after self-injection of buprenorphine into the deep dorsal vein of the penis. The patient was afebrile and presented a urethral discharge. His glans was blue without discoloration on digital pressure. Additionally, his biologic and serologic tests were normal while bacteriology showed the presence of *Enterobacter cloacae* urethritis. **RESULTS:** After 48 hours of intravenous antibiotic treatment without improvement, a specific medical treatment using enoxaparin and ilomedin was initiated, with the assumption that there was an ischemic complication. Laser speckle contrast imaging allowed confirmation of the presence of distal penis ischemia and provided an accurate mapping of the ischemic zone. A 28-day treatment combining antibiotics, subcutaneous heparin at curative dose, antiplatelet drug, ilomedin, and hyperbaric oxygen therapy resulted in clinical improvement of the lesions with no functional complications. **CONCLUSIONS:** To date, no consensus exists on the proper diagnostic and treatment approach to severe glans ischemia due to buprenorphine injection into the deep dorsal vein of the penis. The results of laser speckle contrast imaging were of real interest during the process of diagnosis. In addition, the combination of ilomedin with hyperbaric oxygen therapy and anticoagulant and antiplatelet drugs appeared to be an effective therapy.

URL de la notice <http://okina.univ-angers.fr/publications/ua8424> [24]

DOI [10.1111/jsm.12282](http://dx.doi.org/10.1111/jsm.12282) [25]

Lien vers le document <http://dx.doi.org/10.1111/jsm.12282> [25]

Titre abrégé J Sex Med

Liens

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- [25] <http://dx.doi.org/10.1111/jsm.12282>

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