SHORT FRENULUM PREPUCE

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SUMMARY

Twenty-seven patients of short frenulum, 15 acquired type and 12 congenital, are being presented. It produces difficulty in preputial retraction and dyspareunia. It can be effectively treated by frenuloplasty.

Short frenulum of the prepuce is not an uncommon condition. It is perhaps considered trivial but has no trivial psycho-sexual consequences. Clinically it may be mis-diagnosed as phimosis ('Pseudo-phimosis'), but it is a distinct clinical entity. In this communication our experience with this condition is described.

Material and Methods

We observed 27 patients of short frenulum during a period of 6 years (1980-1985). The age of these patients varied from 23-47 years with average being 36 years. Most of them (21) were married persons. All the patients complained of difficulty in the retraction of prepuce, and 21 patients had difficulty in coitus. None of them had any urinary symptom. A history of coital trauma was available in 8 patients and 6 patients gave history of recurrent frenular ulceration.

On examination, the prepuce could be retracted in a flaccid penis in all of them, but only in 13 patients on erect penis. On retraction a tense inverted-V band appeared in the prepuce with angulation of the penis and pull on the glans-penis like that of a chordae (Figs. 1-3). The frenulum was short. In 15 patients it was pale, hard and atrophic (Acquired type) with associated phimosis in 4 patients.

In 12 patients the frenulum was elastic, fleshy, short and hypertrophic (Congenital type). In 5 patients on retraction of the prepuce a fold of inner lining of the prepuce continued to cover the lower surface of glans proximal to external meatus. One patient of this group had associated phimosis.

Treatment

The frenular band was lengthened by Z-plasty. The two triangular flaps were transposed (Fig. 4) to achieve lengthening (Frenuloplasty). Five patients required circumcision for associated phimosis.

Results

Within 3-6 weeks of the operation all the patients were restored to normal sexual activity. Six patients had dysuria for 1-3 days and 2 complained of reduction of erotic sensation which returned to normal within 6 weeks.

Discussion

The short frenulum of the prepuce is of two types: (1) Acquired type, and (2) Congenital type.

Acquired type—It was seen in 15 patients in the present series. It is an inflammatory contracture of the frenulum. It is due to recurrent ulceration of the frenulum occurring due to repeated overstretching during coitus or masturbation, followed by secondary infection caused by aerobic and anaerobic bacteria which are so commonly present in this region (Ambrose et al., 1966; Bowie et al., 1977; Jones et al., 1979; Cree et al., 1982; and Flanigan, 1984).

The poor genital hygiene and phimosis predispose to this type of short frenulum, as it
Fig. 1. Side view of the exposed glans. No deformity.

Fig. 2. Side view of the penis after full retraction of prepuce. Note the curvature of the penis.

Fig. 3. The short frenulum is visible as a tight and prominent band.

Fig. 4. Showing transposition flaps for frenuloplasty.
does not occur in those persons who have been circumcised in early life.

*Congenital type*—It was present in 12 patients. It is a developmental defect. The frenulum is elastic, fleshy and fan-shaped. It becomes symptomatic with the onset of sexual activity.

Normally the frenulum controls the degree of retractibility of the prepuce and allows complete exposure of the glans without pain, pull, pressure or distortion. But when the frenulum is short there is difficulty in preputial retraction, which occurs normally during coitus. Thus short frenulum may make the penetration difficult due to angulation of penis and pain (Male dyspareunia—Wheelan, 1977). Frenuloplasty cures this condition. Warner and Strashin (1981) described circumcision as the treatment, but it may not relieve the symptoms. If phimosis is associated with short frenulum circumcision is combined with frenuloplasty.

REFERENCES


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