

Case report

Zoophilia: a rare cause of traumatic injury to the rectum

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Accepted 18 October 2001

1. Introduction

Sexual contacts with animals (zoophilia, bestiality) are rarely reported. The second well-documented case of life-threatening rectal injury resulting from anal intercourse with a boar is reported herein.

2. Case report

A 62-year-old farmer presented with generalized abdominal pain of eight hour's duration. Past medical history was negative. Physical examination revealed marked abdominal distension with diffuse rebound. Digital rectal examination was unremarkable. Chest and abdominal X-ray film revealed free gas below the diaphragm and multiple gas-fluid levels consistent with paralytic ileus. Laboratory findings were significant for peripheral leukocytosis of 16,500 mm³. Laparotomy revealed diffuse feculent peritonitis and a 0.5 cm anterior tear of the rectum located 5 cm above the pelvic peritoneal reflection. The edges of the tear were ragged but without necrosis. No other pathology or foreign body was found. The abdomen was cleaned and the perforation closed. Intraoperative anoscopy and sigmoidoscopy were unremarkable except for several minute mucosal hematomas on the luminal aspect of the tear. A diverting transverse colostomy was constructed. The abdomen was irrigated copiously with warm saline, drained and closed in layers. Post-operative treatment consisted of nasogastric suction, total parenteral nutrition and broad-spectrum antibiotics. The patient recovered uneventfully.

Post-operatively, he declined discussing perforation's etiology. Psychiatric evaluation was requested. The patient eventually confessed that the complaints started after he committed sexual intercourse with a boar. He related that he had had previous similar experiences with animals but did not provide other details.

3. Discussion

A non-erected adult boar's penis measures between 450 [1] and 620 mm [2] in length. It has no glans; the most distal part is twisted spirally and has a curved pointed tip (Fig. 1). The right corpus cavernosum is stronger than the left [2]. This, together with the repeated contraction and relaxation of an asymmetrically attached retractor penis muscle [3] accounts for repeated forward and backward twisting motion at copulation, despite the lack of obvious activity on the part of the boar. One contraction of the retractor penis muscle causes the distal penis to undergo a double twist [2]. For ejaculation to occur, the penis must engage in the thick-walled, spiral, transverse ridges of the sow's vagina and become finally "locked" in the cervix by further erection [4]. The extra length of erected penis that repeatedly enters the sow's vagina is said to be at least 160 mm [2]. We hypothesize that the boar's penis "hooked" a mucosal fold of rectum with its pointed curved tip during twisting forward motion. A transmural tear occurred when pressure exceeded the rectal wall compliance at a fixed point of contact.

Zoophilia (bestiality) is rarely reported in the medical literature. We identified only one analogous report of sexual intercourse with a boar. In 1976, Blondel described the case of a 46-year-old farmer who underwent surgery for peritonitis 16 h after intercourse. A single perforation of the sigmoid colon was found and exteriorized. The abdomen was lavaged and closed, with favorable postoperative course [5].

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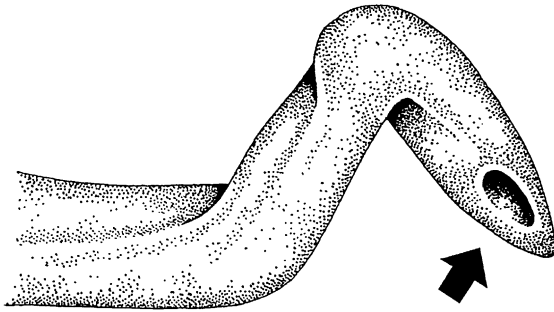


Fig. 1. Diagram illustrating the boar's erected penis with twisted, pointed tip. Arrow-urethral orifice.

Our experience and literature data suggest that although rare, zoophilia may be a rare etiology of colonic trauma. Surgical treatment must be prompt and based on principles applicable to any other colonic injury.

Acknowledgements

The authors thank Mr. C.Trenton Boyd, BS, MA, AHIP, Veterinary Medical Librarian, for his bibliographical assistance.

References

- [1] Sisson S. Urogenital system. In: Getty R, editor. *The anatomy of the domestic animals*. 5th ed. Philadelphia: Saunders; 1975. p. 1297.
- [2] Schummer A, Giessen B, Vollmerhaus B. Harn- und Geschlechtsapparat. In: Nickel R, Schummer A, Seiferle E, editors. *Lehrbuch der Anatomie der Haustiere*. 7th ed. Berlin: Blackwell; 1995. p. 300.
- [3] Sack WO. *Essentials of pig anatomy*. Ithaca: Veterinary Textbooks, 1982. p. 49.
- [4] Roberts SJ. *Veterinary obstetrics and genital diseases (Theriogenology)*. Woodstock: Published by the author, 1986. p. 771.
- [5] Blondel Ph. Perforations digestives d'etiologie insolite: Deux cas. *Nouv Presse Med* 1976;5:915.