

Complications of Male Circumcision: Review of 39 Cases

Introduction and Objectives: Male circumcision is one of the most common operations performed on infants and children because of religious, cultural and medical reasons. The complication rate of circumcision procedures is from 0% to 16%. Here we describe the findings of 39 cases complications after circumcision that required secondary surgical intervention.

Materials and Methods: The documents of 39 patients with circumcision complications referred to our department in the period of 2 years (2007-2009) were evaluated retrospectively. We excluded patients with inherited bleeding disorders from this study. Complications were divided in two groups: minor and major or severe and life threatening. Bleeding without changing hemoglobin, meatal stenosis, incomplete circumcision, hematoma, phimosis and skin bridge were defined as minor complications. Major and severe complications or with life threatening sequels include severe hemorrhage Hb<7 gr/dl, urinary retention and penile shaft urinoma, circumcision in hypospadias, penile amputation, glans and skin fusion, phimosis and obstructive uropathy Cr>7 mg/dl, urethral fistula, need for re-surgery or plastic surgery.

Results: The mean age of patients was 1 week to 10 years (mean age 24 months). The most common complication in the minor group was hemorrhage seen in 13 cases (33.3%). Other complications in this group were: meatal stenosis in 7 (18.9%), incomplete circumcision in 5 cases (12.8%). We have 10 case of severe complications, 3 of them had life-long sequels: a patient referred with penile amputation without a viable distal part, another patient was a neonate with severe phimosis and increasing Cr to 7mg/dl. From these 39 cases, 28 patients (71.7%) underwent plastibell circumcision whereas 11 patient (28.2%) had classic surgical circumcision. Significantly, in 11 of 13 hemorrhage cases the circumcision was performed using plastibell, while in 2 cases circumcision was performed by classic surgical circumcision. There were 28 patients (71.7%) circumcised by general practitioner, 10 patients (25.6%) were circumcised by traditional circumcisers and one by pediatric surgeon (2.5%).

Conclusion: There is a clear need to improve safety of male circumcision through risk-reduction strategies including improved training for both traditional and medically trained providers for creating this simple procedure in a safe situation.