

Rajatsubhra's Manual Opening of Phimosis (RMOP)

A Novel Non-Surgical Pediatric Intervention

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Introduction

Phimosis refers to the inability to retract the foreskin. It may be physiological (normal in early childhood) or pathological (associated with infection, scarring, or pinhole meatus). Its management is clinically important to prevent smegma retention, infection, urinary tract complications, and later conjugal issues. Conventional methods include steroid ointment massage or circumcision. RMOP provides a novel, safe, and non-surgical solution.

Objectives

1. To evaluate the effectiveness of RMOP in children with phimosis. 2. To compare RMOP with conventional steroid massage therapy. 3. To assess complications, recurrence, guardian satisfaction, and long-term outcomes.

Methods

Study Design: Open-label, non-randomized active controlled trial. Participants: - Inclusion: Age >1 year, pinhole meatus, balanitis, ballooning of foreskin. - Exclusion: Age <6 months, lack of consent, acute illness. Consent: Written consent obtained from guardians for every case, with remarks collected post-success. Intervention (RMOP Group): - Topical Mometasone + Salicylic Acid for 7 days. - Topical Lignocaine 2% before procedure. - Gentle manual opening, smegma clearance, povidone iodine cleansing. - Antibiotic ointment 3–4 days, hygienic washing advised. Control Group: - Steroid ointment + massage for 1 month (by guardians).

Results

Group 1 (RMOP, n=100): - Success: 100/100 (100%) - Easy: 60, Difficult: 40 - First attempt: 97, Second: 2, Third: 1 Group 2 (Steroid massage, n=50): - Success: 15/50 (30%) Complications in RMOP group: - Bleeding: 30% - Crying: 99% - Swelling: 20% - Paraphimosis: 20 cases - Erosion: 50% - Infection: 0 - Rephimosis: 20 cases

Statistical Analysis

- McNemar test: 16.67, $p = 0.00004458$ - Chi-square Mid-P exact: $p = 0.00002019$ - Odds ratio: 2.0 (95% CI: 1.424–2.808) => Strong statistical significance in favor of RMOP.

Discussion

RMOP ensures quick, safe, and effective foreskin opening. It avoids long treatment duration, reduces surgical need, and is guardian-approved. Complications were mild and manageable, with paraphimosis and rephimosis handled by reassurance and repeat care. This study demonstrates RMOP's reliability as a pediatric outpatient alternative to circumcision or steroid massage.

Conclusion

RMOP achieved 100% success in this cohort, with manageable complications, guardian acceptance, and strong statistical validation. It is a safe, cost-effective, and effective non-surgical treatment of phimosis.

References

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