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Open Access Journal of Urology & Nephrology

Complications of Ritual Male Circumcision in Developing Countries

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Editorial
Volume 3 Issue 1
Received Date: January 31, 2018
Published Date: February 05, 2018

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Editorial

Circumcision is practice since antiquity [1,2]. In all countries, Therapeutic circumcision is practiced for hygiene reasons [3], to reduce the risk of infection or handle a male genital organ [4]. Circumcision is commonly done in Africa for ritual and religious reasons [5]. Though to be a common procedure, circumcision led to severe complications and sequelae. The length of the administrative procedures [6] in touch with general anesthesia, as well as the high cost of the circumcision in medical environment (88.26 € / 100.72 $ to 47.95 € / 54.72 $ versus 3.77 € / 4.17 $), encourage the practice of traditional circumcision. It is made by the itinerant or community circoncisionist. Prepuce is tightened between the thumb and the index, stretched out and excise with the knife [7]. In the African countries the age of the circumcision is function of habits and customs of the populations. Ahmed [8] reports an average age of 4 years and Dieth [6] 28 months. The period of referral for consultation was variable. It seems directly related to the type of the lesion observed at the patients. Diallo A.B in Guinea [9], and Sylla [5] noticed that the period of referral varies from 2 hours to 37 months with shorter period in the cases bleedings, than in fistulas and meatal stenosis [5]. The clinical presentation is dominated by the bleeding [6]. Other complications reported in the literature are: infections [3,5,6], urethral stenosis, iatrogenic hypospadias [3], partial or total Amputation of glans [4,6,8], urethral fistula. The urethral fistula can be considered as a complication or sequelae of the circumcision. According to the majority of the authors [3,5] the fistula is located preferentially in the neck of glans because the urethra is there more superficial at this level, and possible balano preputial adhesions increase its vulnerability [5]. Meatal stenosis is related to 2.3 % [9] to 53 % [6] of the traditional circumcision. It is a late complication of the circumcision and it is secondary to an unnoticed small trauma, or an infection [3,5]. A broad-spectrum and well led antibiotic treatment allows to fight against the infection. Burying penis occurs when the penis tends to retract under the suprapubic fat pad; secondarily the circular wound heals and narrows by imprisoning the penis below the cutaneous cover of the pubis [4]. Certain anatomical variations such as the penoscrotal webbing, the excess of panicle fat above pubic, were identified as being possible contributing factors of this complications of the circumcision [10]. The partial amputations of the penis are treated by debridement followed by a meatoplasty associated or not with a prepucial plasty. Those seen within less than 6 hours can benefit from a reimplantation of the amputated penis [11]. The reimplantation of the penis is possible even beyond the 6th hours [11-13]. So, Scherman [11] reported a good vitality of reconstructed penis till the 8th hour after the trauma. Hashem FK described a case of amputation of the penis secondary to a ritual circumcision in a 04 years old child, handled successfully 18 hours after the accident [13-15].

Conclusion

The reduction of the complications rate of traditional circumcision should be consider by the reduction of the cost of the circumcision in specialized medical environment, and the training of the agents realizing the circumcision in traditional environment.

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