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Case Report

Quacks a menace for surgeons: management of a difficult post circumcision deformity

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ABSTRACT

Circumcision is one of the commonest surgeries performed worldwide. Yet it is not without complications. It is performed by medical and non-medical persons. A 12 year old boy presented with a severe penile deformity comprising of micropenis and distal urethral fistula following a circumcision performed at the age of 2 years by a? Quack… The patient underwent repair for the same and achieved a near normal penis. Considering the vast amount of complications associated with these surgeries, stricter norms as to who should operate and where should such a procedure be done has to be relooked. Also the absolute indications for circumcision must also be revisited as the fundamental purpose of prophylactic circumcision has not been statistically supported completely from the review of literature.

Keywords: Circumcision, Quacks

INTRODUCTION

Worldwide there are various case reports of surgeries performed by quacks. These vary from simple cyst removal to complex surgeries. The most commonly performed surgery definitely includes Circumcision. This Surgical procedure is performed for religious, functional and therapeutic reasons.[1] The procedure in particular has been traditionally performed by Priests, barbers and self-proclaimed unqualified practioners.

As expected the complications produced are plenty due to such unsafe practices and they may vary from amputation to even death due to sepsis in certain patients.[2,3] The main reasons for these severe complications are due to unsterile, crude and improper use of surgical technique without the knowledge of anatomy. This article reports one such case of a child who was circumcised by a quack with resultant gross deformity with contracture of the penile shaft with urethral fistula. This is one of the rare case reports of post-surgical deformity of the phallus following a circumcision by quack.

CASE REPORT

A 12 year old child presented with complaints of a small to almost invisible phallus with urethral fistula of distal type (Figure 1, 2). The child had been subjected to circumcision by a quack in the past at the age of 2 years. According to his parents, the quack had used a metal clip like device and after the removal of the device there was discharge from the site which was treated conservatively with dressings.

At the end of this treatment the wound ultimately healed leaving a buried penis and a ventral urethral fistula. As the child grew up the deformity was also associated with pain especially during early morning erections and during

micturition. It was prognosticated by the quacks that the deformity would eventually get corrected on its own with time.

Figure 1: Pre-operative photo of AP view of the deformity.

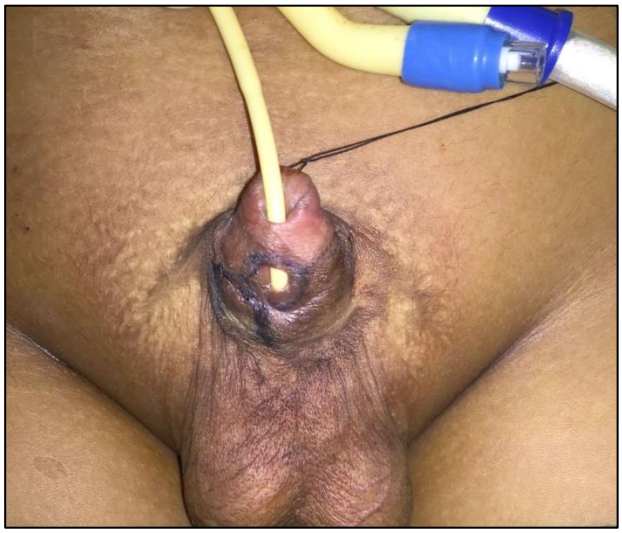

Figure 2: Ventral urethral fistula.

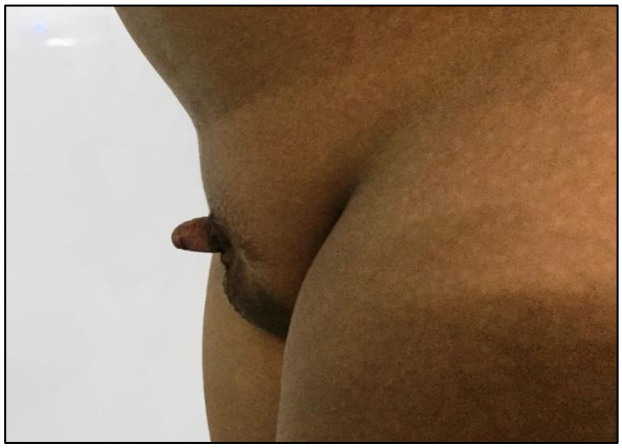

Figure 3: Side profile revealing the micropenis.

The patient then presented to the department with the primary concern over the size of the phallus and its buried nature. The child was subjected to urine and blood tests and a formal pre-anaesthetic checkup was sought. Per operative findings revealed dorsal contracture of penis with increased penoscrotal angle and scarring in the pubic region. Also a ventral urethral fistula was noted in the distal part of the penis. The Projection (size) of the phallus was markedly found reduced in the side profile (only the granular part was visible) (Figure 3).

Figure 4: Post-operative view side profile.

Figure 5: Ventral view of fistula closure.

Under anesthesia, the dorsal contracture of the penis was initially released and the raw area was resurfaced with

skin grafts and local flaps. The ventral fistula was closed in two layers with a turn over flap and a local rotational flap to reinforce the same (Figure 4, 5, 6).

Figure 6: Final appearance.

The patient recovered well. The eventual gain of phallus length was about 3 cm and patient was able to void urine from the normal external urethral meatus.

DISCUSSION

Circumcision is one of the commonest surgical procedures performed. They are performed for a variety of indications, the predominant being religious reasons. The prophylactic and therapeutic reasons can be easier hygiene, preventing urinary tract infections, sexually transmitted infections including HIV, dysplasia, balanitis, phimosis, paraphimosis, balanitis xerotica obliterans and penile carcinomas according to literature.[4,5] Jews, Muslims and Certain Abrahamic Christians practice circumcision for religious reasons. Though a common procedure, the complications that arise from it are plenty if anatomical and surgical details are ignored. These complications are seldom reported at least in India as gathered from literature probably due to religious reasons or due to late presentations.

The complications can vary from bleeding to even death as reported in literature. To understand the various complications one has to first understand the different methods used to achieve the circumcision. These are using devices- namely the Gomco's clamp, plastibell or Mogens clamp or using the free hand method- dorsal-ventral slit method or the sleeve method.[6]

The complications associated with circumcision can be early or late.

The few early complications are bleeding, infection, granular injury which can vary from mild to severe injury like amputation iatrogenic hypospadias, and chordee.[2,3] Infections that are mainly concerned with circumcision are tetanus due to unsterile techniques. Some studies have also reported meningitis after circumcision. The Incidence of necrotizing fasciitis has also been mentioned in literature.[7]

The late complications are mainly redundant foreskin, penile adhesions, suture sinus, inclusion cyst, chordee, phimosis, buried penis, urethrocutaneous fistula, meatal stenosis etc. Buried penis is a complication that arises in children with prominent suprapubic fat pad and the person performing the circumcision removes the foreskin overzealously and the consequent healing takes place in the fat pad leading to the deformity. Urethrocutaneous fistula has been reported after plastibell and Gomcos method. Glanular necrosis is mostly a complication of inadequate size of a plastibell which subsequently migrates distally. In rare cases, the glanular necrosis has been associated with shaft necrosis and gender reassignment surgery has been performed. Urethral fistula is reported in methods where the ventral slit is given prior to the dorsal slit.

Very late complications can be genital dysmorphia, psychological problems and sexual dysfunction.

Ethical issues and debate

Considering these complications the true benefits of circumcision should be in fact reanalysed. The primary ethical issue in circumcision is that it defies the surgical principle because there is no absolute indication for this procedure in babies. Since circumcision gives a threefold protection against penile cancer to a man in his entire lifetime, to prevent 1 incidence of penile carcinoma, 3 lakh neonates will have to be circumcised.[8] Also the reduction in incidence of HIV transmission has been estimated to be a marginal after the procedure. Whether the disease itself is going to become more virulent or going to be cured with ongoing research is doubtful and hence it is unjustified to subject the new born babies to mass circumcision in the current scenario. Also these procedures are done in small babies who are forcefully restrained and their foreskin being severed by priests and equivalents without adequate anaesthesia. The psychological trauma the child undergoes might cast a permanent scar in their personality.

Anatomical intricacies

In Babies there are adhesions noted between the prepuce and the glans6. If not properly separated then the injuries to the glans and the secondary infections can be moribund. But in adults the demarcations is quite explicit and offers ease of separation and the procedure can be completed comfortably.

In the patient described in the article, the deformity was presented to the treating surgeon at a very late stage. Children's phallus normally attains a good size by the age of 12 years (the time of presentation of the patient in question). Though the circumcision was performed at the early weeks after birth, the time latency of presentation could be attributed to the superstitious and religious reasons to come out in the open for deformity correction of a sensitive body part. This can also due to God fearing people who think that the almighty might punish them if they complain about a procedure done for religious reasons. The problem of buried penis and short penis could have arisen because of the suprapubic fat pad as revealed in the preoperative photograph; the suprapubic scar adjoining the contracture further supports the same.

CONCLUSION

The article highlights the consequences of an ill performed circumcision by people who fail to recognize the anatomical planes and maintain surgical asepsis while performing such procedures. The idea of the author is to bring in some change in reforms regarding the guidelines of who should be performing such surgeries and what minimal technical skill the person should have in order to perform such common yet skilled procedures. The article also questions the fundamental basis of persons other than medical experts in performing such surgical procedures and if done for religious reasons to include the concept of consent as each individual has the right for deciding on their own religious orientation.

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