

Complications of Circumcision: About Two Observations at the Chr of Kayes (Mali)

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Abstract

Case Report

Ritual circumcision has been practiced for cultural and religious reasons since antiquity in Egypt, then in Judaism and the Muslim world. The rite is also in use among certain Christian communities (especially in the East). In Mali the practice of circumcision is cultural and religious. In our current practices, complications related to this act are not frequent. We report here two cases of complications related to the act of circumcision received at the regional hospital center "Fousseyni DAOU hospital in Kayes". These were aesthetic and infectious complications. The treatment was urethroplasty according to DUPAY and necrosectomy with controlled healing followed by scrotal plasty and removal of the penis. In Mali, circumcision is ritual. It exposes when it is practiced outside health structures or by unqualified personnel to sometimes formidable complications.

Keywords: Circumcision, Chr of Kayes, circumcision.

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INTRODUCTION

Circumcision (peritomy, posthectomy), from the Latin *circumcisio*, "cutting around, cutting", designates, in its most widespread form, the total or partial removal of the foreskin, thus leaving the glans uncovered.

According to the World Health Organization (WHO) in 2009, 661 million men over the age of 15 would be circumcised, i.e. approximately 30% of the world's male population.

Ritual circumcision has been practiced for cultural and religious reasons since antiquity in Egypt, then in Judaism and the Muslim world. The rite is also in use among certain Christian communities (especially in the East).

A tradition for Muslims, a rite of passage to adulthood for several peoples of Africa and the Orient, circumcision is also a very widespread therapeutic surgical act for a certain number of balano-preputial affections. It is a real surgical act that requires essential conditions of hygiene and asepsis, as well as pain management.

The WHO emphasizes that circumcisions for religious or traditional reasons often take place in non-medical settings [1]. This is often the cause of incidents and complications.

In Mali the practice of circumcision is cultural and religious. In our current practices, complications related to this act are not frequent. We report here two cases of complications related to the act of circumcision.

Clinical case 1

A.S was circumcised for ritual reasons 14 days after birth. A month after the act, he was seen in consultation due to delayed healing. Parents then report scattered urinary play. On physical examination, general condition was noted, with a temperature of 36.7°.

Examination of the external genitalia found a large urethral fistula at the level of the balano-preputial groove with destruction of the urethral floor. The wound was clean with no signs of local inflammation.

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After informed consent of the parents, the treatment consisted of a urethroplasty according to the Duplay technique in separate points of Vicryl 4/0 on a siliconized Foley catheter ch 8.

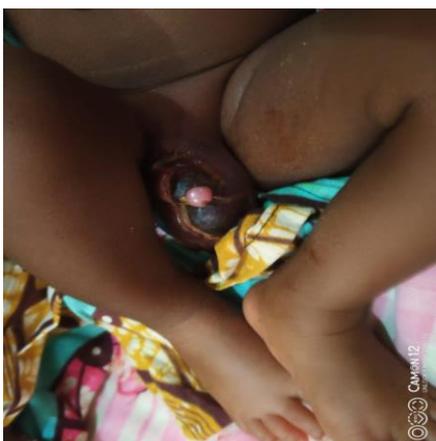
The probe was removed on D-6 postoperatively. The suites were marked by a residual urethral fistula of the penile seat. A surgical revision six months later allowed the closure of this fistula with a probing period of 3 (three) days

Clinical case 2

B O, a 2-month-old infant was admitted to the pediatric ward for hyperthermia and dysuria after a posthectomy performed 60 days after birth due to phimosis manifested by dysuria.

A week after his admission, a urological opinion was issued by the doctors of the pediatric department for gangrene of the external genitalia.

On physical examination the patient noted gangrene of the envelopes of the penis extended to the scrotum sparing the corpora cavernosa and spongiosum.



Condition of the wound on physical examination



State of the wound on examination after necrosectomy

The treatment initially consisted of local care (necrosectomy, use of Dakin's solution, controlled healing) for one month. In a second time a scrotalplasty and unburial of the penis was performed.

In Mali, the practice of circumcision is most often ritual. We do not have hospital statistics evaluating the frequency of complications related to the practice of circumcision. In 5 years of urological practice in the CHR of Kayes, we have identified two cases of post circumcision complications. These cases do not reflect the prevalence of complications related to the practice of circumcision in the region.

The act of circumcision is widely practiced in the region for essentially ritual reasons in a traditional way. The environmental conditions and the lack of qualification of the providers very often expose to complications.

The complications observed in our current practices are rare. This rarity does not reflect the reality of the problem. Because very often the victims refrain from consulting a specialist.

In Mali, the high rate of traditional circumcision is not explained by a lack of health coverage, but rather by the weight of certain beliefs and traditional rites. It is practiced mainly in preschool age.

Kimassoum R and collaborators [2] report that the specialized consultation time is very variable. It is earlier for hemorrhagic and infectious accidents, and later for aesthetic and dysuriant complications. This delay in consulting in the aesthetic forms is confirmed in the first clinical as the parents had consulted for a month the constitution of the urethral fistula. We note in the second observation a shorter consultation period than the previous one; which reinforces the assertions of Kimassoum R and collators.

CONCLUSION

In Mali circumcision is practiced by communities for cultural and religious reasons. It exposes when it is practiced outside health structures or by unqualified personnel to sometimes formidable complications such as (hemorrhage, infection with skin necrosis, urethral fistula) but these are exceptional when practiced in a medical setting.

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