Case Report Olgu Sunumu

A novel complication of self-circumcision: penile skin avulsion

Kendi kendine sünnetin alışılmamış bir komplikasyonu: Penis derisi avülsiyonu

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Abstract

The case of a 19-year-old man who suffered a complication after attempting self-circumcision with a razor blade was presented. He performed self-circumcision without any anesthetic which resulted in a laceration and avulsion of the penile skin and foreskin. The patient presented with controlled local bleeding two hours after self-circumcision. He attempted self-circumcision due to feelings of shame considering the usual age range of circumcision in his local area. He was admitted to the operation room urgently. There was no significant bleeding, when the piece of cloth that had been used for tampon was untied. Initially, the necrotic tissue was removed, then circumcision and repair of the penile skin avulsion were performed. He was discharged two days after operation without any complication.

Key words: Self-circumcision; complication; avulsion.

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Özet

Tıraş bıçağı ile kendi kendine sünnet girişimine bağlı komplikasyon gelişen 19 yaşındaki erkek hasta sunulmaktadır. Hastanın herhangi bir anestetik olmaksızın kendi kendine uyguladığı sünnet, penis derisinin ve önderinin laserasyonu ve avülsiyonu ile sonuçlanmıştır. Hasta kendi kendine sünnetten iki saat sonra kontrol altına alınmış lokal kanama ile başvurdu. Hasta, yaşadığı bölgedeki genel sünnet yaşı dikkate alındığında duyduğu utanç nedeniyle kendi kendine sünnete kalkışmıştır. Acil olarak ameliyat odasına alınmıştır. Tampon amacıyla kullanılan bez parçası çözüldüğünde, belirgin kanama görülmemiştir. Öncelikle nekrotik doku alınmış, sonrasında sünnet ve penis derisinin avülsiyonunun onarımı yapılmıştır. Hasta operasyondan iki gün sonra komplikasyon olmaksızın taburcu edilmiştir.

Anahtar sözcükler: Avülsiyon; kendi kendine sünnet; komplikasyon.

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Circumcision is one of the most common surgical interventions performed for medical, social, and religious reasons in many countries including Turkey.^[1,2] It is usually performed in childhood by experienced medical staff or untrained people.[3] Reports on selfcircumcision are scarce in literature.[1,3-7] Adult males comprised most of the cases, and they were reported to use medically unapproved plastic or metallic device for the procedure. [1,3,6] Some reported complications of self-circumcision are bleeding, infection, urethral damage, penile strangulation, skin necrosis, laceration and necrotizing fasciitis.[1,3,5,7] Reasons for carrying out the procedure on one's own are diverse including poor economic status, fear of the procedure, depression, etc. [4,5,7] In this case, we report a previously unreported complication, which was penile skin avulsion, in a case of self-circumcision performed by a razor blade.

Case report

A 19-year-old man presented to the emergency department with complaint of local bleeding controlled via a tampon over the penile skin after a trial of selfcircumcision with a razor blade two hours after procedure. He was referred to the urology department for further management. The procedure led to laceration and avulsion of the penile skin and foreskin, and no local anesthetic had been applied prior to the procedure. Review of the patient's medical history ruled out psychological and organic problems. He was a shepherd and had just wanted to circumcise by himself due to feelings of shame considering the usual age range for the practice of circumcision in his local area. On presentation, the foreskin and penile skin were partly removed, and there was a tampon with a piece of cloth tied to the proximal site of incision to prevent bleeding (Fig. 1a). We found out that the patient had spread some pounded sumac and onion on the piece of cloth before application of bandage to stop local bleeding.

He was admitted to the operation room urgently. The patient has given informed consent for the operation. The piece of cloth used for tampon was untied, and interestingly, no significant bleeding was seen. There was a laceration on the penile skin and it had undergone avulsion (Fig. 1b). There were some necrotic tissue and pieces of sumac and onion on the wound. The patient could urinate normally as there was no urethral injury.

Initially, we removed the necrotic tissues and pieces of sumac and onion from the wound, and then repaired the avulsed penile skin. A peripenile bandage

a

was applied at the end of the operation, which was removed on postoperative first day. No postoperative complication was observed (Fig. 2a).

He was discharged two days after operation on oral antibiotic therapy. Nine days after the intervention, his follow-up examination revealed formal tissue healing without any complications (Fig. 2b).

Discussion

Male circumcision is a common surgical procedure performed worldwide for ritual, traditional, or medical reasons.^[1-3] Although it must be done by experienced medical doctors, it is sometimes carried out by untrained people who do not have medical license as is the case in some parts of our country.^[3]



Figure 1 Preoperative images of patient presented with self-circumcision. (a) The wound was tamponed by a tied cloth. (b) Dermal avulsion was observed after removing cloth tamponade.





Figure 2 Postoperative images at (a) the first day and (b) the ninth day after operation.

Interestingly, some people prefer to self-circumcise due to several reasons. For example, Talmon et al.^[4] reported a man who performed it by himself for his economic situation. Another case reported in our country was a 6-year old boy who performed it himself for the fear of circumcision procedure.^[5] Thompson et al.^[7] reported that depression after the death of father caused self-circumcision. Our patient attempted to circumcise himself due to feelings of shame for his age, which was quite over the range for that practice being performed in his local area.

People who attempt self-circumcision usually use medically unapproved plastic or metallic device. ^[1,3,6] Among the reported materials are strings, razor blades, and scissors. ^[4,5,7] Our patient had used a razor blade for self-circumcision similar to the case reported by Talmon et al. ^[4]

Our patient had spread some pounded sumac and onion on a piece of cloth before application of bandage on the avulsed penile skin with the presumption that this application would control local bleeding. We believe this traditional remedy deserves mention, because a study carried out in Israel also revealed that sumac used in folk medicine in Palestine as astringent to stop bleeding seemed to work well.^[8]

The reported complications of self-circumcision are bleeding, infection, urethral damage, abnormal and painful curvature during erection, penile strangulation, penile skin necrosis, laceration, and necrotizing fasciitis.^[1,3,5,7] To our knowledge, this is the first case report of self-circumcision presenting with avulsed penile skin as a complication.

As a conclusion, this case report emphasizes the need to raise awareness of our community about the fact that circumcision must always be performed by urologists or authorized medical doctors. The health screening programs may be useful for detecting and counselling uncircumcised males, so that self-circumcision and its possible complications can be prevented. With the growing list of case reports on self-circumcision in literature, we believe that the medical and social aspects of the issue should be addressed in future studies.

Conflict of interest

No conflict of interest was declared by the authors.

References

- Natali A, Rossetti MA. Complications of self-circumcision: a case report and proposal. J Sex Med 2008;5:2970-2.
- Verit A, Cengiz M, Yeni E, Unal D. A magnificent circumcision carnival in the early 18th century Ottoman period. In: Schultheiss D, editor. De historia urologiae Europaeae. Arnhem: Drukkerij Gelderland; 2006. p. 37-55.
- Sagar J, Sagar B, Shah DK. Penile skin necrosis-complication following selfcircumcision. Ann R Coll Surg Engl 2005:87:5-7.
- 4. Talmon Y, Guy M, Eisenkraft S, Guy N. A case of self-circumcision. [Hebrew] Harefuah 1994;127:230-1.
- Çelebioglu S, Koçer U, Baran CN, Yazıcı A, Şensöz
 O. Partial penile strangulation. T Klin J Med Sci 1996;16:403-4.
- Kim SJ, Chung H, Ahn HS, Chung DY, Kim YS. Strangulation of the penis by a self-circumcision device. Urol Int 2002;68:197-8.
- 7. Thompson JN, Abraham TK. Male genital self mutilation after paternal death. Br Med J 1983;287:727-8.
- Abu-Rabia A. Herbs as a food and medicine source in Palestine. Asian Pacific J Cancer Prev 2005;6:404-7.

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