

CONCEALED PENIS: AN INFREQUENT COMPLICATION OF CIRCUMCISION

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SUMMARY

Concealed penis is one of the serious but infrequent complications of circumcision. In this report, we present a series of 9 concealed penes and emphasize the pathophysiology of this complication along with the reparative surgery.

Key Words: Concealed penis, circumcision.

INTRODUCTION

Circumcision is the most widely performed operation in men through the world. Nearly 20 % of the World's men population are circumcised (1). In the western world, circumcisions are usually performed in the newborn period, complications are quite common especially when performed by unqualified uneducated "circumcisers" as it is the case in our country. Bleeding, penile denudation, infection, urinary retention, meatitis, skinbridge, chordee, inclusion cysts, lymphedema, fistula, necrosis, impotence, and psychological disturbances are the main complications of circumcision (2). Concealed penis is a rare complication of circumcision especially when performed in the neonatal period or young ages when the foreskin is not retractable (3).

MATERIALS AND METHODS

This study was done on nine patients diagnosed as concealed penis in the Urology Departments of Marmara University and Cumhuriyet University, Medical Faculties. Patients were evaluated as to age, time elapsed for the symptoms to occur, and signs. The mechanisms involved in the clinical picture and surgical interventions were discussed.

RESULTS

All the patients were between the ages of 1-10 years. The presenting symptom was inability to void in all of them which occurred 2-15 days after circumcision. Physical examinations revealed urinary retention in 5 of 9 patients and dribbling in the other 4. All the patients were circumcised by unqualified circumcisers without any kind of anesthesia.

The patients were operated under general anesthesia immediately. The prepuce was released free after an incision made on the fibrotic tissues covering the

glans. Scar tissues were resected and circumcisions were revised. The average post operative hospital stay was one day and no complication was observed.

DISCUSSION

At birth the prepuce is not retractible and the external meatus cannot be visualized in the majority of infants. By the sixth month of age the prepuce still is unretractable in 80% of boys and complete retraction can be achieved by the age of 17 in all the boys (4). Improper lysis of the prepuce during circumcision is the main reason for the concealed penis to occur as a complication (5). Inadequate excision of the inner preputial skin when the adhesions between the prepuce and underlying glans are not lysed properly, and excessive removal of skin from the shaft causes the pathology. The shaft skin covers the glans and as healing occurs, fibrotic tissues form a stenotic ring over the external meatus. The shaft is forced into the suprapubic fat and the urinary stream is obstructed resulting with urinary retentions. The penis looks as if it is microphallic (Fig 1). The obstructing cicatrix must be incised over the glans, the adhesions between the inner preputial skin and glans penis released and circumcision must be completed appropriately (Fig. 2)

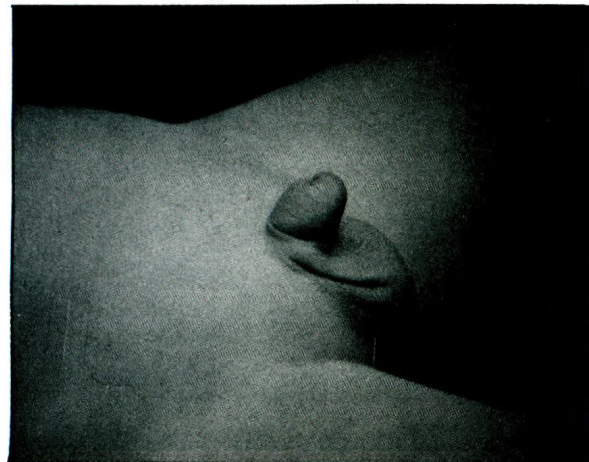


Fig. 1- Microphallic appearance in concealed penis.

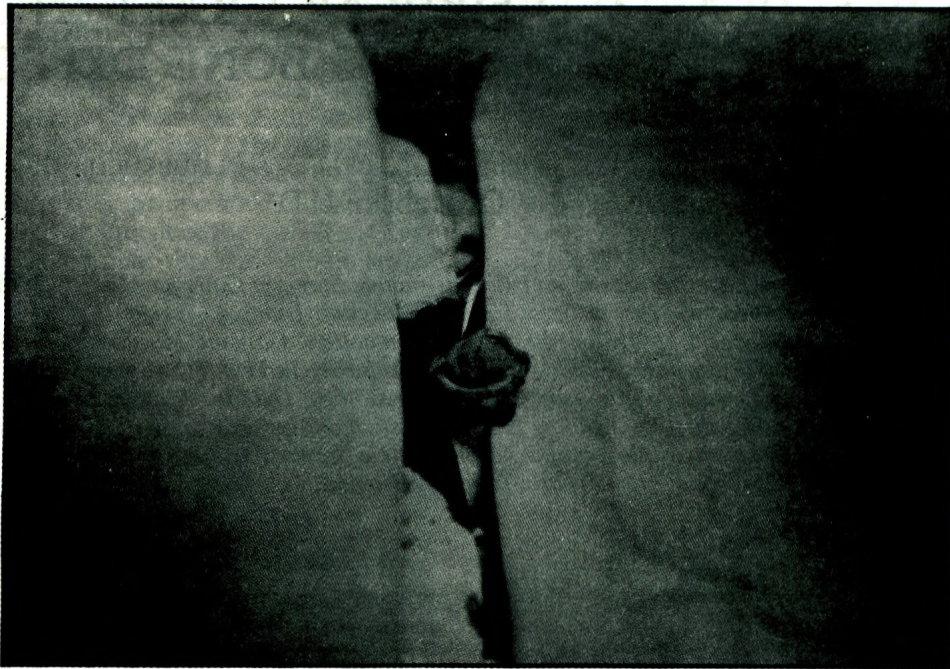


Fig. 2- Released inner preputial skin in operation and completion of circumcision.

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