

Circumcision and complications in adolescent and adult patients with hemophilia in southern part of Turkey: Cukurova experience

B. Antmen, I.Sasmaz, B. Guvenc G. Leblebisatan, B.S. Karagun, Y. Kilinc R. Tuncer, A. Aridogan

Cukurova University, Medical Faculty, Adana, Turkey

OBJECTIVES

Circumcision is the oldest and most frequent surgical procedure for hemophiliac patients in the world and especially in Turkey as is seen in the other Islamic countries because of religious and traditional pressures. The world health organization defines an adolescent as any person between ages 10 and 19. The social pressures are very strong in adolescent and adult hemophiliac patients in our country. In this study, we aim to report the experience of circumcision at Çukurova University in total 36 adolescent and adult patients with hemophilia between 1994 and 2013.

METHODS

We retrospectively reviewed medical records of 33 hemophiliac patients without inhibitors and 3 hemophiliac patients with inhibitors who had been circumcised. Before the year 2000, factor concentrates were given before and after circumcision for 6-7 days. After 2000, we used fibrin glue together with factor concentrates for only 3 days. By-passing agents were used for circumcision in hemophiliac patients with inhibitors.

RESULTS

Characteristics of all patients

	%	(n)
Hemophilia A		
Severe	55.6	(20)
Moderate	19.4	(7)
Mild	5.5	(2)
Hemophilia B		
Severe	11.1	(4)
Moderate	8.4	(3)
Age at circumcision, median (range)	14,5	(10-34) years
Weight at circumcision, median (range)	42,75	(25-75) kg
Plasma Factor level before circumcision, median (range)	96,8	(65-105) %
Duration of hospitalization, median (range)	5	(2-21) days

36 patients with hemophilia were circumcised in our center under general anesthesia except for 3 patients who were given local anesthesia.

A few patients had significant bleeding despite adequate factor replacement.

Eight of 33 hemophilia patients (24,2%) without inhibitors had 5 mild and 3 moderate bleeding complications.

Two of three hemophilia patients with inhibitors had mild bleeding complications.

CONCLUSIONS

The circumcision of the male person is the most commonly performed surgical procedure in the world. It is not specific to Islamic world; there are also common in some Christian Churches in Africa, including some Orthodox Churches which practice it.

Kavaklı et al evaluated the psychological dimension of circumcision and the opinions of parents and children in our country. They revealed that circumcision was important social problem of hemophiliac patients that needs to be solved.

Our experience showed that circumcision for patients with hemophilia should be carefully performed by surgeons together with hematologist under appropriate conditions in hemophilia centers. We should keep in mind that the patients with bleeding disorders can still experience the problem of bleeding despite appropriate coagulation factor replacement, fibrin glue, tranexamic acid, experienced surgeon and hematologist.

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