

To evaluate Circumcision practices and outcome in undiagnosed patient of factor viii and factor ix deficiency in Pakistan

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Introduction

Male circumcision practice is an old surgical procedure that is increasing worldwide. Historically on ancient Egyptian tombs and old cave paintings, there are evidences based on depictions of circumcision . Most circumcisions are performed during infancy, childhood and lower in adolescence time. Circumcision is regarded as an essential procedure for young adults to become a member of society.

The prevalence of procedure performance is affected by religious and cultural associations. According to World Health Organization (WHO) report, it is estimated that about 30% of global male are circumcised that 68% of them are Muslim.

Circumcision has an important traditional and sociocultural value among Muslim .It is viewed as social obligation for all males. In Pakistan majority of population resides in villages where circumcision is carried out without prior assessment and hemostat cover.

For male children, heavy bleeding after circumcision may be the first sign of the underlying disease.

There are some reported benefits regarding male circumcision. They include partial protection against human immunodeficiency virus (HIV),lower affection by human papilloma virus (HPV), syphilis, cancrroids, gonorrhea, possible genital herpes infections, and lower cervical cancer . There are also reports that support of this hypothesis in which stated circumcised men encounter lower rate of penile cancer. Also there are data that hold up of prophylactic effect of male circumcision on urinary infection tract

Objectives

To evaluate Circumcision practices and outcome in undiagnosed patient with hemophilia in Pakistan so as to develop a safe and efficacious local protocol.

Patients and Methods

Retrospective study conducted using questionnaire in all bleeding disorder patient circumscribed before diagnosis presenting to hemophilia patient welfare society, Rawalpindi from July 2012 to July 2013 . Total 50 patients were evaluated ,to record age at circumscion,duration of bleeding, duration of healing, history and type of transfusion after circumcision and its effect on duration of bleeding and duration of healing and any other complication.

In our study post circumcision bleeding regarded positive when the severity of haemorrhage was high and last ≥ 1 day or needed intervention of medical services, infusion of coagulation or blood products. Oozing and dot blot symptoms were omitted due to many older patients may have forgotten them.

Technique

Male circumcision may involve one of various devices such as the Circumplast, Gomco clamp, Plastibell, and Mogen clamp. First, the amount of foreskin to be removed is estimated. The foreskin is opened via the preputial orifice to reveal the glans underneath and ensure it is normal. The inner lining of the foreskin (preputial epithelium) is bluntly separated from its attachment to the glans. The device is placed (this sometimes requires a dorsal slit) and remains there until blood flow has stopped. Finally, the foreskin is amputated.



Circumcision with a clamp



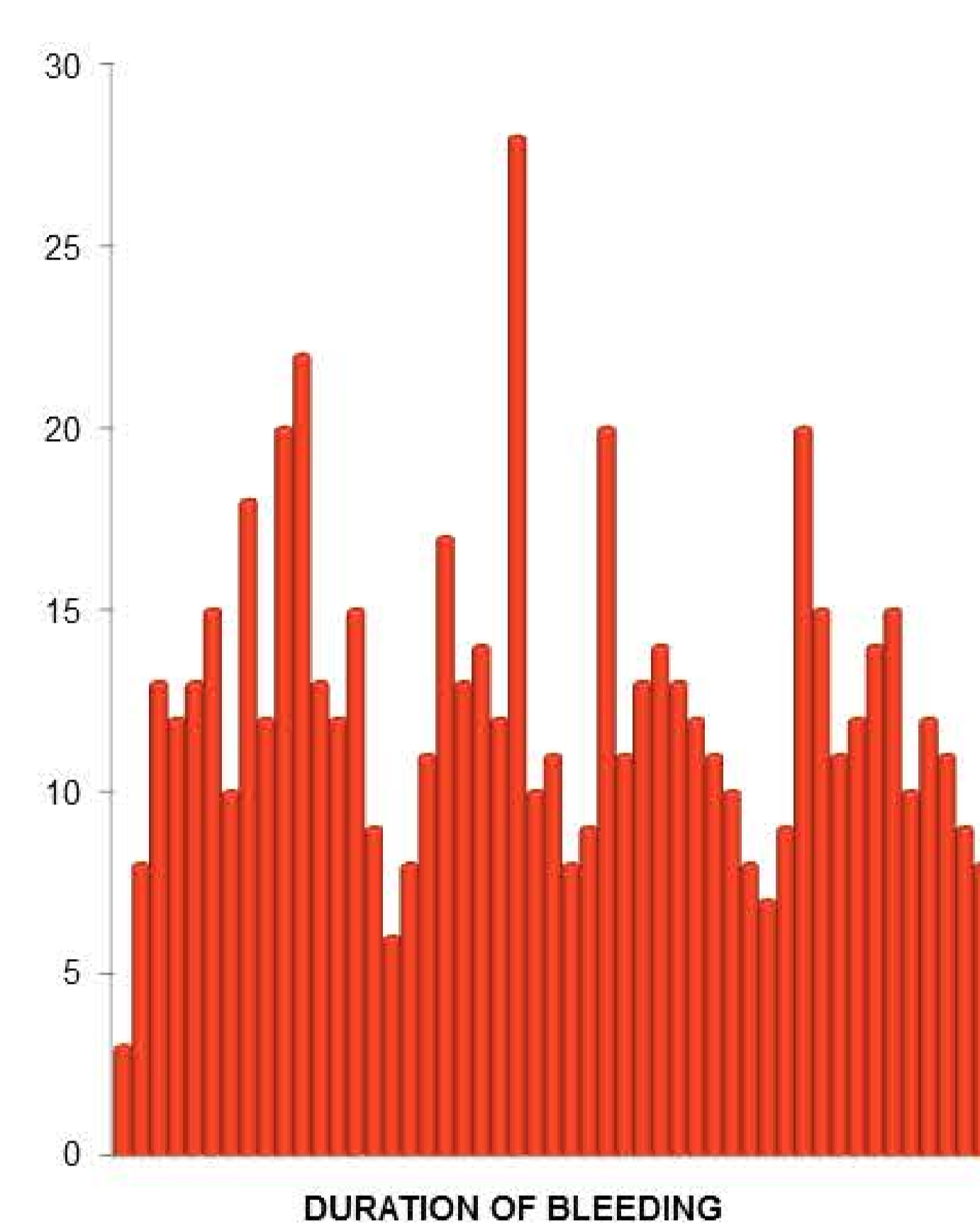
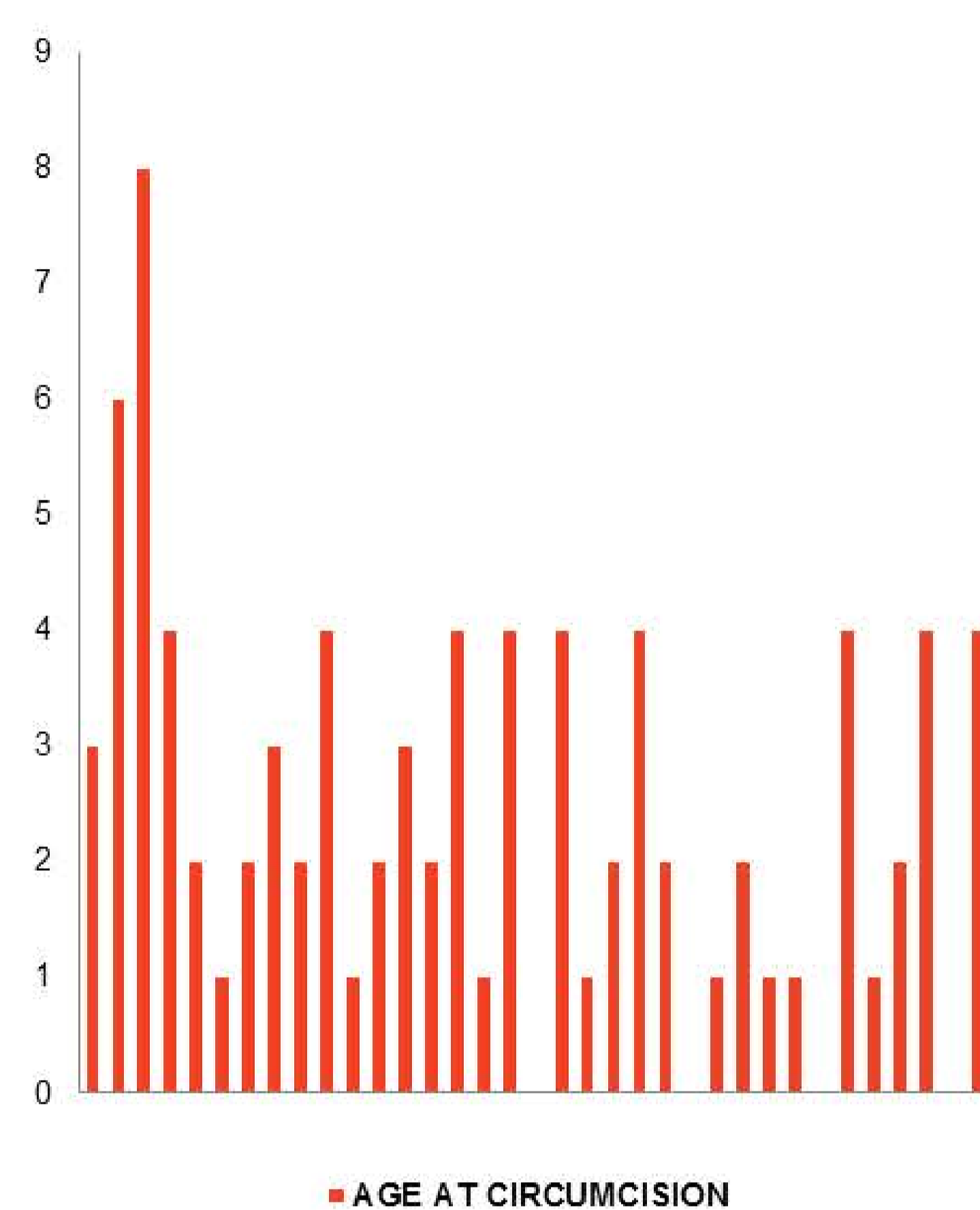
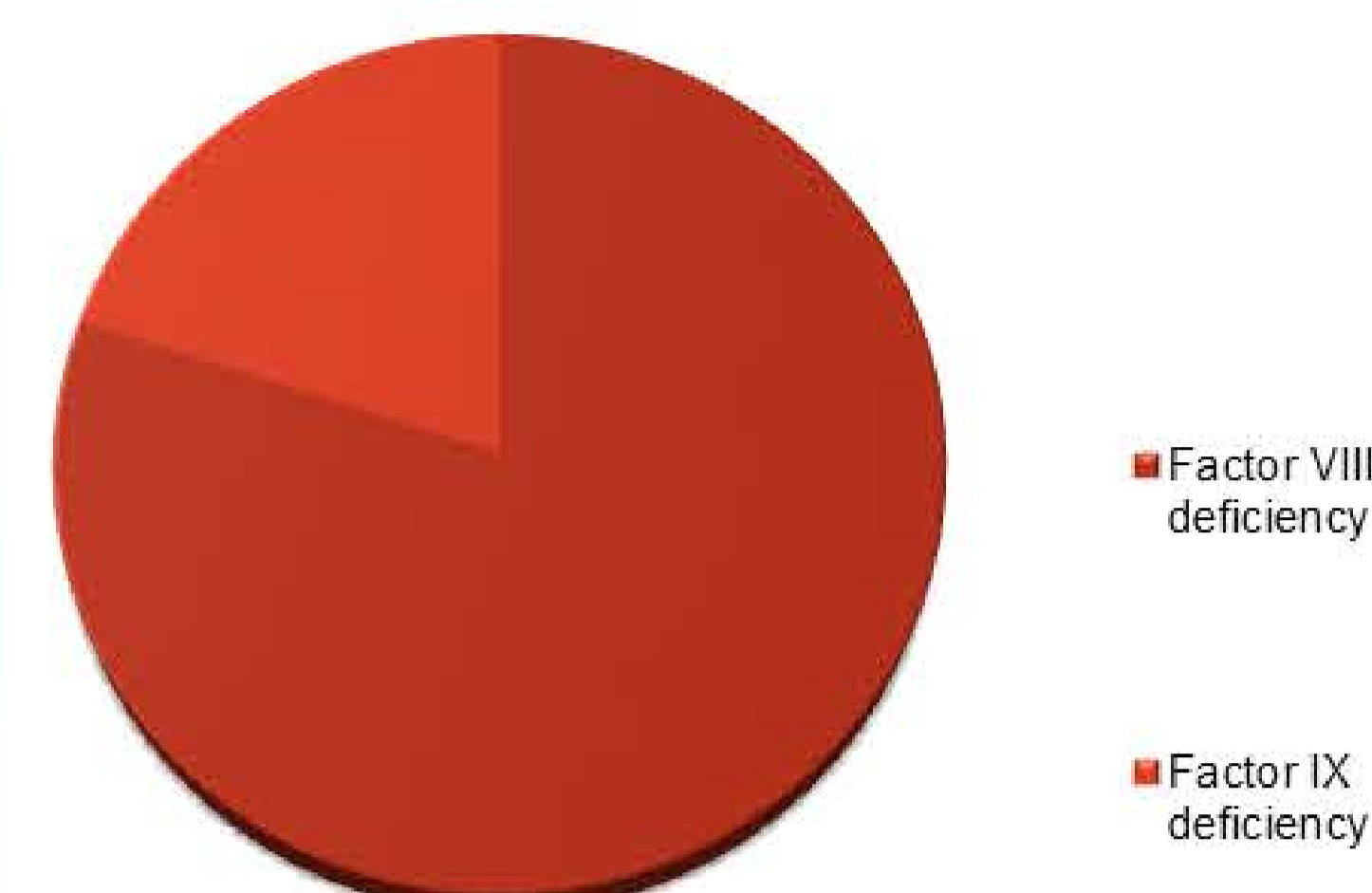
Circumcision with plastibell

Results

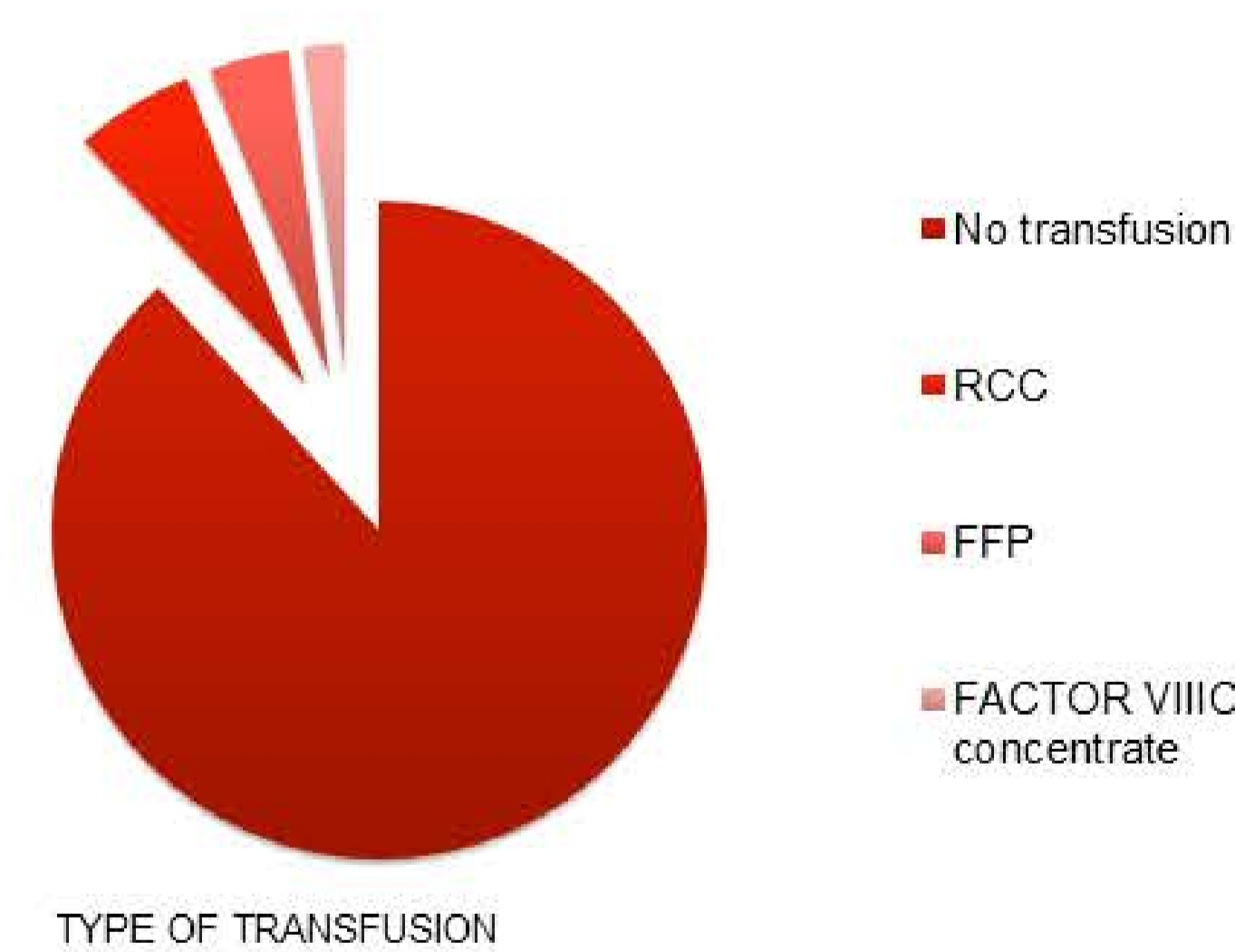
PARAMETER EVALUATED IN STUDY

A	Total Patient	50
a.	Factor viii deficiency	40(80%)
b.	Factor ix deficiency	10(20%)
B	Mean age at Circumcision	4.14 months
C	Mean duration of bleeding	13 days
D	Mean duration of healing	20.4 days

NUMBER OF PATIENT WITH FACTOR VIII AND FACTOR IX DEFICIENCY



Among total 50 patients 45 patients(90%) did not receive any haemostatic cover.3 patients had blood transfusion and 2 had FFP these blood products were given post circumcision when prolonged bleeding was noted .one patient was given factor viii concentrate as his maternal uncle was known to have factor viii deficiency . Duration of bleeding in patient with FFP transfusion was 1 day and 5 days .In patients with fresh blood transfusion 5,1,2 days and factor viii 6 hours. Healing occur on 7 and 10 days in FFP transfusion,7,9,10 days in blood transfusion and 8 day in factor viii transfusion.



Conclusion

Outreach programmes to create awareness in patient, family, health care professional has resulted in decrease in post circumcision morbidity in these patient. haemostatic agent significantly decrease duration of bleeding and promote early healing.

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