

# Circumcision experience and management of complications in hemophiliac patients

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## Introduction and Objectives

Circumcision is the oldest and most frequent surgical procedure in the world and especially in Turkey as is seen in the other Islamic countries because of religious and traditional pressures. In this study, we aim to report the experience of circumcision at Cukurova University in total adolescent and adult patients with hemophilia between 1994 and 2015.

## Patients and methods

We retrospectively reviewed medical records of 79 hemophilia patients without inhibitors and 7 hemophilia 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 hemophilia patients with inhibitors.

## Results

Twelve of 79 patients without inhibitors were referred to our centre with bleeding after the circumcision before diagnosis hemophilia. Seventy four patients with hemophilia were circumcised in our centre under general anesthesia except for 3 patients who were given local anesthesia. Fourteen of 67 hemophilia patients (20,8%) without inhibitors had 8 mild and 6 moderate bleeding complications. Five of seven hemophilia patients with inhibitors had 2 moderate and 3 mild bleeding complications.

Table1. Characteristics of all patients

	%	(n)
<b>Hemophilia A</b>		
Severe	42 %	(36)
Moderate	22 %	(19)
Mild	8 %	(7)
<b>Hemophilia B</b>		
Severe	16 %	(14)
Moderate	9 %	(8)
Mild	3 %	(2)
<b>Age at circumcision, median (range)</b>		114 (1,5-216) months
<b>Weight at circumcision, median (range)</b>		29 (5-70) kg
<b>Plasma Factor level before circumcision, median (range)</b>		9.5 (65-105)
<b>Duration of hospitalization, median (range)</b>		4 (2-25) days

## Discussion

The circumcision of the male person is the most commonly performed surgical procedure in the world [1]. It is not specific to Islamic world; there are also common in some Christian Churches in Africa, including some Orthodox Churches which practice it. Furthermore, it is commonly practiced in Jewish religion [2,3].

The complications include pain, bleeding, the inadequate removal of foreskin, meatal stenosis, meatal ulcer, fistulas and complications of anesthesia [5]. A few patients had significant bleeding despite adequate factor replacement in our study.

Martinowitz et al reported from Israel that fibrin glue is a useful treatment modality for circumcision in patient with bleeding diathesis[6]. We applied fibrin glue to all patients in our center.

## Conclusion

Our experience showed that circumcision for patients with hemophilia should be carefully performed by surgeons together with pediatric hematologist under appropriate conditions in hemophilia centers which has comprehensive coagulation lab.

### References

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