

CASE REPORT

AMPUTATION OF THE GLANS PENIS: A MAJOR SURGICAL COMPLICATION FROM A MINOR UROLOGICAL PROCEDURE

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CASE REPORT

Circumcision in the male is an accepted norm in certain cultures^{1,2}. This cultural ritual is often performed by a wide range of operators from the traditional birth attendant to a qualified surgeon³. Complications arising from this operation are rare and are often minor^{3,4}. In the following, two cases of amputation of the glans penis are presented to call attention to this catastrophe which in future may constitute a forensic "gold mine".

Case No. 1

A 13-day-old male neonate presented to our paediatric surgical clinic with amputation of the glans penis following circumcision effected seven days before by a general practitioner in a private hospital where the baby was delivered (Fig. 1). Examination revealed that three quarters of the glans penis were slashed ventrally. The wound was heavily infected. The patient was placed on daily dressing and parenteral antibiotics based on the culture sensitivity results of the wound swab. He is now awaiting re-construction.

Case No. 2

A nine-day-old male neonate was admitted to the special care neonatal unit suffering from an inability to pass urine following circumcision effected three days before by a midwife in a maternity home where the baby was delivered. (Fig. 2). Examination showed that the glans penis was slashed dorsally. There was also an incomplete circumcision and gross sepsis of



Fig. 1: Ventral injury of the glans penis in a 13-day-old male neonate. About three quarters of the glans were slashed ventrally.

the slashed glans. The patient suffered from dysuria. The sepsis resolved on antibiotic exposure and daily dressing. With the resolution of the sepsis, the dysuria disappeared and the patient is now awaiting re-construction.

DISCUSSION

Circumcision is a surgical procedure done for so many reasons^{1,2}. The associated complications are mostly trivial¹ but occasionally tragic⁵. Tragic complications happen most often with unqualified medical personnel¹, and this is the case with the two cases reported herein. It is an interesting fact that both cases came from the same locality, though not from



Fig. 2: Dorsal injury of the glans penis with incomplete circumcision and gross sepsis in a 9-day-old male neonate.

the same center, within a period of one week. Efforts to contact the operators proved abortive. This definitely calls for an urgent need to address the problem of genital mutilation in the male which unlike genital mutilation in the female⁶⁻¹⁰ has received very little attention in terms of publication. This urgent need arises because the management of such mutilatory complications of circumcision in the male is very difficult, especially in our environment. In areas where facilities exist, re-implantation⁵ has been tried with success. But in our environment late presentation with attendant sepsis as well as the lack of facilities preclude re-implantation.

We, therefore, conclude that emphasis should be laid on preventive measures, such

as a legislation reserving circumcision to well-trained and qualified personnel only as has been advocated by other authors¹. A plea is also hereby made to colleagues to pay as much attention to male genital mutilation as to female genital mutilation.

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Editorial Comment:

The authors present a very rare, but tragic complication of neonatal circumcision that happens most often with unqualified non-medical or untrained medical personnel. This complication justifies the urgent need to have training programs in developing countries to set the standards of the technique.

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