

# CLINICAL STUDY OF CIRCUMCISION IN THE PEDIATRIC POPULATION AGED 0 TO 15 YEARS

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## Abstract

**Introduction:** Despite the fact that almost 1/6 of the total male population of the world is circumcised it has been a long time since it has been forgotten the origin of this intervention. The procedure was practiced for religious beliefs, cultural or medical, the latter being fashionable in modern surgery in the last century. **Material and method:** The trial was conducted in the Clinic of Pediatric and Orthopaedic Surgery of "St. Andrew" Emergency County Hospital of Constantza, between 2011 and 2015. During this period we verified the cases of phimosis and separated them in two age groups. We looked at those who were circumcised and those who had conservative surgery of the foreskin. **Results:** During those five years, we had 1,196 cases of phimosis. Some of them were circumcised, and at others the foreskin was kept. For circumcision, there were different aspects:

- Biological circumcision has been practiced for different pathologies that needed this type of intervention;
- Psychological: presence or absence of the foreskin perceived like a state of well-being;
- Social: in terms of cultural, religious or social or when an individual wishes to be circumcised.

**Conclusions:** Surgery of the foreskin, unless required by medical reasons, should not be performed in the first 4 years of life, taking into account the development of the glans-foreskin system during this period. Western trends about the integrity of the human body have their justification in the light of new investigations conducted (microscopic anatomy, immunology, etc). For circumcision it must be considered a multitude of factors that are not only medical, but also social, cultural, religious, etc. Regarding statistics in our country and especially in Dobrogea, there isn't an accuracy because of the inconsistent practice of the intervention in hospital. Rural population and the urban one of both Muslim origin, turn to alternative services for circumcision, which does not include statistical views.

**Key words:** children, phimosis, circumcision.

## Introduction

Despite the fact that almost 1/6 of the total male population of the world is circumcised it has been a long time since it has been forgotten the origin of this

intervention. The procedure was practiced for religious beliefs, cultural or medical, the latter being fashionable in modern surgery in the last century. The worldwide global rate of male circumcision is about 13.3 million annually despite increasing evidence of its negative functional consequences [1-9].

There is no country in the world that accepts as protocol male circumcision, especially for infants [10]. The prepuce plays an important role in local sensitivity. It contains the highest concentration of nerve endings in the penis and thus it serves not only a protective role, but also a sensory one for sexual function [11]. Its removal during circumcision doesn't go to great benefits in this situation.

## Purpose

The aim of this study is to compare therapeutic results obtained in the treatment of foreskin pathology in children between 0 and 15 years.

## Material and method

The trial was conducted in the Clinic of Pediatric and Orthopaedic Surgery of "St. Andrew" Emergency County Hospital of Constantza, between 2011 and 2015. During this period we verified the cases of phimosis and separated them in two age groups. We looked at those who were circumcised and those who had conservative surgery of the foreskin.

We studied the methods of approach of the foreskin pathology, postoperative complications occurred, both early and also the late ones.

## Results and discussions

In the Clinic of Pediatric and Orthopaedic Surgery of "St. Andrew" Emergency County Hospital of Constantza, between 2011 and 2015, we have grouped patients with foreskin pathology in 2 series by age. First group consists of patients between 0 and 4 years old and the other group between 5 and 15 years old (fig. 1). We used the 4 years border because of the fact that around this period, the prepuce-glans system defines and the foreskin will start to retract by itself [12].

The distribution per year of the cases is shown in table 1.

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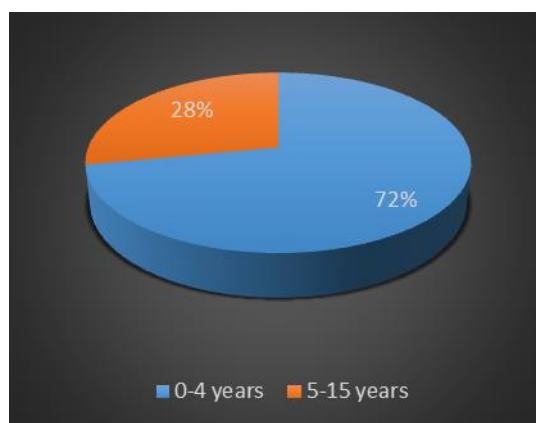


Figure 1 – Distribution of patients in two study groups.

Table 1 – Distribution per year of foreskin pathology cases.

|              | 0-4 years  | 5-15 years | TOTAL       |
|--------------|------------|------------|-------------|
| 2011         | 106        | 101        | 207         |
| 2012         | 141        | 127        | 268         |
| 2013         | 127        | 119        | 246         |
| 2014         | 164        | 85         | 249         |
| 2015         | 101        | 125        | 226         |
| <b>TOTAL</b> | <b>639</b> | <b>557</b> | <b>1196</b> |

We considered the ways of treating phimosis by surgery. These are circumcision, dorsal debridement and elimination of preputial adhesions.

The cases treated by circumcision are presented in figure 2.

The total cases of circumcision performed in the study is 127. From 1196 cases studied, that means about 10,6% (Table 2). This is a little bit more then the percentage of muslims who live in Constantza area.

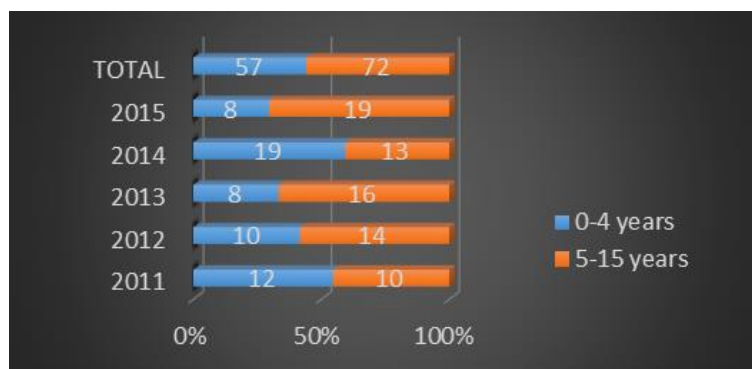


Figure 2 – Cases treated by circumcision in our study group, by age and year of treatment.

Table 2 – Distribution of cases treated by circumcision.

| Type of treatment | No. of cases | Percentage  |
|-------------------|--------------|-------------|
| Circumcision      | 127          | 10,6%       |
| Other treatment   | 1069         | 89,4%       |
| <b>TOTAL</b>      | <b>1196</b>  | <b>100%</b> |

According to the 2002 census, 67,566 people, approx. 0.3% of the total population of Romania, indicated that their religion was Islam [13,14]. The vast majority of Romania's believers in Islam are Sunnis who adhere to the Hanafi school. Ethnically, they are mostly Tatars (Crimean Tatars and a number of Nogais), followed by Turks, as well as Muslim Roma (as much as 15,000 people in one estimate) [13,15], Albanians (as many as 3,000) [13,16], and groups of Middle Eastern immigrants. Members of the Muslim community inside the Roma minority are colloquially known as "Turkish Romani" [13,15]. Traditionally, they are less religious than people belonging to other Islamic communities, and their culture mixes Islamic customs with Roma social norms [13,15].

Ninety-seven percent of the Romanian Muslims are residents of the two counties forming Northern Dobruja: eighty-five percent live in Constanța County, and twelve percent in Tulcea County [13,17], forming 6% of local population [18]. The rest mainly inhabit urban centers such as Bucharest, Brăila, Călărași, Galați, Giurgiu, and Drobeta-Turnu Severin [13,19].

So, if we are comparing the percentage of muslim population in the area where the study was conducted and circumcision performed, there is a slightly resemblance. The difference stands in the fact that a part of circumcisions were made for therapeutic reasons or on parents' demand.

Health, as defined by the World Health Organization, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity [20].

Circumcision involves all three of these components of health:

- Biological circumcision has been practiced for different pathologies that needed this type of intervention;

- Psychological: presence or absence of the foreskin perceived like a state of well-being;
- Social: in terms of cultural, religious or social or when an individual wishes to be circumcised.

Although circumcision is one of the simplest procedures, the complexity of notions resulted from new research, makes it questionable, especially concerning it's timing.

### Conclusions

For circumcision it must be considered a multitude of factors that are not only medical, but also social, cultural, religious, etc.

Surgery of the foreskin, unless required by medical reasons, should not be performed in the first 4 years of life, taking into account the development of the glans-foreskin system during this period.

Western trends about the integrity of the human body have their justification in the light of new investigations conducted (microscopic anatomy, immunology, etc).

The religious factor is much stronger than the factors resulting from the perception of small groups (cultural or scientific), circumcision being a custom of the Muslim population or an existential necessity of Jewish population, so for these groups, circumcision practice will be unchanged regardless of the evolution of human thinking.

Regarding statistics in our country and especially in Dobrogea, there isn't an accuracy because of the inconsistent practice of the intervention in hospital. Rural population and the urban one of both Muslim origin, turn to alternative services for circumcision, which does not include statistical views.

### References

1. Denniston GC, Hodges FM, Milos MF, editors. Male and female circumcision: medical, legal, and ethical considerations in pediatric practice; 1999. New York: Kluwer Academic/Plenum Publishers.
2. Money J, Davison J. Adult penile circumcision: erotosexual and cosmetic sequelae. J Sex Research 1983;19:289-92. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/complications/money/](http://www.cirp.org/library/complications/money/)
3. Bigelow J. The joy of uncircumcising! (3rd ed.). Aptos, California: Hourglass Publishers; 1995.
4. Hammond T. Long term consequences of neonatal circumcision. In Denniston GC, Milos MF, editors. Sexual mutilations: a human tragedy. New York: Plenum Publishers; 1997. p. 125-9.
5. Hammond T. A preliminary poll of men circumcised in infancy or childhood. BJU Int 1999;83 Suppl 1:85-92. [cited 2001, Feb 15]. Available from: URL: [www.noharm.org/bju.htm](http://www.noharm.org/bju.htm)
6. O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. BJU Int

- 1999;83, Suppl 1:79-84. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/anatomy/ohara/](http://www.cirp.org/library/anatomy/ohara/)
7. Bensley GA. Physical, sexual, and psychological impact of male infant circumcision: an exploratory survey. Unpublished Honors thesis, Department of Psychology, Bond University; 1999.
  8. Menage J. Post-traumatic stress disorder after genital medical procedures. In Denniston GC, Hodges FM, Milos MF, editors. Male and female circumcision: medical, legal, and ethical considerations in pediatric practice. New York: Kluwer Academic/Plenum Publishers; 1999. p. 215-9.
  9. Ramos SM. Ritual and medical circumcision among Filipino boys: evidence of post-traumatic stress disorder. Unpublished Honours thesis, Department of Psychology, Bond University; 2000.
  10. Boyle GJ, Svoboda JS, Price CP, Turner JN. Circumcision of healthy boys: criminal assault? *J Law Med* 2000;7:301-10. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/legal/boyle1](http://www.cirp.org/library/legal/boyle1).
  11. Cold CJ, Taylor J. The prepuce. *BJU Int* 1999;83 Suppl 1:34-44.
  12. Hsieh TF, Chang CH, Chang SS. Foreskin development before adolescence in 2149 schoolboys. *Int J Urol*. 2006;13:968-70.
  13. [https://en.wikipedia.org/wiki/Islam\\_in\\_Romania](https://en.wikipedia.org/wiki/Islam_in_Romania)
  14. Recensământ 2002. Rezultate: Populația după religie at the 2002 Census official site. Retrieved February 26, 2008.
  15. Oprișan A, Grigore G. The Muslim Gypsies in Romania, in International Institute for the Study of Islam in the Modern World (ISIM) Newsletter 8, September 2001, p.32. Retrieved June 2, 2007.
  16. Grigore G. Muslims in Romania, in International Institute for the Study of Islam in the Modern World (ISIM) Newsletter 3, July 1999, p.34. Retrieved June 2, 2007.
  17. Șuteu A. Europa merge pe sârmă între islamizare și radicalizare, in *Adevărul*, January 24, 2008.
  18. [https://ro.wikipedia.org/wiki/Islamul\\_%C3%AEn\\_Rom%C3%A2nia](https://ro.wikipedia.org/wiki/Islamul_%C3%AEn_Rom%C3%A2nia)
  19. Cultul musulman, at the Romanian Ministry of Culture and Religious Affairs' State Secretariat for Religious Affairs. Retrieved February 28, 2008.
  20. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

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