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Introduction

Circumcision is one of the oldest procedures in the world^{1,2,3}. One of the oldest recorded in history was found in Ancient Egypt Civilization. It is a safe procedure with various techniques^{1,2,4} used nowadays. Though it is safe, various complication happened leading to patient's nightmare following the surgery. Here, we report a rare complication, urinoma due to secondary phimosis following an incomplete circumcision.

Case Summary

An obese fourteen-year-old boy underwent circumcision at home by unexperienced health personnel. Unfortunately, 1-month post-procedure, he developed urinary retention and swollen of the penis. Clinical examination revealed almost complete phimosis with dense fibrous tissue at the tip of the penis and pinpoint sinus.

The penis was swollen measuring 8x5cm, cystic consistency, non-erythematous and non-tender. An ultrasound performed show penile urinoma. Urine investigation showed feature of urinary tract infection. A modified dorsal slit was done to drain the urinoma, Foley's catheter inserted, and antibiotic commenced for 1 week.

He subsequently underwent circumcision after antibiotic completion during same hospital admission.

The 2 staged surgery successfully treat the penile infected urinoma following incomplete circumcision as patient made full recovery without wound breakdown and symptom recurrent.

Discussion

Circumcision is one of the commonest office procedure in the world. Even though it is relatively safe, it carries risk of complication^{2,3}, either immediate or late. Even worst, if it is done by untrained personnel², it will cause more harm than good.

We highlight one of the late complication of circumcision, which is secondary phimosis^{3,5}. The risk factors of development of the phimosis post circumcision includes, misalignment of the circumcision device during positioning prior to clamping and the inadequate removal of inner skin causing cicatrization of foreskin. These lead to formation of wound fibrosis and phimosis. Obesity also one of the risk factor of developing secondary phimosis.

A late intervention phimosis may lead to lower urinary tract infection, which may lead to urosepsis. It also can lead to acute urinary retention and subsequently kidney injury if left untreated.

Secondary phimosis is treatable⁶, by mean of office procedure or in operation theater. For simple uncomplicated phimosis, bedside dilatation can be offered, however in complicated case, re-circumcision under general anesthesia is a better option.

Conclusion

A circumcision must be done by a trained health personnel in order to avoid any morbidity. However, complication might happen and it should be handled by more experienced surgeon to bring back patient's smile.



Image 1: Swollen penis secondary to urinoma with fibrotic prepuce and pinpoint opening (phimosis)



Image 2: Ultrasonographic image show urinoma (arrow) occupying almost the whole penis length with glans penis buried inside the urinoma

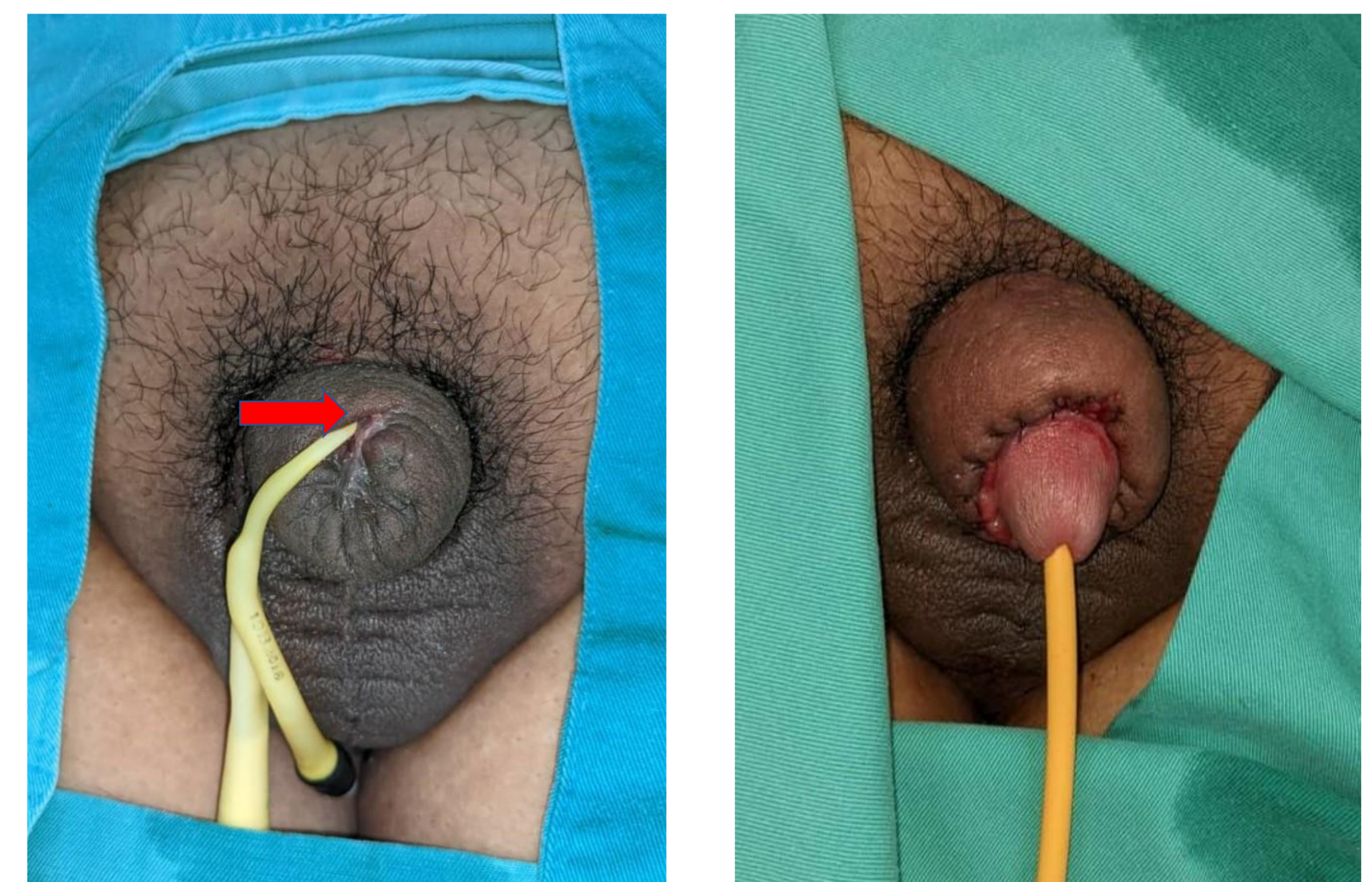


Image 3a: Post emergency dorsal slit (arrow) to drain the urinoma and Foley's catheter in situ to keep the lumen pattern

Image 3b: Post re-circumcision

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