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Letter to the Editor

Challenging God in office — Letter to editor regarding "Gomco circumcision in the office in patients heavier than 5.5 Kg and/or older than 3 months"

We have read with great interest the forthcoming article by Villanueva et al. [1]. The aim of this study seems to be to broaden the inclusion criteria for in-office clamp circumcisions for patients who cannot afford to have the surgery under general anesthesia. Like all pediatric surgeons of a certain age who rely on their own professional experience and know how to think outside the box, we believe that circumcision is an unnecessary operation that should be avoided and considered a mutilating tradition from ancient times.

It has long been known that the foreskin cannot be retracted in four out of five normal infants of 6 months and in half of normal infants of 1 year. By 2 years about 20% and by 3 years about 10% of boys still have a non-retractable prepuce. In fact, these results suggest that prepuce is still developing at birth, and continues to adapt throughout the first few years of life. At this point, it is well written in Dr Gairdner's "perceptual and sharp writing model about circumcision" that it is impossible to determine in which infants the foreskin will achieve normal retractability [2,3].

In our time, it's difficult to understand the logic behind the anesthetic injections at eight different locations in an awake infant's penis. It is also interesting how the authors include bleeding types in this study: bleeding controlled at home with pressure or cautery, bleeding controlled at the ED/clinic with pressure or cautery and etc. Apart from this kind of classification, the large discrepancy in bleeding complications between two groups has been attributed to the type of dressing, clamp or clamp strength, compression or post-procedure care, all of which are confounding variables. Many commercial hemostasis materials are used in this study, which are also confusing. Additionally, a scientific study should not suggest that any particular device is more beneficial than others, especially when there are so many variables. In our opinion, it must be more logical to narrow rather than broaden the inclusion criteria for office clamp circumcisions, as this can reduce health care costs and the complication rate caused by this tradition. On the other hand, from a philosophical point of view, surgeons dealing with hypospadias should not be so brutal with the tissue used in penile reconstruction. Circumcision should not be the subject of scientific investigation, whether in the office or elsewhere, regardless of the use of a clamp or anything else. When that is done, the pros and cons of having a foreskin removal can be discussed. However, without understanding the embryological and anatomical significance, we believe that every part of the body deserves protection rather than sacrifice [4,5].

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None.

Conflict of interest

None.

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