

Research Article

Physiological phimosis-the tincture of time

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ABSTRACT

Background: Phimosis is one of the commonest presentations in the pediatric surgery outdoor. The main concern has been over avoidance of surgery in physiological phimosis. Different protocols have been proposed from time to time.

Methods: An observational study was carried out in the pediatric surgery outdoor of SMS Medical College Jaipur, Rajasthan, India in 40 children aged 5 years or above who were treated for physiological phimosis by non-operative methods at some stage.

Results: Ninety percent of the patients had resolution of phimosis by conservative means. The remaining patients were having difficulty in retraction, but no complications were identified in any patient.

Conclusions: Phimosis is physiological and management should be restricted to reassurance in all cases that have no evidence of scarring or associated pathologies.

Keywords: Phimosis, Physiological phimosis, Circumcision

INTRODUCTION

Physiological phimosis has always been a matter of parental concern and constitutes a common reason to attend the pediatric surgery outdoor. Retraction of the foreskin is either not possible or partially retractable in majority.

It is important to distinguish between physiological and pathological phimosis. The management options in both are different and parental concerns are to be addressed.¹⁻³

It is always better to preserve the prepuce skin unless for religious reasons. Various studies have elaborated the role of circumcision in phimosis.^{3,4} However, these are valid only for the pathological variant with some predisposing factor. The factors might be balanitis, smegma, paraphimosis.^{5,6} Physiological phimosis can usually be managed conservatively.^{1,6,7}

METHODS

The study was based on the observation carried out on patients attending the pediatric surgery outdoor of SMS medical college Jaipur, Rajasthan, India. 40 consecutive patients more than five years of age who came for follow up of conservatively managed phimosis were asked for resolution of symptoms. All the patients were also clinically examined for retraction of the prepuce skin. The parents were questioned for the type of local hygiene of their children.

RESULTS

All the patients were similar in terms of age and ethnic profile. No significant history of trauma or pathologies was present in the patients. They underwent examination by the same surgical team under identical conditions. 37 out of 40 patients had a retractable prepuce skin without difficulty (Table 1). There was no clinical evidence of

phimosis. All the patients were treated with reassurance alone. Maintenance of local hygiene was carefully explained to the parents. Bathing with soap water and local cleaning with gentle retraction was a sufficient treatment in all of them.

Table 1: Percentage of patients responding to conservative treatment.

	Number of patients (N=40)	Percentage
Responded	37	93%
Not responded	03	07%

All the 37 parents stressed that there was no attempt to fully retract the prepuce skin as per advice by their health care providers. There were 3 other patients who still had clinical phimosis. These patients were asymptomatic and kept on follow up with reassurance. No local medication, intervention or surgery was advised to any patient. More than ninety percent of patients had complete resolution with only reassurance.

DISCUSSION

Phimosis has been defined as the inability to retract the prepuce skin. Pathological phimosis results from existence of predisposing factors like balanitis, balanoposthitis, smegma or scarring.^{1,4,8} Surgery has been the treatment of choice for pathological phimosis.^{4,5} Phimosis occurring in the younger age group has always been a deep concern for the parents. In spite of causing visits to the outdoor department, childhood phimosis is always physiological. There are no associated factors and no scarring.^{1,9}

Childhood physiological phimosis is believed to be due to adhesions between the prepuce and glans that prevent proper retraction of the overlying skin.⁹ These adhesions are harmless and asymptomatic. With gentle retractions during local cleanliness, they break over time and do not need any intervention. It is important to prevent forceful retractions. These may lead to scarring and development of pathological phimosis at later stage. Older age children usually learn to clean their underlying glans with minimal retractions. This together with intermittent erections results in resolution of phimosis over time.^{3,6,7,10}

Present study has attempted to simplify the approach towards physiological phimosis. It is to be emphasized that no interventions or surgery should be advised in these young patients. Proper counseling of the parenteral anxiety is important. Parents should be taught for the local hygiene maintenance until the child is old enough to learn the same. Referring physicians should be versed with the above fact and not refer patients for circumcision at any stage. "the tincture of time" if administered

correctly goes a long way in proper management of these children.

CONCLUSION

Addressed parenteral anxiety, teaching of gentle prepuce retractions and local hygiene are all that needs to be done for proper management of physiological phimosis. Careful examination should be undertaken to exclude any predisposition. In the absence of underlying pathologies, "the tincture of time" is still the best management for childhood phimosis.

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