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Management Of Phimosis By Integrated Approach

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Abstract

Inability to retract prepucial skin is described as phimosis.commonly seen in young children.Inflammation of glans penis also.causes phimosis.carcinoma of penis can present as a recent phimosis. Circumcision was the mainstay of treatment for pathologic phimosis. With advent of newer effective and safe medical and conservative surgical techniques, circumcision is gradually getting outmoded. Parents and doctors should a be made aware of the noninvasive options for pathologic phimosis for better outcomes with minimal or no side-effects.In this study all available surgical as well as medical management of phimosis are taken into consideration .Out of these surgical techniques best surgical techniques with respect to age ,minimum post surgical complications has been observed.Now a days there are many types.of surgical management are available such as circumcision ,use of ring, dilators ayurvedic treatment.

1) Introduction

Ayurvedic samhita describes a vyadhi Nirudha prakash same to phimosis.foreskin cuttings method is known as circumcision.it is most common and use worldwide .it is religious, cultural,medical and personal preference,phimosis is most frequent medical reason for circumcision.

"Phimosis" is inability to withdraw the narrowed penile foreskin or prepuce behindthe glans penis [1]causes of phimosis are Caner,Chancre, Congenital,chronic DM,. . Parents are often overtly anxious and overconcerned about this nonretractability in their infant or toddler. Most of these cases end up in surgical interventions in form of circumcision. In order to avoid such unindicated expensive operations, it is important to elaborately redefine phimosis and know about newer noninvasive cheaper and safer treatment options.

Dening Phimosis:It is common in 96 % of Male. This is due to naturally occurring adhesions between prepuce and glans and due to narrow skin of prepuce This is known as physiological phimosis. . But 2% of normal males continue to have non-retractability throughout the life.

2)Clinical Features

This is much lesser than physiological phimosis, which is common in younger children and decreases with age [3]. Physiologic phimosis involves only non-retractability of the foreskin. There may be some ballooning during urination. But pain, dysuria, and local or urinary infections are not seen in these cases. Even if urinary infection is present, it is usually not attributed to the phimosis. On gentle traction, the prepuce puckers and the overlying tissue are pink and healthy. In pathologic phimosis, there is usually pain, skin irritation, local infections, bleeding, dysuria, hematuria, frequent episodes of urinary tract infections, preputial pain, painful erection sand intercourse, and weak urinary stream. Occasionally, enuresis or urinary retention is noticed. The meatal opening is small and the tissue in front of the foreskin is white and fibrotic [29–31].

3)Diagnosis

Diagnosis of phimosis is primarily clinical and no laboratory tests or imaging studies are required [35]. These may be required for associated urinary tract infections or skin infections.

Treating physician should be able to distinguish developmental nonretractability from pathological phimosis. Grading of severity of phimosis should be done. Determination of etiology of phimosis, if possible, should be tried.

4)Material and methods:

Comparative reference have been collected from different samhita and their commentaries ,modern medical text book and published research articles.

5)Management

As described in Ayurveda acharya Sushruta described Lohnadi with opening at both the enesis applied with ghruta to make it smooth and then penetrate it slowly in prepusal opening.The parishes is done with Vasa majja of crocodile and pig as well as Vatghana medicine .Chalcrataila after 3 days nadi sweda in sequence snigdhaa should be given during this treatment.

Nibandhasangrha described chakrataila as yantrapidittaila meaning oil extracted compressing in mashine.

Nadiyantra: This is a tube like instrument.having opening at one or both ends.Nirudhaprakashyantra is used for prepusal skin dilatation.

When a child is brought with history of inability to retract the foreskin, it is important to confirm whether it is physiologic or pathologic. Management depends on age of child, type of nonretraction, severity of phimosis, cause, and associated morbid conditions.

Phimosis according to modern medical science

1) Circumcision: Bailey s and love a short practice of surgery book described treatment of phimosis as circumcision.
2) Use of topical steroids: AApply 0.05 betamethasone cream on prepusal skin twice a day preferably early morning and evening.for atleast 5 week.After 6 th day of treatment they advised to gentally retract the foreskin several times after applying the cream .This shows 85 % successful results.10.% of partial response after 4 weeks.Treatment of phimosis with the use of 0.05% betamethasone ointment on dorsal aspect of prepusal skin shows result in 95 % of patient.this indicate consideration of topical treatment of phimosis prior to perform surgery.
3) Preputialplasty:It is a quick and safe method of preserving prepusal skin

4)Plastibel (Holister) : The plastibel.device for circumcision in children.Procedure: 1)The foreskin is freed and retracted 2)After the plastibel device has been slipped into.place over the gland penis.the foreskin is lighted over the groove of the bell and redundant foreskin is cut away .this shows a complete operation (. Cortesy of professor Asal.Y Izzidien Al samaria king said Arabia)

6)Male circumcision

In this case, the phimotic foreskin is totally excised. Circumcision is one of the oldest elective operations known in humans. It started as a religious/ritual sacrifice [90]. But gradually it became a routine neonatal procedure in USA and in some countries of Euro pein view of its reported hygiene and cancer-preventing benefits [91]. It cures phimosis and prevents recurrence [92]. It also prevents further episodes of balanoposthitis and lowers incidence of urinary tract infections [26, 93–95]. But it is besot with its own innumerable short, and long-term problems. Pain, difficult recovery, bleeding, infection, psychological trauma, and high cost are seen with circumcision [96, 97]. The literature is full of reports of morbidity and even deaths with circumcision. Besides, circumcision could lead to keloid formation. Possibility of decline in sexual pleasure for both circumcised males as well as their female partners due to loss of erogenous tissue has been reported [96, 98–105]. With advent of newer plastic surgical procedures for phimosis, this traditional surgery is gradually getting outdated. Circumcision is to be avoided in children with genital anomalies where the foreskin may be needed for later corrective surgery for the aanomaly

7)Other Experimental Options

Prolonged antibiotic therapy, intralesional steroid injection, carbon dioxide laser therapy, and radial preputioplasty alone or with intralesional injection of steroid have all been described as

therapies for phimosis, but there are no proper randomised controlled trials of their efficacy and long-term outcomes.

8)Summary and conclusion:

Phimosis needs to be differentiated from non-retractile prepuce, which is the rule in young children. Doctors should be taught on distinguishing these two types of phimosis in order to avoid parental anxiety and needless referrals to urologists for circumcisions. Newer nonsurgical modalities such as topical steroids and adhesiolysis are effective, safe, and cheap for phimosis in children. Parents should be made aware of these measures to treat phimosis. If surgery is indeed needed, conservative plastic surgical techniques should be performed rather than the traditional circumcision. This would help the patients, their family, and the healthcare as well as the society at, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

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