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PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	MS: 2013_IJTDH_3351
Title of the Manuscript:	COMPLICATIONS OF MALE INFANT CIRCUMCISION IN A SEMI-URBAN NIGER DELTA TOWN

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- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Authors reported the complication rates of infant circumcision performed by nurses, doctors and traditional circumcisers. They found an infant circumcision rate of 93.3%. Also in similar studies it is reported as 87%. These high rates indicate that infant circumcision is a common procedure in Nigeria. Authors reported a very high complication rate (24.3%) for this common procedure. First of all, the current study seems to have significant similarities with the manuscript of Okeke IL et al (1) which is a crosssectional study from Nigeria of 370 consecutive male infants (322 of whom had been circumcised) attending an infant welfare clinic reported an overall complication rate of 20.2%. The study design and results of both manuscripts are similar. Although there is a long duration of time between two studies there is not any improvement regarding the outcome of infant circumcision. Contrarily the complication rate seems to increase (24.3%) as time passes. The complication rate was found as 24.3%. In a study conducted in Israel the overall complication rate of circumcision was	Explanation for the persistent high complication rate has been given. Both studies were done in different parts of Nigeria. Our study was conducted in the Niger Delta region where there is lack of development. Most people are illiterate. Okeke et al did their study in an urban area. I suspect that a repeat of their study at Ibadan would likely reveal an improvement in complication rates. I agree. Corrections have made. I have given explanations to show the possible reasons for this high complication rate we observed. We noted that our study subjects all had the conventional free-hand dissection technique of circumcision which



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	reported as 0.34% (2). The overall complication rate after infant circumcision performed by plastic clamp technique was found as 2.93% (3).The complication rate of 24.3% found in this study is not acceptable for a country where the prevalence of infant circumcision is very high. In the current study infants circumcised by Nurses had the most complications (25.8%), followed by those circumcised by Doctors (25.0%) and least 21.7% in infants circumcised by traditional circumcisers. It is interesting that the the complication rates are similar regardless of the performer. Atikeler et.al. reported a high complication rate after the circumcisions performed by traditional circumcisers (4). They concluded that if the circumcision is performed by unlicensed traditional circumcisers it could result in severe life-threatening early phase complications or late phase disorders with life long negative influences. This is also supported by the study of Yegane et.al which suggested that circumcision should only be performed by suitably trained specialists (5). According to the results of the current study it seems that the infant circumcision is not a safe procedure, which is not supported by most of the relevant studies. In addition authors report a similar complication rates between traditional circumcisers and health professionals which is also not supported by other studies. I believe that these facts in the	appears to carry more complications as compared with such minimally invasive techniques like the use of Ali's clamp. I agree that circumcisions done by non-medical persons carry more complications. I have explained the possible reason for my findings. Osuigwe et al in their study also noted that when circumcisions are performed outside the teaching hospitals and when done free-hand, the complication rate was very high for both doctors and other circumcisers. They also attributed this to poor supervision and training among Doctors and the method of circumcision. This apparently is the reason for the results we had. The study of Osuigwe supports our findings that when circumcision is not properly done in our Country, the complication rate is high regardless of the circumciser. It rather emphasises the need for proper supervision and training and possibly the use of minimally invasive techniques like Ali's clamp.
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	current study may cause a misunderstanding such as infant circumcision is not a safe procedure as well as the complication rate is independent of the performer. In order not to cause such a misunderstanding authors should: 1. Authors should explain the circumcision technique utilized in details. 2. They should compare the complication rates of infants with older children's circumcisions. Are these high complication rates specific to infant circumcision? What are the complication rates of the circumcisions performed at older ages? 3. As the manuscript seems to be very similar to that of Okeke's manuscript (ref#1), authors should discuss the similarities and differences of their manuscript from that manuscript. Otherwise the current manuscript may be accepted as a duplication. 4. Okeke et al suggested that the unacceptably high complication rate of neonatal circumcision could be brought down by organizing training workshops to adequately retrain all practitioners of circumcision on the safe methods available and how to use them. This conclusion is similar to the conclusion of the current manuscript. Authors should explain the reason for persisting high complication rate since 2006. Isn't there any improvement in the circumcision education policies within the last 7 years? 5. They should discuss the cause of high	1. Correction effected. The conventional free-hand dissection technique was used. 2. This was not done. We failed to appreciate the need for this. 3. We agree. We have done so. 4. There has not been any programme aimed at educating Practitioners on safe circumcision since 2006. It is for that reason that we made that suggestion. In addition, following your review, we observed that the present technique of free-hand dissection may also contribute to the high rate of complications. We have therefore also suggested that such minimally invasive techniques be taught and utilised. 5. Correction done. Thanks for your input. The studies done by Senel et al were very helpful. This
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	complication rates in details. They should compare their results with the previous relevant studies in more detail. Are these high complication rates specific to the technique utilized (most probably conventional dissection technique!). They should compare their results with the minimally invasive techniques, such as plastic clamp technique (ref#3). They may suggest utilization of the minimally invasive circumcision technique as it significantly reduced the complication rate. They may use the comparative study of Senel et.al. (ref#6). 6. They should explain the reason for the similar complication rates between the health professionals and the traditional circumcisers 7. They should compare their results with other centers in Nigeria. Is this high complication rate specific to their hospital or region. References: 1. Okeke LI, Asinobi AA, Ikuerowo OS. Epidemiology of complications of male circumcision in Ibadan, Nigeria. BMC Urol. 2006;6:21 2. Ben Chaim J, Livne PM, Binyamini J, Hardak B, Ben-Meir D, Mor Y. Complications of circumcision in Israel: a one year multicenter survey. Isr Med Assoc J. 2005;7(6):368-370 3. Senel FM, Demirelli M, Pekcan H: Mass circumcision with a novel plastic clamp technique. Urology. 2011 Jul;78(1):174-9	particularly helped us to our conclusions and gave us great insight. We would in the future do comparative study in our locality. 6. We have done so. 7. We have done so.
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	4. Atikeler MK, Gecit I, Yuzgec V, Yalcin O. Complications of circumcision performed within and outside the hospital. Int Urol Nephrol 2005; 148 37:97-99. 5. Yegane RA, Kheirollahi AR, Salehi NA, Bashashati M, Khoshdel JA, Ahmadi M: Late complications of circumcision in Iran. Pediatr Surg Int. 2006 May;22(5):442-5. Senel FM, Demirelli M, Oztek S: Minimally invasive circumcision with a novel plastic clamp technique: a review of 7,500 cases. Pediatr Surg Int. 2010 Jul;26(7):739-45. The current manuscript has significant similarities with a previous study of Okeke et.al *Comment received as separate word form*	
<u>Minor</u> REVISION comments		All minor corrections have been effected.
<u>Optional/General</u> comments		We are grateful to you for your criticisms and input. They have made our manuscript better.