Author's response to reviews

Title: Epidemiology of complications of male circumcision in Ibadan, Nigeria

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Author's response to reviews: see over
Reviewer's report/ RESPONSE TO THE COMMENTS IN RED
Epidemiology of complications of male circumcision Title: in Ibadan, Nigeria
Version: 1 Date: 30 May 2006
Reviewer: Anthony Caldamone
Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
I found this to be a very interesting article, but there are some issues that need to be addressed.

1. The first is that the definition of a complication is somewhat ambiguous. Is excise skin a significant complication? I would think not and most often it is clinically insignificant and merely a concern of the parents. Sometimes it is not even a cosmetic issue, but in the parents opinion it is not perfect, therefore, they would like to have a revision. This compromised over half of their complications.

Response: A complication is an unwanted outcome. The parents do not want it and in their opinion as you have stated, they would want a revision. Other authors also classify redundant foreskin after circumcision as a significant complication. This is evident in the paper written by Yegane et al from Iran titled “late complications of circumcision in Iran” just published in the May 2006 issue of Pediatric Surgery International, and Ben Chaim et al’s paper from Israel titled “Complications of circumcision in Israel: a one year multicenter study” published in the June 2005 issue of the Israeli Medical Association Journal. After taking these into consideration, I would say Yes, redundant foreskin is a significant complication.

Often times there is a combination of a buried penis due to subpubic fat and what appears to be excess skin. Most of the time the appearance of excess skin results from a buried penis due to subpubic fat, as the penile skin gets pushed up onto the glans and in fact when that fat pad is pushed back on the abdomen there is minimal if any excess skin. I would like to see the authors address this issue as it did not make any distinction in their paper.

Response: I agree with these comments. In those children with relatively small penises, only those children who still had redundant foreskin after their subpubic fat had been pushed back on the abdomen were documented as having excess skin.

2. The age that the examination was made and a complication was registered might be significant in that as the baby develops subpubic fat the appearance of excess skin is noted as well. This would be important to note.

The authors did not indicate the age at which these children were examined in order to have a complication.

Response: At the time of examination, 72% were aged less than 6 months, 24.5% were aged between 6 and 12 months while only 3.5% were aged between 12 and 13 months.

3. Finally the technique of circumcision was not mentioned. I think it would be important that regardless of who does the circumcision if we have some idea of how the circumcisions were done. They have listed many complications but are
these a variety of circumcision techniques? Are they all done without anesthesia? Is a Gomco clamp or some other circumcision device used or are these done in more of a free hand style?

I would strongly recommend that these issues be addressed prior to publication of this article in order to increase the validity of the study.

Response: They were all sure that anesthesia was not used for any of them. Only in 57 patients were the mothers certain about the method of circumcision used for their children. As a result, the complication rates associated with the different methods of circumcision could not be computed. This information has been included in the discussion.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
These have been done and marked in red for ease of assessment.

Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published This has been done.

Statistical review: No
Declaration of competing interests:
'I declare that I have no competing interests'

Reviewer's report/ Response to the 2nd reviewer’s comments
Epidemiology of complications of male circumcision Title: in Ibadan, Nigeria
Version: 1 Date: 7 June 2006
Reviewer: Elmar Gerharz

Reviewer’s report:
General
see above (confidential comments to the editor)

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Drastic shortening of the abstract.

Response: The word count of the abstract is only 237 which is well within the 250 allowed by the journal.

Revision of the language/style
Response: This has now been done.
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

This has now been done and highlighted in RED.

**Statistical review:** No

**Declaration of competing interests:**
I declare that I have no competing interests