Reviewer’s report

Title: COMPLICATIONS OF HIGH VOLUME CIRCUMCISION: GLANS AMPUTATION IN ADOLESCENTS; A CASE SERIES

Version: 0 Date: 16 Feb 2019

Reviewer: Elijah Odoyo-June

Reviewer's report:

The paper describes 3 cases of penile glans amputation adverse events in 10-15 year old males circumcised through forceps guided method in South Africa's program of voluntary medical male circumcision for HIV prevention. The occurrence of this adverse event (AE) in younger males with immature genitalia is identified as a common observation in all the three reported cases and the authors assert that provider fatigue was a likely underlying cause. The paper recommends regular M&E, training and frequent breaks by VMMC surgeons to prevent rare catastrophic adverse events in VMMC.

Major Comments

1. Line 13-14; Discussion: A blanket prohibition of circumcision of boys 13yrs or less presumes provider fatigue every afternoon regardless of workload in the morning hours- this is questionable.

2. Line 15-19; Discussion: States "... frequent breaks (at least hourly) be given to operators .......leave the operating theatre for at least 15 minutes. Why hourly and not every 90 minutes or 2 hours?

3. Line 38; Discussion: Provide justification for recommending a neonatal circumcision program.

4. Adoption of dorsal slit or other circumcision methods which allow for direct visualization of the glans before excising the prepuce is a potentially important solution to consider

Minor comments

1. Line numbering is not continuous throughout the document.
2. Line 29; States that approximately 2.85 million circumcisions have been conducted ......please review this

3. Line 51-55; Reads Pre-operation screening and surgical preparation was done as per the WHO's Male Medical

4. Circumcision under Local Anaesthetic Guidelines (8). Please edit the last part of this sentence to read "Manual for Male Circumcision under Local Anaesthesia". Also note that the applicable reference is 7 and not 8.

5. The total number of circumcisions performed by the provider involved in the amputation on the date of AE is reported for each case (22, 34, 25). Please clarify if all these were done prior to the AE.

6. Line 46-49; Case #1: States that ".....glans was successfully reattached during surgery. Subsequently, the patient developed a fistula and had to undergo further reconstructive surgery." Please include details on location of fistula, how reconstructive surgery was done and outcome. Clarify if catheterized or not.

7. Line 29-33; Case #2: States ".....post-operatively, a large part of the glans became necrotic and the patient subsequently developed a urethral cutaneous fistula. The patient required further reconstruction." Was the large part of the glans penis that became necrotic limited to the re-attached portion or did necrosis extend in to proximal tissues beyond the line of re-attachment? Provide details on fistula including reconstructive surgery for its management and outcome. Clarify if the management of this client included catheterization at any point.

8. For Case # 3: Please specify if the partial glans amputation involved any part of the urethra.

9. Line 35-39; Discussion: In 2 cases, excessive swelling of the penis after injection of local anaesthetic made it difficult for providers to adequately palpate the glans. Explain whether there are alternative ways of anesthetic infiltration that may be associated with less swelling.

10. Line 1-2; Discussion states that….In the first two cases the glans amputation occurred after each operator had already completed over 30 circumcisions. Details under case # 1 indicate 22 procedures while case # 2 reports 34. Reconcile to eliminate inconsistency.

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