

latest policy statement in 1999, the Task Force on Circumcision, established by the American Academy of Pediatrics, concluded that the scientific evidence at that time was not sufficient to recommend routine neonatal circumcision.² This position was also supported by the Canadian Pediatric Society.³ In Saskatchewan circumcision is not an insured service; parents have to pay for it.⁴

The devices that have been used for medical circumcision include the Plastibell device, the Gomco clamp⁵ and the Mogen clamp. The Plastibell device is used as follows. After adequate analgesia, a slit is made in the foreskin, the end ring of the Plastibell device is placed over the glans, and the foreskin is pulled over the ring. A ligature is tied tightly around the foreskin, which is then cut off. The bell of the device is removed, and the end ring falls off a few days later.

In a review of the Plastibell device used in about 2000 cases of neonatal circumcision, the incidence of complications was 1.8%, the most frequent being minor infection and hemorrhage. Other complications included a tight Plastibell ring that can cause constriction of the glans penis, irregular skin margin, inadequate skin excision and migration proximally of the Plastibell ring as the glans swells with venous engorgement.⁶ There have been isolated cases of necrotizing fasciitis,^{7,8} ruptured bladder,⁹ retention of urine secondary to glandular prolapse,^{10,11} and retention of the Plastibell device.¹² In the case described here, the difficulty experienced in removing the Plastibell ring was consistent with retention of the device.

In this case, venous stasis is presumed to have occurred post circumcision when the boy's distended bladder caused acute vena caval obstruction. The continuous dribbling of urine led to initial assumptions that there was no urinary retention, and complete examination of the abdomen, which would have allowed the detection of a palpable urinary bladder, was impeded by the child's irritability. The abdominal radiographs that revealed the grossly distended bladder helped significantly in the definitive management of this in-

fant. Children with a similar presentation post circumcision should be evaluated for this uncommon but easily reversible form of venous obstruction.

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