
CIRCUMCISION IN LEPROSY

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Leprous lesions of the male genitalia in cases of the cutaneous type are by no means rare. In the penis the skin of the prepuce tends to be principally involved. I have heard of a case of paraphimosis which required a dorsal slit; but so far

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as I know no case has been reported in which actual urinary obstruction was caused by a leprous phimosis.

REPORT OF CASE

R. T., male, negro, native of St. Croix, age 32. Admitted to the leproarium fifteen years ago, with diagnosis of leprosy, C1. His condition became steadily worse, especially after 1934. Examination in September, 1936, showed advanced nodular leprosy, with keratitis (counts fingers, right eye; light perception, left eye), laryngeal involvement, and almost complete nasal obstruction (for the past seven months). At this time he complained of an extremely nodular prepuce, with a markedly stenosed orifice, which appeared to be adherent to the glans. Circumcision was requested at this time but was refused, as there was no actual obstruction and the patient seemed almost moribund.

On May 22, 1937, the attendant reported that complete obstruction had occurred during the night, which he had relieved slightly, but that it was necessary to squeeze out the urine drop by drop. The patient was wishing for death, but begged to be circumcised as he felt sure it would bring relief.

At operation it was found that no adhesions to the glans existed, but the preputial sac was greatly distended with urine. The glans appeared normal. The circumcision was easily performed under regional infiltration with procaine hydrochloride, and the patient decided that he would like to live a little longer. Smears from the excised prepuce showed myriads of acid-fast bacilli, with much clumping and globus formation. The patient died July 24, 1937, about two months after the operation.

In addition to the case reported, eight circumcisions have been performed during the past year on patients of this hospital. These are briefly summarized in Table 1.

TABLE 1. *Details of eight cases circumcised.*

Case	Age	Time in hospital	Type	Prepuce	Bacilli in prepuce
W. C.	28	18 years	C2-N1	Nodular	++
A. J.	43	2 years	C1	Nodular	++
W. S.	45	6 years	C3-N1	Very nodular	+++
H. R.	34	21 years	C1-N2	Phimotic	+
S. P.	8	1 year	C1	"Normal"	+
J. P.	12	4 years	C1	"Normal"	+
A. C.	14	8 months	N1	"Normal"	-
P. G.	14	2 years	N1	"Normal"	-

These cases fall into four groups. The first three were definitely nodular cases who requested operation to make them more comfortable. H. R. was a case who was showing definite regression, but he died five months later of pulmonary tuberculosis. S. P. and J. P. are brothers, relatively early but advancing cutaneous

cases. It is noteworthy that their foreskins contained a fair number of acid-fast bacilli, although grossly they appeared to be normal. In the two cases of neural leprosy no bacilli were found.

This series, small though it is, seems to justify the following conclusions:

1. Early cases of cutaneous leprosy may show acid-fast bacilli in grossly normal foreskins. Such prepuces would be liable to become nodular in time, if not removed.

2. In advanced cases, nodular foreskins may cause distress mechanically by their weight or by occluding phimosis. Ulceration was not observed in our series.

3. The performance of routine circumcisions on all male sufferers from cutaneous leprosy seems justified as a prophylactic measure.