
I read the article by Sancar and colleagues\(^1\) with interest. The authors mentioned in conclusion that circumcision is recommended for boys six years of age or older. However, they said fear of circumcision does not persist, it considerably vanishes within ten days. Firstly, the study did not include younger children than 3 years. If they made inferences about the circumcision age, they should include all ages of boys. We do not know about fear of circumcision for neonatal and first 2 years of age. Childhood circumcision is a psychological trauma in all interventions. Also, infantile circumcision may effects lesser on behavioral changes than older ages.\(^2\)

Circumcision recommended in conclusion after 6 years of age or older by authors, but in this age group children need general anesthesia or sedation during circumcision. Because of this, they are also exposed to anesthetic materials and their side-effects. Some authors advised that circumcision should be performed at the first year of life.\(^3\) According to study in 2012, Cüceloğlu and colleagues found that the risk of premature ejaculation is higher in children circumcised after age 7 years.\(^4\) In another study in 2014, Armağan and colleagues demonstrated that circumcision in phallic period does not affect psychosexual functions.\(^5\) On the other hand, I want to learn why the authors measured Children’s Fear Scale and Venham Picture Test on the tenth day, why not seventh or fifteenth day.

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REFERENCES
We appreciate the comments on our paper entitled “Fear of Circumcision in Boys Considerably Vanishes within Ten Days of Procedure”. In the study, our goal was to measure fear of circumcision in boys aged 3–11 years just before, immediately after, and on the 10th day after the operation. Our study was aimed to determine whether fear disappeared within ten days. We did find that it decreased significantly within ten days. The reason we did not include boys younger than three years old was the validity of the test we used (Venham Picture Test) was obtained for children ≥ 3 years old. We mentioned reports on pain due to circumcision in our original text and we were able to measure fear in this age group with the instruments we used. We did not conclude in our study: ‘Do not circumcise boys before the age of 3 years’, but we only recommended it would be reasonable to perform circumcision for boys at ≥ 6 years, evaluating ‘the fear’ measured. The author claimed that after six years of age anesthesia risk appears. I should express that all of the boys in our study underwent anesthesia before the operation. So it would not add additional anesthetic risk for the boys we treated. In addition to this, it would be addressed in a prospective study which type of anesthesia would be more suitable for different age groups, considering ‘the fear’ in various age groups.

The authors commented that premature ejaculation (PE) was more common in older boys and they referenced a study claiming that PE was more common after the age of seven. In the summary section of the study, it was uncertain if PE was more or less common at 7 years of age (there might be a typing error). And there is a study citing the referenced study claiming that in a larger population with more specific scales, they had findings opposing the referenced study. The study also argued that PE was not more commonly seen in adolescent boys compared to younger ones. Our study was not on PE. We only studied ‘the fear’ but reports on PE seem to have no opposing conclusions. We still insist on our conclusion that ‘It seems reasonable to recommend circumcision for boys six years of age or older’.

And for the last question related to the 10th-day evaluation, this was the day we checked wound healing. It could have been the 7th or 15th day, but we decided to check the participants on the 10th day for wound healing and invited them for examination. Meanwhile, we collected the data related to ‘the fear’ of the boys. The scales we used measured situational fear and their fear from circumcision disappeared by the 10th day.

REFERENCES