

Editorial Comment**Editorial Comment from Dr Senel to Circumcision with a novel disposable device in Chinese children: A randomized controlled trial**

Since the introduction of the Shenghuan device in 2008, there has been limited data regarding its use in children's circumcision.¹ This initially-described technique is known as the Peng method, where the inner ring of the device is placed on the outer layer of foreskin. The technique was modified by Yan in 2010, where the inner ring was placed between the foreskin and glans.² Yan's method is a similar technique to PrePex, the main difference being the outer elastic ring of PrePex instead of the outer plastic ring of the Shenghuan device.³ However, there are not any data regarding the use of PrePex device in children's circumcision. Although the initial report of Yan with the Shenghuan device in child circumcision reported the ease of application within a short duration with low complications and satisfactory cosmetic results, it was not a comparative study.² In the current study,⁴ two methods of the Shenghuan circumcision technique carried out in children were compared for the first time. According to the results, Yan's method seems better for child circumcision compared with the Peng method, as the device might fall off on its own, thus avoiding extra pain during removal. Additionally, the overall failure rate of 13.5% as a result of phimosis in Peng's method is a limiting aspect of the method for children's circumcision.

The outcomes and complications of different Shenghuan methods were also compared with the conventional dissection technique in the current study. Although a previous study of Li *et al.* compared the results of Shenghuan circumcision with those of conventional surgical procedures, the data were limited to adult circumcisions.⁵ In both studies, the Shenghuan methods were found superior to conventional surgical procedure because of shorter operation time and better cosmetic appearance. Li also reported a lower degree of pain after circumcisions carried out with the Shenghuan device. A difference of the current study was the higher degree of early post-circumcision pain observed among the children circumcised with the Shenghuan device. This could be related to different age groups enrolled in these two studies. Nevertheless, there is a need for a randomized study with a higher number of children to compare post-circumcision pain. In addition, the pain after circumcision and during the removal of the Shenghuan device can be compared with a similar disposable device utilized in children's circumcision, such as Ali's clamp, where the device is removed 3–5 days after circumcision within a mean of 15 s.⁶

It was interesting that the authors were not able to find any significant difference between the complication rates of the Shenghuan device and the conventional technique. The previous studies reported significant differences between these two techniques regarding bleeding and infection rates; therefore, disposable devices were suggested as the choice of circumcision.^{5,7} The similar complication rates between the different techniques in the current study might be related to the limited sample size. The authors will probably observe significant differences among the complication rates as their experience with the Shenghuan techniques increases. As a summary, the Shenghuan technique seems to be a safer and quicker method for children's circumcision with better cosmetic results compared with conventional techniques despite the disadvantages, such as longer duration of pain, difficulty of removal or long fall-off period of the device.

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Conflict of interest

None declared.

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