

Adult circumcision reduces risk of HIV transmission without reducing sexual pleasure

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Two studies presented at the 104th Annual Scientific Meeting of the American Urological Association (AUA) show that adult circumcision reduces the risk of contracting the human immunodeficiency virus (HIV) and the risk of coital injury—without reducing pleasure or causing sexual dysfunction.

The first study, by researchers in Australia, shows that the inner foreskin has the largest concentration of Langerhans' cells, which are the initial cellular targets in the sexual transmission of HIV. After analyzing biopsy samples from 10 uncircumcised and 10 circumcised men, researchers found that the inner foreskin has a significantly higher density of Langerhans' cells than other areas of the foreskin. By removing the inner foreskin, circumcision removes the skin surface which is most susceptible to [HIV infection](#), reducing not eliminating the risk of contracting HIV. No differences were found in epithelial or keratin thickness between the remnant foreskin, inner foreskin or shaft skin.

The second study, by researchers in Seattle, WA; Chicago, IL; Winnepeg, Canada; Research Triangle, NC; and Kisumu, Kenya, shows that circumcised men had a significantly lower risk for coital injuries (bleeding, scratches, cuts, abrasions or "getting sore") compared to uncircumcised men and that there was no difference in sexual function between circumcised and uncircumcised men. Researchers divided 2,784 patients from Kisumu, Kenya into two groups: a control group and a group to be circumcised within 30 days of randomization. Detailed evaluations were done at one, three, six, 12, 18 and 24 months after circumcision. Results show that there was no difference in sexual function between the two groups and that the circumcised group reported fewer coital injuries.

"These are important reports which support the concepts that circumcision does not interfere with sexual function and that circumcision is an important element of HIV prevention in sub-Saharan Africa," said Ira D. Sharlip, MD, an AUA spokesman. "At the same time, it should be emphasized that circumcision must be combined with other techniques of HIV prevention, such as safe sex and voluntary testing. It is not sufficient to rely on [circumcision](#) alone to prevent [HIV](#) transmission."

Source: American Urological Association

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