

SECONDARY AND REDO VAGINOPLASTY IN CONGENITAL ADRENAL HYPERPLASIA

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Introduction: Congenital adrenal hyperplasia (CAH) in 46 XX patients is the most common intersex disorder. Feminizing genitoplasty is currently performed in a single stage procedure. We might anticipate that modern combined-techniques (as a combination of Passerini-Glazel-procedure and total-urogenital-sinus (UGS) mobilization) will reduce necessity of further vaginoplasty, even in case of high vaginal convergence in the UGS. On the contrary, many patients treated years before with less advanced procedures may need an extra-vaginoplasty

Methods: We have had the opportunity to follow and review 88 female patients affected by CAH who consecutively received genitoplasty in our Institutions from 1988 to 1997. Forty-one per-cent of them (37 cases) needed an extra-vaginoplasty. In secondary (originally untouched UGS) or redo-vaginoplasty (originally incompletely manipulated UGS), because of supine/lithotomy position and perineal approach infrequently allow a correct performance, to obtain an accurate surgical exposure of deep-seated vagina, prone-knee-chest-position together with Rink's pararectal approach or anterior sagittal transanorectal approach (ASTRA) were utilized

Results: From October '98 to October '03, 37 patients (from 6 to 23 year-old) underwent secondary (16 patients) or redo (22 patients) vaginoplasty, using Rink's approach (in 11) or ASTRA (in 26). No urethro-vaginal fistula formation was detected. All achieved an adequate separation between urethral meatus and vaginal introitus. Five patients required voiding program to restore continence. Eighteen patients necessitated vaginal dilations

Conclusions: We were surprised by the number of patient who required an extra-vaginoplasty in this series originally treated by full-time pediatric urologists in a tertiary Hospital. Secondary or redo-vaginoplasty are often a difficult procedures, which consist in deep vaginal separation from UGS and urethral and vaginal reconstruction. Peña posterior sagittal approach, advocating midline division of posterior and anterior anorectal wall and prone-knee-chest position, opened new era in treatment of perineal anomalies, achieving superb exposure of perineal organs. ASTRA, splitting the anterior rectal wall only, is a simplification of Peña approach and avoids colostomy. In Rink's approach rectum is just pushed up gaining almost the same excellent view. Our results support the advantages of such approaches for secondary or redo-vaginoplasty

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