

## **MALE GENDER ASSIGNMENT IN NEWBORNS WITH APHALLIA: TWO CASES OF EARLY AND PRELIMINARY RECONSTRUCTION OF PENIS AND URETHRA**

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**Introduction:** Gender assignment is a common dilemma in newborns with ambiguous genitalia and in male newborn with aphallia or cloacal-exstrophy penile deformity. Female gender has often been assignment in newborns with aphallia following the erroneous belief of psychosexual neutrality at birth and that psychosexual development depends on the appearance of external genitalia that, in these circumstances, can be obtained with gonadectomy, vulvoplasty and vaginoplasty. The result could be an miserable population of phenotypic-female, with possible enormous problems of sexual orientation later in life. It is now proved that androgens have deep prenatal effect on the brain and gender cannot be altered by psychosexual and endocrine treatments. Consequently, it seems now to be established that patients affected by aphallia are better raised as males. Because definitive phalloplasty cannot be realized before age of 15 year, what should we do before that time? In our experience with 2 infants, preliminary male-genitoplasty was carried out with reasonable results

**Patients and method:** For two newborns with penile agenesis male gender was elected and assignment. Both patients presented with 46XY-normal-male-karyotype, complete absence of the penis, normal scrotum and testis, but bilateral undescended in one, and urethra opening at the anterior rectal wall. Respectively, at 9 and 17 months of age, urethral division from the rectum was performed through an anterior-transanorectal-approach, followed by phalloplasty and complete urethroplasty carried out using lower-abdominal-skin-flap and bladder/labial-mucosa-free-graft in lithotomy position

**Results:** In short-term follow-up, both patients showed a superb morphologic and functional result. Nevertheless, in longer term follow-up, 1.6/12 and 4 years later, one patient is still passing urine through an external urethral meatus at the tip of his new penis, but the other one through a scrotal urethrostomy, performed three months after the first operation and may need a redo-urethroplasty. Both patients reached an acceptable male appearance of their penis by the abdominal-wall-skin-flap

**Conclusions:** Male gender should be assignment in patients affected by penile agenesis. At the present time, only in few and expressly dedicated Centers around the world, final phalloplasty in adult age achieves good result. This complex procedure has to be performed after puberty. Formal phalloplasty should be considered the closing surgical step in patients born with aphallia. Nonetheless, in our opinion, social and psychological motivations validated early palliative phalloplasty and urethroplasty

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