MOBILISATION OF URETHRA WITH CORPUS SPONGIOSUM TO CORRECT THE CHORDEE AND SPONGIOPLASTY WITH GLANULOPLASTY IN MANAGEMENT OF CHORDEE WITHOUT HYPOSPADIAS WITH A RATIONAL APPROACH.

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Introduction: Resection/ division of hypoplastic urethra & island flap urethroplasty and / or dorsal plication procedures are the treatment of choice for chordee with no hypospadias but these procedures have chances of stricture, diverticulum, fistula, damage to dorsal nerve and impotence. Controversy still continues whether to shorten the dorsal surface of corpora or lengthen the ventral surface and to transact/ resect or preserve the hypoplastic urethra. The objective of the study was to correct the chordee by mobilization of urethra with corpus spongiosum and define the guidelines for management of chordee without hypospadias

Patients and Methods: We reviewed case sheets of 25 cases of chordee without hypospadias, managed from Jan. 1992 to July. 2005. Age of the patients varied from 3 to 23 years with a mean age of 12 years. Chordee correction was done step-by-step & confirmed by Gitte's test -

1- Skin de-gloving
2- mobilization of divergent corpus spongiosum
3- mobilization of hypoplastic urethra
4- mobilization of proximal urethra up to bulbar urethra
5- Dorsal plication
6- Division/ resection of hypoplastic urethra
7- Penile dis -assembly.

Results: Chordee correction was done by mobilization of urethra in 80%, 50%, 12.25% cases type I, type II and type III chordee without hypospadias respectively. Three cases of residual chordee after dorsal plication required mobilization of urethra to correct the chordee. Fistula repair and internal urethrotomy was done in one patient each to have 100% results after second surgery

Conclusions: Mobilization of urethra up to bulbar part adds to length by 2-3 cms, which is sufficient to correct the chordee in most of the cases. Mobilization of divergent corpus spongiosum & spongioplasty also helps in correction of chordee and restores the near normal anatomy.

Presentation Type: Oral Presentation
Authorize Publishing: Yes

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