

ONE-STAGE HYPOSPADIAS REPAIR. EXPERIENCE WITH 390 CASES

Y.Rudin, V.Runenko, D.Maruhnenco, M.Goritsky

Background: We reviewed our experience of different techniques of one-stage hypospadias repair. Between January 1995 and December 2004, 390 boys, (age range 0,5-17 years) underwent urethroplasty in the two departments.

Material and methods: These patients were divided into three groups. Meatal position was determined after release of curvature. The first group included 185 cases (47%) with anterior hypospadias (glanular 43 and coronal 142). The surgical method used MAGPI (48), TIP(21) and Mathieu (116) procedure. The second included 156 cases (40%) with middle hypospadias (distal penile, midshaft and proximal penile), we used Mathieu (59), TIP(21) and onlay island flap(76). The third group included 49 (12,5%) with posterior hypospadias (penoscrotal, scrotal and perineal), the patients repaired by onlay island flap (16), transverse tubularized island flap (27) and Hodgson III procedure (6).

Results: Follow up is 6 month to 9 years. Cosmetic and functional results were satisfactory in the majority of patients. Complications included 58 fistulae (14,8%) 15 meatal or urethral stenoses (3,8%). Anterior (6,4%), middle (29,4%), posterior (34,6%). The fistulae were closed 6 month after the first operation. Meatal stenosis was successfully treated with the help short urethral stents.

Conclusions: The risk of postoperative complications related to hypospadias repair may change depending on several factors presence: as severe chordee, little size of glans penis (distal obstruction), the amount and status of midshaft penile skin, loss of vascularity of the neourethra and its flaps, associated anomalies, and proximal hypospadias.

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Contact information of Abstract Presenter:

Title: Prof.

Name: Yuriy

Surname: Rudin

Institution: Russian Medical Academy of Postgraduate Education, Moscow, Russia

Address: Urology department, St. Vladimir children's hospital, Rubtsovsko-Dvortsovaya 1\3, 107014, Moscow, Russia.

Tel.: 007 095 268-84-32

Fax.:

E-mail: jurol@rinet.ru