

FEASIBILITY OF PREPUCE REPAIR IN HYPOSPADIAS SURGERY

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Introduction Prepuce reconstruction may be part of hypospadias repair or may be performed as a separate procedure. It has mainly been carried out for cultural reasons. The preserved prepuce may not only be used as a source of skin in hypospadias redoes, but also in burns treatment and other plastic reconstructive surgery.

Aim In this study any effort was made to reconstruct the prepuce together with hypospadias, irrespective of the underlying reason.

Material and methods 92 patients aged 10 months through 15, 5 years admitted for primary hypospadias repair were examined. In all, prepuce reconstruction was offered to the parents, although they understood the operation as a prepuce repair included. Limiting factors for prepuce closure such as chordee, hypospadias variant, and type of procedure were analysed. 28,3% were distal, 53,2% middle, and 18,5% were proximal hypospadias. Penile curvature was present in 26, 1%, but chordee requiring a Nesbit type of procedure was present in 1 patient with middle form and 7 with a proximal hypospadias variant. Onlay island procedure or Koyanagi-Nonomura operation were only performed in proximal forms (7 cases), and Duplay or Mathieu type was used in the majority – 78, 2%. Longitudinal urethral plate incision (LUPI) was performed in 27 patients – 29, 3%.

Results Prepuce reconstruction was successful in 71, 7% of all the patients (80, 8% in distal, 83, 7% in middle, 17, 6% in proximal). In patients with a bent penis the prepuce was closed in 8 out of 24 patients (33, 3%), but in none with a Nesbit procedure. It was successful in 76% of the patients with Duplay, LUPI or Mathieu type of procedure only, and in no patient in whom part of the prepuce had been used for urethral repair.

Conclusions Prepuce reconstruction is possible in the majority of patients with hypospadias

The main limiting factors are proximal hypospadias variant, true chordee, and type of hypospadias repair

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