

TUBULARIZATION OR MOBILIZATION?

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Aim: To compare the results of different techniques for distal hypospadias repair.

Patients and Methods: A retrospective chart review of children who operated for distal hypospadias were performed. Age, location of meatus, type of repair and complications were recorded. Urocutaneous fistula, meatal stricture and the need of a second operation due to failure of primary repair were accepted as postoperative complications.

Results: Fourty-two children were operated in a 18 month period. Median age was one year (5 months - 13 years). And mean follow-up for the children was 9 months (3 -18 months). The location of the meatus was coronal in 20 (47.6%) , glanular in 18 (42.8%) , distal penile in 4 (10%) children. Urethral mobilization was performed in 9 children with coronal, 4 children with glanular, one child with distal penile hypospadias. Snodgrass was performed in 7 children with coronal, two children with distal penile and one child with glanular hypospadias. Meatal advancement glanuloplasty (MAGPI) was performed in 5 children with glanular, 3 children with coronal hypospadias. Glans approximation procedure (GAP) in 3 children with glanular, one child with coronal and one child with distal penile hypospadias. Meatoplasty was performed in 4 children with glanular hypospadias. Mathieu was performed in one child with glanular hypospadias. The type of procedure was determined by the preference of the attending surgeon. Cosmetic appearance of the patients were mostly acceptable if not superb. The complication rate was 12%. Fistula occured in 3 children; one after MAGPI, two after urethral mobilization. Glanular seperation was observed in two hypospadias after urethral mobilization. Secondary surgery was performed in these two after 6 months and one year. All complications were occured in coronal hypospadias. There was no complication in tubularization techniques.

Conclusion: Though limited with the number of children and lack of statistical analysis, tubularizing the urethral plate and incising it when there is need, is safe and cosmetically superb. MAGPI is safe and easy to perform and cosmetically acceptable. But, urethral mobilization can lead to limited postoperative problems; mainly due to the overlooked trauma during dissection and retraction of the mobilized urethra.

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