

## **NEOGLANDULOPLASTY IN HYPOSPADIAS CRIPPLE**

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**Introduction:** the present video shows the surgical strategy applied in a 7 years old boy with partial glans amputation following coronal hypospadias repair.

**Materials and methods:** the first step was the excision of residual glandular tissue and a complete penile degloving to release the penis from scar retractions. This manoeuvre provided additional length to the phallus. Preputial and penile skin was then reconfigured to create a new peno-scrotal angle and fixed about 2 cm below the corpora cavernosa apex as the new balanic sulcus. Urethral meatus was ventrally opened about 5 mm to create a V shaped neomeatus.

Some stitches were positioned in the corpora cavernosa apex aimed to create a conical-shaped neoglans that was then covered with a split thickness skin graft from the leg and ensured with several 5/0 absorbable suture stitches.

**Conclusion:** this technique provides an adequate aesthetical result for cases of complete or partial glandular absence in cripple hypospadias.

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