

## **ACQUIRED MEGALOURETHRA AFTER PREPUTIAL FLAPS AND TWO STAGES PHYLOSOPHY**

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**Introduction:** megalourethra (urethral diverticulum) secondary to preputial flaps urethroplasties for proximal hypospadias is one of the most relevant complications. Many of these dilations often are not related to a meatal stenosis but to an inherited lack of support of the urethral wall. The analysis of these cases and their outcome well show the efficacy of the Bracka's two stages principle.

**Materials and methods:** in the period 1991-2004, 770 hypospadiac patients have been treated in our Centre. Proxymal hypospadias were 130 (16%). In a first period (1991-2000) most of them were treated by onlay preputial flaps: 36/90 tubularized (40%) and 36/90 onlay (40%), while few with two stages technique (18/90 cases, 20%); after 2001, the two stages procedure according to Bracka was introduced and used in virtually all proximal hypospadias (40 cases). Incidence of complications for each technique was: tubularized flap 36% (13/36); onlay flap 33% (12/36); two stages not Bracka 25% (4/18); two stages Bracka 7.5% (3/40). Type of complication was principally fistula and, in 5 cases, acquired megalourethra. The latter was present only in preputial flap techniques (3 in tubularized, 2 in onlay for a total 7% of preputial flap cases).

**Discussion:** Two stages techniques have been the most common in early hypospadias surgery. In the '80s the introduction of preputial flap techniques seemed to represent the final solution but, long term follow up showed typical tendency to dilate in time. Surprisingly these megalourethra post-preputial flaps resolve very well after tapering. Why they do not dilate again after urethral calibre reduction? The explanation could be that after the first operation, preputial flaps act like a free graft that, once well neovascularized and fixed to the surrounding tissues, are strong enough to not dilate again. This consideration should be taken as another reason to promote the two stages Bracka technique.

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