

RECONSTRUCTIVE REPAIR OF HYPOSPADIAS CRIPPLED CASES

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Objectives: Good results can be achieved with multi-stage technique in the repair of hypospadias crippled cases. This approach needs expertise and has important technical details.

Material and Methods: Between 1995 - 2005, two-stage repair was performed on 85 hypospadias crippled cases (7 months - 18 years). History revealed 1-25 previous unsuccessful hypospadias repairs. At admission, 10 cases had hairball-stone in the urethra. In the first session, fibrotic urethra was excised completely and residual chordee was corrected. Excess penile skin in the dorsum was transferred to the ventrum. In cases with insufficient penile skin, buccal mucosa graft was transferred to the penis ventrum. The second session was performed 6 months later. In 31 cases where penile skin was not adequate for urethral substitution, buccal mucosa patch graft was used. The neourethra was covered with adjacent dartos for tissue support. In 7 cases where this was not possible, tunica vaginalis was transferred for this purpose.

Results: Urethral fistula developed in 15 cases. Mild penile rotation developed in 4 cases where tunica vaginalis was wrapped around the neourethra. No revision was necessary for these cases except one in which contralateral penile plication was performed.

Conclusion: Our experience, beginning with the use of skin grafts and followed by bladder mucosa, and buccal mucosa after 1990, showed that hypospadias crippled cases should be repaired in more than one stage, penile tissues should be preserved and used carefully, and patch grafts instead of tube grafts should be used to improve the success.

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