

THE MODIFIED SNODGRASS AND MEATAL STENOSIS

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Meatal stenosis is the most common complication in distal hypospadias cases operated by Snodgrass technique. Modifications to the original procedure are presented, which may further prevent this complication. Herein we evaluate the efficacy of modified Snodgrass procedure for meatal stenosis and cosmetic outcome.

44 Primary distal hypospadias cases, mean age 10.6 years, underwent Snodgrass procedure between 2004-2005. In this series the technique incorporated several modifications including 1) the lateral incisions were made on the lines of direction of glans crosses with the lines of direction of urethral groove, not all the way to the tip of the glans 2) the urethral plate was incised deeply in the midline all the way to the tip of glans 3) the meatus was calibrated by 10 to 12 f urethral bougie. Then urethral plate was tubularized starting at the meatus and working proximally. Cases were evaluated with 1, 3 and 6 months follow up retrospectively. Meatal stenosis was described as cases who were not able to applied 8 or 12 f bougie and with thin voiding stream.

In the follow up of 44 primary distal hypospadias cases underwent modified Snodgrass, 2(4.5%) cases had simple urethra-cutaneous fistula and 1(2.2%) case had meatal stenosis. All of the cases had good cosmetic outcome.

Snodgrass procedure is Gold Standart for distal hypospadias repair. Modifications described leads to good cosmetic outcomes with low risk of complications such as meatal stenosis and fistula.

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