

## APPROACH TO SEVERE HYPOSPADIAS: SINGLE OR TWO STAGE REPAIR?

Nizamettin KILIC, Taner HALIL, Emin BALKAN

The Medical Faculty of Uludag University, Department of Paediatric Surgery, Division of Paediatric Urology, Bursa, TURKEY

During the last 15 years the approach to severe hypospadias has been controversial. Many paediatric urologists have elected to proceed with a planned 2-stage procedure to minimize complications and improve cosmesis. But some surgeons continued to perform a single stage repair with the Duckett and the other techniques.

In the last 5 years (2000 – 2005) a total of 30 boys with severe hypospadias (penoscrotal, scrotal and perineal) were treated in our clinic. We reviewed our results with two different surgical techniques for severe hypospadias. The initial 15 patients in our series were treated with the single stage technique (Duckett) (group I), and recently in the 15 patients we switched to the two stage procedure (Bracka) (Group II) with encouraging early results. Mean age of the patients was 4,6 years (range 1-14). Meatal locations were penoscrotal in 15 cases, scrotal in 12 and perineal in 3 patients. 9 of the patients had intersex disorders (true hermaphrodite=5, male pseudohermaphrodite=2, mixt gonadal dysgenesis=1, and female pseudohermaphrodite=1). Mean follow-up was 2.6 years (range 5 months to 5 years). A Nesbit procedure was performed in 7 and 5 patients in Duckett and Bracka groups respectively.

In group I, of the 15 boys 10 (66%) showed different complications and 5 of them required additional surgery for fistula in 3 cases, diverticula in 1 and residual chordee in 1. In group II, of the 15 patients 4 (26.6%) showed different complications and 3 of them required additional surgery for glandular dehiscence in 2 cases and fistula in 1. Only 5 patients in Duckett group had satisfactory cosmetic and functional results. In group II, all but 4 patients had satisfactory cosmetic results with normal meatal position, normal glandular anatomy, and normal cylindrical shafts without extra skin and without chordee.

As a conclusion the cosmetic and functional results using two – stage Bracka technique in children with severe hypospadias have been much more satisfactory than Duckett technique.

Complications (%)	Group I (Duckett)	Group II (Bracka)
Stenosis requiring regular dilatation	3 (20)	-
Fistula	3 (20)	1 (6.6)
Diverticula	1 (6.6)	-
Penile torsion	2 (13.3)	-
Residual chordee	1 (6.6)	-
Glandular dehiscence	-	2 (13.3)
Skin detachment	-	1 (6.6)

**Presentation Type:** Poster Presentation

**Authorize Publishing:**

---

**Contact information of Abstract Presenter:**

**Title:** Dr.

**Name:** Nizamettin

**Surname:** Kılıç

**Institution:** Uludağ Üniversitesi Tıp Fakültesi, Pediyatrik Cerrahi AD., Pediyatrik Üroloji Bölümü

**Address:** Görükle, Bursa

**Tel.:** +90-224 4429198, +90-532 2749610

**Fax.:** +

**E-mail:** nizam@uludag.edu.tr