

Hypospadias

Hypospadias

- ○ The genital tubercle becomes a penis under the influence of androgens with a tubular urethra arising from the urethral plate. The urethral plate develops a diamond-shaped groove whose edges fold over and fuse in the midline, forming a tube. In girls, the urethral plate's homologue forms the vestibular groove with edges that do not fuse but form the labia minora. Hypospadias is a congenital malformation seen in 1 in 300 boys. The urethral opening lies on the ventral aspect of the penis anywhere from the proximal glans to the perineum in association with a ventral curvature (called a chordee) and a ventrally deficient foreskin leading to a dorsal 'hooded' prepuce. Clinicians should document phallus length, meatal location, glans volume, depth and width of the urethral plate, degree of chordee, foreskin appearance and the testes' presence and location. Circumcision is contraindicated because the foreskin may be needed for the reconstruction. The anomaly should be diagnosed in the newborn examination. Hypospadias repair aims to achieve the usual meatal location and a straight penis to facilitate micturition and ejaculation. Distal hypospadias, where the opening is on the glans, may be repaired in a single stage, whereas more proximal openings and those with severe curvatures require staged procedures. Many operations have been described. One technique is the tubularised incised plate procedure, which widens and then tubularises the urethral plate (Figure 20.2). Staged use the foreskin as a first-stage graft, followed by repairs to tubularisation in a second stage. Complications include urethrocutaneous fistulae, meatal stenosis, glans dehiscence and hypospadias persistence. Hypospadias
- ○ The genital tubercle becomes a penis under the influence of androgens with a tubular urethra arising from the urethral plate. The urethral plate develops a diamond-shaped groove whose edges fold over and fuse in the midline, forming a tube. In girls, the urethral plate's homologue forms the vestibular groove with edges that do not fuse but form the labia minora. Hypospadias is a congenital malformation seen in 1 in 300 boys. The urethral opening lies on the ventral aspect of the penis anywhere from the proximal glans to the perineum in association with a ventral curvature (called a chordee) and a ventrally deficient foreskin leading to a dorsal 'hooded' prepuce. Clinicians should document phallus length, meatal location, glans volume, depth and width of the urethral plate, degree of chordee, foreskin appearance and the testes' presence and location. Circumcision is contraindicated because the foreskin may be needed for the reconstruction. The anomaly should be diagnosed in the newborn examination. Hypospadias repair aims to achieve the usual meatal location and a straight penis to facilitate micturition and ejaculation. Distal hypospadias, where the opening is on the glans, may be repaired in a single stage, whereas more proximal openings and those with severe curvatures require staged procedures. Many operations have been described. One technique

is the tubularised incised plate procedure, which widens and then tubularises the urethral plate (Figure 20.2). Staged y use the foreskin as a first-stage graft, followed by repairs ma tubularisation in a second stage. Complications include ure - throcutaneous fistulae, meatal stenosis, glans dehiscence and hypospadias persistence. Hypospadias

- ○ The genital tubercle becomes a penis under the influence of androgens with a tubular urethra arising from the urethral plate. The urethral plate develops a diamond-shaped groove whose edges fold over and fuse in the midline, forming a tube. In girls, the urethral plate's homologue forms the vestibular groove with edges that do not fuse but form the labia minora. Hypospadias is a congenital malformation seen in 1 in 300 boys. The urethral opening lies on the ventral aspect of the penis anywhere from the proximal glans to the perineum in association with a ventral curvature (called a chordee) and a ventrally deficient foreskin leading to a dorsal 'hooded' prepuce. Clinicians should document phallus length, meatal location, glans volume, depth and width of the urethral plate, degree of chordee, foreskin appearance and the testes' presence and location. Circumcision is contraindicated because the foreskin may be needed for the reconstruction. The anomaly should be diagnosed in the newborn examination. Hypospadias repair aims to achieve the usual meatal loca - tion and a straight penis to facilitate micturition and ejacula - - tion. Distal hypospadias, where the opening is on the glans, may be repaired in a single stage, whereas more proximal openings and those with severe curvatures r equire staged : procedures. Many operations have been described. One tech - nique is the tubularised incised plate procedure, which widens and then tubularises the urethral plate (Figure 20.2). Staged y use the foreskin as a first-stage graft, followed by repairs ma tubularisation in a second stage. Complications include ure - throcutaneous fistulae, meatal stenosis, glans dehiscence and hypospadias persistence.

Revision #1

Created 2025-12-31 15:10:23 UTC by Omar Ayman

Updated 2025-12-31 15:10:23 UTC by Omar Ayman