



كلية الطب



جامعة الفيوم
Fayoum University

البحث الرابع

Tubularized Incised Plate Urethroplasty for Midpenile and More Proximal Hypospadias Repair.

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Abstract

Background/ Purpose: Tubularized incised plate repair is dominant technique for repair of distal hypospadias, but remains controversial for severe types. We report our experience to assess the feasibility, functional, and cosmetic results of hypospadias correction by tubularized incised plate repair of mid penile and penoscrotal hypospadias.

Materials and Methods: Chart review of all patients underwent mid shaft and proximal hypospadias was performed. Those with tubularized incised plate were divided into 2 groups for mid shaft and more proximal repairs. The technique involved two layer closure of the urethra including V to Y spongioplasty when possible. The second layer covering was from de-epithelialized dartos fascia in the mid penile group A, and dartos muscle flap in more proximal group B.

Results: A total of 15 patients underwent mid shaft repairs, while 13 patients had more proximal defects. Mean patient age at surgery was 16 months (range 9 to 39), with mean follow up of 16 months (range 4 to 28 months). Overall complication rate was 26% (4 of 15) boys in the midpenile group, and 53% (7 out of 13) in the more proximal group.

Conclusions: Tubularized incised plate repair was possible with reasonable width urethral plate provided that the ventral curvature can be corrected after degloving of penis without need to divide the urethral plate. The technique is simple with low complication rate and good cosmetic result.

Key Words: Hypospadias; proximal; tubularized incised plate.