

## CONGENITAL SHORT URETHRA (CHORDAE WITHOUT HYPOSPADIAS) ONE STAGE CORRECTION

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Hypospadias is a word of Greek origin meaning draw away from under (Hypa-under, spadon-rent). The meatus is situated anywhere proximal to the tip of the Penis, which is generally associated with a variable amount of chordee. Less commonly, the meatus is at the normal site but there is a marked chordee. The prepuce may be normal or replaced by a hood as in the usual Hypospadias cases. In the latter case, the meatus may be somewhat ventral. The condition is uncommon-3-4% of all Hypospadias (Mac Kinney and UHLE 1960, Moore 1965), though the incidence is 10% in the series of Horton and Devine 1973) Only 15 cases were recorded till 1965 (Moore) and the condition had little or no mention in standard texts. Sieves is reported to have recognised this condition in 1926 but the first correction was done by Young, only in 1937 (Horton and Devine) Traditionally, the condition was dealt as a multistage procedure. The first stage consisted in correcting the chordae. Young mobilised the meatus and let it slide proximally. The urethra was reconstructed at a second stage by a modified Thiersch procedure. Nesbit (1954) divided the urethra at the penoscrotal junction, and used button holed preputial skin to cover the raw area. The urethra was reconstructed by a Dennis Browne type of procedure. Variation of this

principles were used by Moore (1965). Mac Kinney and UHLE (1960) and others. One stage correction without division of the urethra was achieved by Persky et al (1967), Gross et al (1969) and Horton and Devine (1973). They felt that the Urethra was not short and the correction of the chordae could be achieved without interfering with the Urethra, though Horton and Devine recognised defective formation of the spongiosa on the ventral aspect. They felt that as a result of arrest of evocator substance from the testis, this growth was arrested. They divided the defects into three types-type one being the most severe, the ventral aspect of the Urethra being thin and consisting only of the mucosa covered directly by the skin (this type being more vulnerable to operative trauma and consequent fistula formation) and types II and III with deficient Buck's and dartos and dartos fascia respectively.

### Materials and methods

Only four cases were seen in the H. P. State Hospital, Simla from 1958 to 1968. Two did not report for surgery and two were treated with the Young and Nesbit type of correction respectively. No case of this condition was seen amongst the 113 cases seen in Jawaharlal Institute, Pondicherry during the period 1968 to 1978. One case was

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seen in 1974 in the Goa Medical College hospital which was treated with a one stage repair.

S. N. 8 years old presented with the complaints of wetting his thighs while passing urine. The child was healthy in all respects. The penis showed a marked curvature. The prepuce was replaced by a hood and the urethral meatus was normally situated (fig. 1) The urethral stream was directed backwards (Fig. 2).

Technique recommended by Persky et al was used. An indwelling catheter in the urethra helped in identifying and handling the urethra. The skin over the ventral aspect of the urethra was thin and was handled with special care. Urethra was freed and displaced and the tight fibrous band, mostly at coronal level on the sides and deep to the urethra was excised. Cover was provided by button-holing the unfolded preputial hood. Wound was drained for a day.

The healing was uneventful apart from some wetness. Patient had a normal stream and a straight Penis. There was some excessive skin on the ventrum (Fig. 3).

#### Discussion

One stage procedure has been justified on the grounds that the urethra is of normal length. On the contrary, the ventral part of Penis shares in the defect. Normal urethra is stretchable structure and remains soft even during erection. As such, division of chordae would achieve correction even if urethra was short.

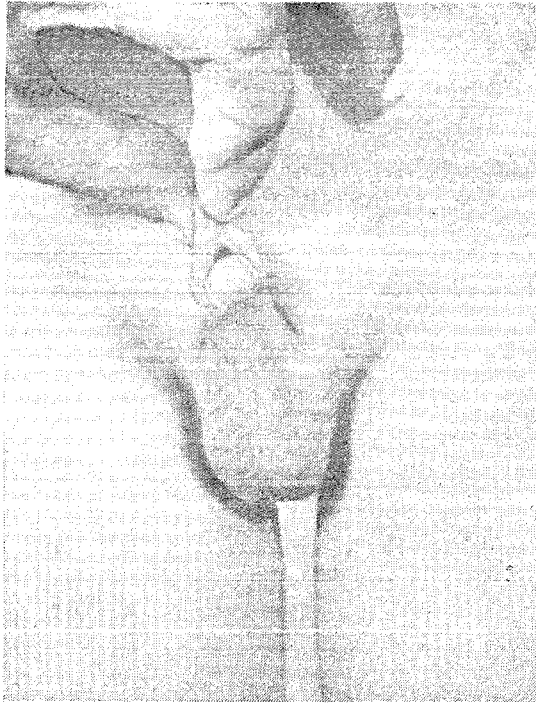
It is interesting that all our cases presented when 7-8 years old and the main complaint appeared to be a posterior direction of the stream.

#### Summary

A one stage repair for Congenital short Urethra is reported. Incidence, aetiological factors and principles of management are discussed.

#### REFERENCES

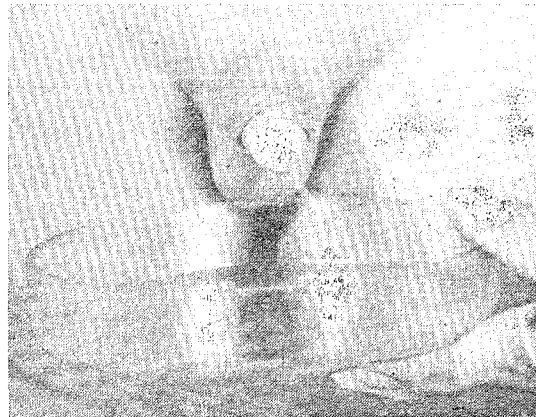
1. Gross, M., Fein R., Waterhouse, K., Single stage correction of chordae without hypospadias and coronal hypospadias. *Journal of Urology*, 102 : 70, 1968.
2. Horton C. J., Devine, C. E. : Hypospadias without Hypospadias *Journal of Urology* 110 : 264-271, 1973.
3. Mac Kinnay C. L. and ULHE A. W. : Congenital chordae without hypospadias *Journal Urology* 84 : 343-344, 1960.
4. Moore, C. A. : Surgical repair of chordae without Hypospadias *Journal Urology* 93 : 389-390, 1965.
5. Nesbit R. M. : The surgical treatment of chordae without hypospadias *Journal Urology* 72 : 1178-1180, 1954.
6. Persky, L., Hoffman, A., Desprez. T. : The repair of chordae without hypospadias *Journal Urology* 98 : 216-218, 1967.
7. Young, H. H. : Genital abnormalities, hermaphroditism and related adrenal diseases Baltimore—William and Williams P. 429, 1937 cited Moore.



I. Pre-operative photograph showing the normally placed meatus and the marked chordee. Prepuce is incomplete and is represented by a hood in this case.



II. Micturation before correction. Note the direction of the stream.



III. Micturation after correction ; Note the normal direction of stream and the straightened penis.