



SEVERE CHORDEE WITH ADULT HYPOSPADIAS

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A 16-year-old male patient presented to our hospital with chief complaints of severe bending of penis on erection. He didn't have urinary complaints. There were no previous surgical history or significant medical history. Thorough history taken and complete examination was done. He had more than 90 degree ventral chordee with deficient ventral urethral plate with ventral preputial skin adherent to urethral plate.

Thorough counselling was done pre-operatively about different stages of treatment and explanation was given about penile shortening and erectile dysfunction post operatively.

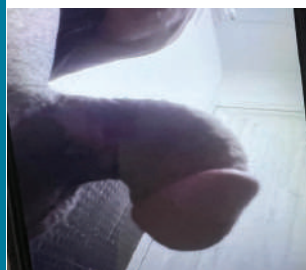


Fig 1:
PRE-OPERATIVE
PICTURE OF PENIS TAKEN
BY PATIENT HIMSELF

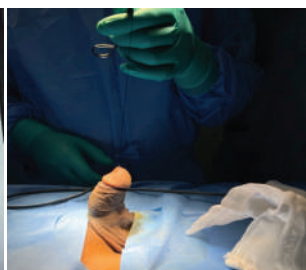


Fig 2:
INTRAOPERATIVE
PICTURE



Fig 3:
PENILE
DEGLOVING DONE



Fig 4:
GITTES TEST
INTRAOPERATIVE ARTIFICIAL
ERECTION TEST

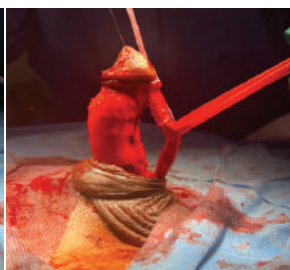


Fig 5:
URETHRA WITH
SPONGIOSUM DISSECTED
FROM CORPORA

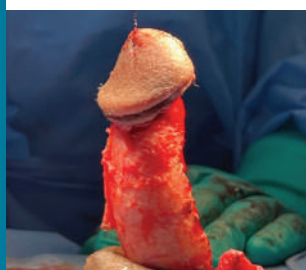


Fig 6:
URETHRAL PLATE
TRANSECTED TO RELEASE
CHORDEE



Fig 7:
MULTIPLE VENTRAL
CORPOROTOMIES DONE TO
RELEASE SCAR AND SCAR
EXCISION DONE

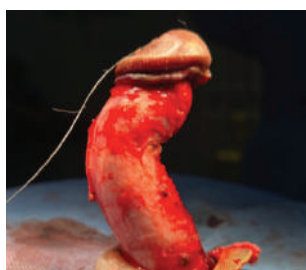


Fig 8:
REPEAT GITTESA
ARTIFICIAL ERECTION TEST
DONE SHOWED >30 DEGREE
VENTRAL CHORDEE



Fig 9:
VENTRAL CORPOROTOMY
DONE AND BUCCAL GRAFT
PLACED



Fig 10:
GITTES TEST DONE –
NO CHORDEE SEEN



Fig 11:
BUCCAL GRAFT PLACED VENTRALLY O
ON CORPORA AND FIXED TO URETHRA –
PENO SCROTAL HYPOSPADIAS –
PATIENT TO COME FOR SECOND STAGE
SURGERY 6 MONTHS LATER

Conclusion: Patients with severe chordee with hypospadias need complex surgeries – requiring expertise in reconstructive urology. Patients should be explained about penile shortening, residual chordee, need for penile prosthesis in future, multiple stage surgery.

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