Treatment of Incomplete Penoscrotal Transposition Associated With Posterior Hypospadias

N.Boumahdi, H.Jabri, O.Alaoui, A.Mahmoudi, K.Khattala, Y. Bouabdellah Department of Pediatric Surgery, CHU Hassan 2 FES

Date of Submission: 18-05-2024 Date of Acceptance: 28-05-2024

INTRODUCTION: I.

PenoScrotal Transposition (PST) is a rare congenital anomaly of the OGE with a penis that lies in the middle of the scrotum.

It is usually associated with hypospadias and requires several stages of correction.

This paper will present the management of a case of PST associated with posterior hypospadias.

II. **CASE REPORT:**

This was a 14-year-old circumcised child admitted for incomplete GST with bifid scrotum and posterior hypospadias.



Initially, heunderwent a cure for his hypospadias using the Duckett technique by removing a flapfrom the vaginal wall.



Post-operative follow-up was marked by urethral stricturetreated by multiple sessions of dilatation undersedation with good progress.

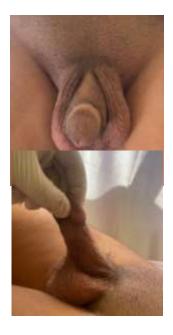
The patient under went transposition surgery one year later, with scrotoplasty using the modified Glenn Anderson technique.







Compared with the pre-operative state, we obtained satisfactory male-type external genitalia with correction of the PST.



III. **DISCUSSION:** GST was first reported by Appleby in 1923(1). Patients with GST often have associated urological ab normalities, such as hypospadias and vesicoureteral reflux (VUR)(2).

Manysurgical techniques have been described to correct incomplete PST, but the modified GA technique is the most widely used (3).

Correction of PST and hypospadias in a single operation is associated with more complications(3). The prerequisites for a one-stage correction are an adequate urethral plate, the absence of kinks and an adequate fore skin (3).

Some authors prefer to leave hypospadias correction to the 2nd stage (4).

The main post-operative complications are oedema, urinaryfistula and flapnecrosis.

A minimum of 6 months should elapse between the 2 operations.

CONCLUSION: IV.

The surgical strategy depends on the severity of the transposition and the associated hypospadias.

According to the studies and our results, it canbe considered that two-stage correction gives the best aesthetic results and the lowest incidence of complications.

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