A CASE OF HYPOSPADIAS WITH ANAL LOCALIZATION

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SUMMARY
A case of hypospadias with anal localization is reported. This very rare anomaly is discussed in connection with its place in the classification.

Key Words : Anal hypospadias - very rare localization - classification.

ÖZET
Anal lokalizasyona sahip bir hipospadias olgusu sunulmaktadır. Çok ender rastlanabilen bu anomali, sınıflandırmadaki yeri açısından tartışılmaktadır.

Anahtar Kelimeler : Anal hypospadias - Çok ender lokalizasyon - sınıflandırma.

Hypospadias is one of the most common congenital anomalies of the male genitalia characterized by the urethral meatus located on the ventral surface of the penis. In different series, the incidence of the anomaly has been reported as 1 to 8.2 in 1000 alive male births, thus the average incidence has generally been accepted to be 1 in every 300 (1, 2, 3).

On the other hand, the incidence of the abnormal localization of the urethral meatus in the haypospadias deformity is; 40-75 % in the glandular type (B), 12-30 % in the penile type (C) and 10-15 % in the most severe forms such as the peno-scrotal, scrotal and perineal types (D, E, F). (4), (Figure 1).

In the light of these statistical percentages, a hypospadias anomaly case is reported in connection with a very rare localization.

CASE REPORT

M.K., a 16-year-old, young male patient, was referred to our clinic because of having to urinate by sitting and e jaculate coming from the opening at the anal mucocutaneal border on masturbation. He was admitted to our department on the 23.3.1987 with the protocol number 137.

He was hospitalized in 1974 in the state hospital where radiological examinations were carried out. The same year, he was referred to the Department of Urology, Ankara University, Faculty of Medicine (15.7.1974 prot. no. 454). Here, perineal exploration was performed (17.7.1974 op. no. 390) and as a result it was stated that the urethra was not present in the corpus spongiosum but some fibrotic remmants could be observed. The patient was discharged without any further reconstructive intervention.

In the family history, he stated that his uncle had the hypospadias anomaly.

At the physical examination, the urethral meatus was observed to open at the anal mucocutaneal border (Figure 2). There was no meatal opening at the glans penis, no chordee deformity and circumcision was performed at 4 years of age. The testicles were palpable in the scrotum and were normal. The other secondary sex characteristics were developed as in the male sex. No other anomaly was existing.

The laboratory examinations were all normal.

During the operation performed on the 1.5.1987, urethroplasty was carried out with a modified Denis Browne technique, using the skin flaps from the perineum, scrotum and penis. Thus, the urethral meatus was brought from the anal canal to the tip of the glans (Figure 3). The post-operative period was uneventful and the patient was discharged without any complication.

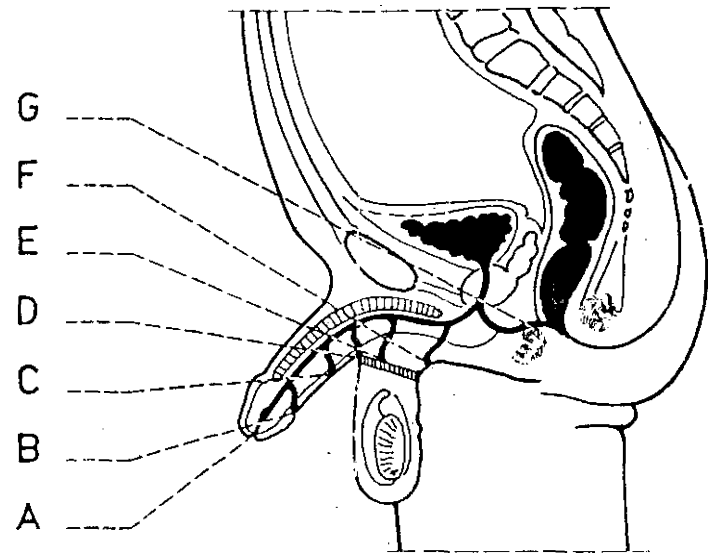


Figure 1. *The incidence of the abnormal localization of the urethral meatus in the hypospadias deformity; A- Normal Localization, B- Glandular typ (40-75 %), C- Penile type (12-30 %), D- Penoscrotal type, E- Scrotal type (10-15 %), F- Perineal type, G- ANAL HYPOSPADIAS*

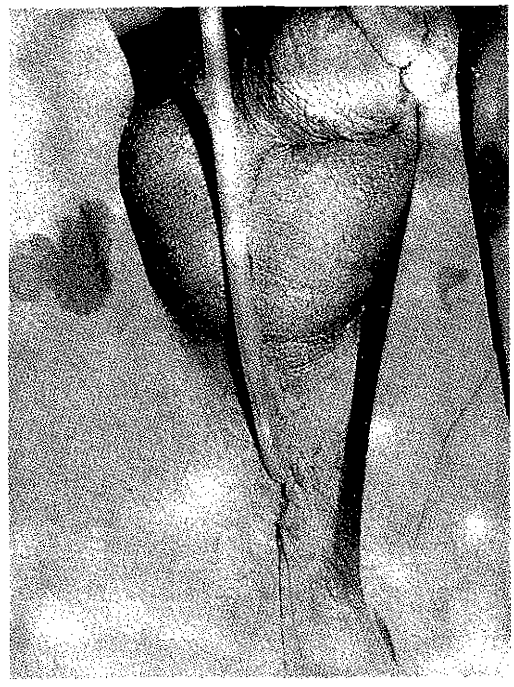


Figure 2. *Appearence of the urethral meatus opening at the anal mucocutaneal border.*

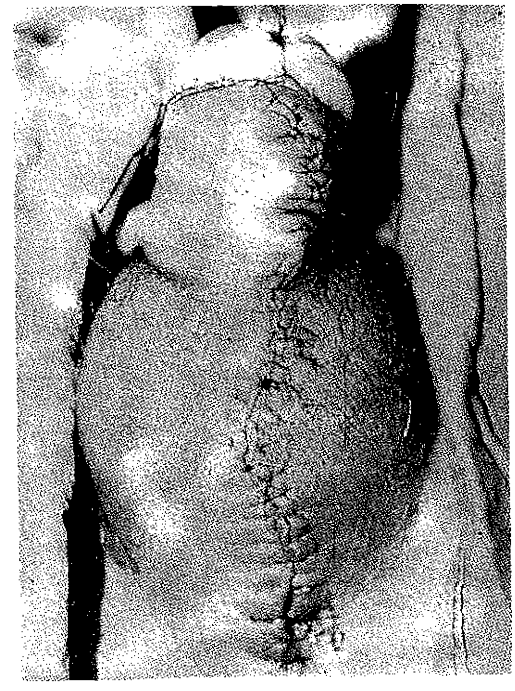
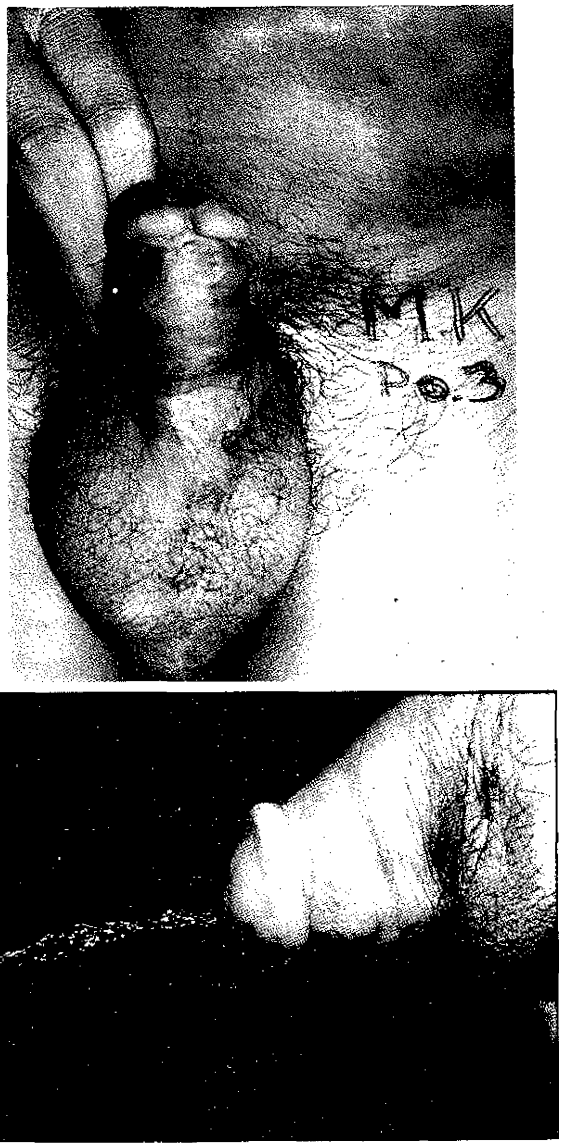


Figure 3. *Appearence of the urethral meatus brought from the anal canal to the tip of the glans.*

At the post-operative 3 months control, normal voiding pattern was observed and the patient was in complete physiologic and psychologic satisfaction after one year (Figure 4 - a , b).



A

B

Figure 4. *a) Appearance of the case with a good aesthetic and functional result at the postoperative 3 months control.*

b) Normal voiding pattern observed at the postoperative one year control.

DISCUSSION

In the hypospadias anomaly, the localization of the urethral meatus not only determines the severity of the deformity, but also is the main factor that dictates its classification.

Actually, there have been several classifications suggested but the one that has generally been accepted is a follows; 1) Glandar 2) Distal penile 3) Proximal penile 4) Penoscrotal and the 5) Perineal (2, 5, 7, 8, 9). However, Barcat (6) makes a classification which considers the final localization of the urethral meatus after the associated anomaly (i.e. chordee) has been corrected. According to him the classification should be made as follows; I) Anterior hypospadias II) Medial hypospadias III) Posterior hypospadias IV) Atypical forms.

With its features stated above, our case is no doubt a hypospadias deformity and because its urethral meatus opens like a double-barrelled-gun at the anal mucocutaneal border, it can be considered within the atypical forms of Barcat's classification. However, we could not place it in the generally accepted from. Could this case ever add the term "Anal hypospadias" to the nomenclature?..

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