Abstract:

BACKGROUND: There is no general consensus about the best vascularized layer between the neourethra and the skin in tubularized incised plate urethroplasty (TIPU) of Snodgrass. Inclusion of 1 surgeon to repair specific forms of hypospadias by using determined surgical materials and exclusion of definite patients and conditions and definite anomaly parameters may present the needed reliable data about the role of a specific type of interpositional coverage of the neourethra. PATIENTS AND METHODS: The 37 patients had been operated by TIPU with a ventral subcutaneous dartos flap covering the neourethra who designed as group A, while 26 patients had been operated by the standard TIPU without urethral coverage who designed as group B. RESULTS: Good cosmetic results were obtained in 93.65% of the patients. In group A, urethral fistulae were encountered in 2 cases of distal hypospadias and 1 case of midpenile hypospadias with a total fistula rate of 8.1%. In group B, urethral fistulae were found in 5 cases of distal hypospadias and 3 cases of midpenile hypospadias with a total fistula rate of 30.7%. CONCLUSIONS: Flapless repair should not be tried as long as there is the needed experience to harvest a well-vascularized coverage. Interpositional flap coverage of the neourethra is crucial to decrease the rate of fistula in primary hypospadias TIPU repair. However, before designating a relative study, different forms of the anomaly, surgeon's experience, the potential harvesting complications, complexity degrees of different repairs, and the used surgical materials should be really considered.

Published In:

Ann Plast Surg. , ,