End to Side Corporal Anastomosis for reconstruction of penile duplication

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Introduction:

- Diphallus is a rare congenital anomaly which accounts for 1 per 5 to 6 million live births\textsuperscript{1,2}.
- Until now, about 100 cases have been reported in literatures\textsuperscript{3}.
- The current classification classifies diphallia into true diphallia and bifid phallus.
- Each of these is further subdivided into partial or complete duplication.
- We report a different surgical approach for penile duplication reconstruction.
Case Report:

- Our case was a baby boy diagnosed at birth with a duplicated penis.
- VCUG confirmed the absence of a complete urethral duplication.
- Only the left urethra could be catheterized
At the age of 7 months he underwent EUA and penile exploration demonstrating:

- two separate corpora cavernosa were each had developed its own glans but the right moiety lacked its corpora spongiosa and urethra.
- The left sided glans appeared very normal with a single orthotopic meatus
Due to the anatomic presentation of a “corporal duplication”
- The left side was completely preserved with its normal urethra and glans
- Partial penile amputation of his right sided accessory glans
- Because both corpora appeared normal, except for the absence of integration, it was felt that grafting it to the left moiety would give the best structural and functional outcomes.
- Incision was made on the lateral aspect of the left corpora and the right corpora was filleted open.
- End-to-side anastomosis was performed.
- This ensured a proper anchoring to the both pubic tubercles to maximize fixation for erection and not sacrificing corporal sensation
A technically successful reconstruction was achieved.

Post-Operative follow up showed a quite normal looking penis with a straight stream voiding.

Our surgical approach is different in contrast to previously reported management techniques involving surgical excision of the abnormal penis with or without urethral reconstruction.\textsuperscript{3, 4}
Conclusion:

- Due to the rarity of this malformation, surgical reconstruction should be individualized as it poses a great challenge taking into account the medical, surgical and ethical considerations without imperiling penile function or cosmesis.
Thank You ...

References: