OLGU SUNUMU CASE REPORT

Bilateral Hydronephrosis After Hypospadias Surgery

Hipospadias Cerrahisi Sonrası Gelişen Bilateral Hidronefroz

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Correspondence: Ahmet Tevfik ALBAYRAK Health Sciences University Şişli Hamidiye Etfal Training and Research Hospital, Department of Urology, İstanbul, TÜRKİYE/TURKEY **ABSTRACT** Hypospadias is the most common congenital penile anomaly and occurs in 1/300 live births. Surgical treatment is considered difficult as the complications, and unfavorable results are typical. New techniques have significantly decreased the complication rates. However unfavorable results are still disturbing. We report a case of hypospadias surgery complication; meatal stricture caused bilateral hydronephrosis.

Keywords: Hypospadias; hydronephrosis; stenosis

ÖZET Hipospadias en sık görülen doğuştan penil anomalisidir ve 1/300 canlı doğumda görülür. Komplikasyonlar ve elverişsiz sonuçlar yaygın olduğundan cerrahi tedavi zor kabul edilir. Her ne kadar yeni teknikler komplikasyon oranlarını önemli ölçüde azaltmış olsa da olumsuz sonuçlar hala rahatsız edicidir. Bu yazımızda hipospadias cerrahisi sonrası gelişen bir komplikasyon vakası sunduk; Meatal striktüre bağlı gelişen bilateral hidronefroz.

Anahtar Kelimeler: Hipospadias; hidronefroz; stenoz

H ypospadias is the most common congenital penile anomaly and occurs in 1/300 live births. Although many surgical technics are on the field, it still considered difficult because of the complications. However new techniques have significantly decreased the complication rates, unfavorable results are still disturbing. In this paper we present a complication of hypospadias surgery; meatal stricture caused bilateral hydronephrosis.

CASE REPORT

The patient was a 14-year-old boy. He was complaining about decreased voiding stream, painful voiding and back pain. In his history, 6 months before he had been applied subcoronal hypospadias surgery in another hospital with no complications. In the physical examination, stenosed meatus was seen (Figure 1). In an outpatient procedure, it cannot be calibrated with a 6f nelaton catheter. In the bedside ultrasonography (USG) bilateral grade I hydronephrosis was seen. His urine analysis, blood analysis, and kidney, ureter, bladder (KUB) x-ray were normal. Then we applied meatotomy (Figure 2).

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FIGURE 1: In the physical examination, stenosed meatus was seen.



FIGURE 2: Meatotomy was performed.

After the operation 14f nelaton foley catheter inserted and left for 1 week (Figure 3). One week later topical corticosteroid treatment (3 months) and urethral dilatation planned. Ten days after removing the foley catheter dilatation was started. First weekly and then every 15 days, using the smallest sounds (6f) and then larger sounds from the set were gradually introduced to a maximum of 14f. At present, 3 months after the operation, the patient is well, and he can normally void. At his bedside, USG hydronephrosis was resolved (Figure 4).

DISCUSSION

Tubularized incised plate urethroplasty (TIPU) was described by Snodgrass in 1994. It's the method of choice for distal and mid penile hypospadias surgery¹. The advance of new techniques decreases complication rates, but they still concern surgeons. The urethrocutaneous fistula was the most common (21%) complication. It's followed by meatal stenosis (14%) and narrow neourethra (14%).² Meatal stenosis is an avoidable unfavorable complication. Generally, it occurs due to an attempt to reconstruct the urethra too distally and trying to create a cosmetically circular opening. Also, suture dehiscence can cause subsequent contraction and scar.^{3,4}

Although meatal stenosis is the second common complication of the hypospadias surgery, the management of this complication is still a dilemma.⁵ Some authors recommend surgical intervention with dorsal meatotomy. Some authors recommend regular calibration/dilatation initially. Also combining corticosteroids increases scar elasticity



FIGURE 3: After the operation 14f nelaton foley catheter inserted and left for 1 week.

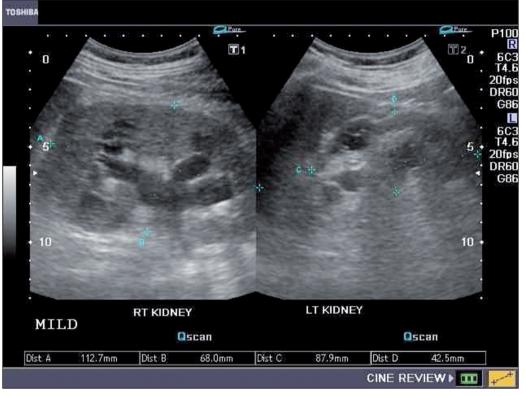


FIGURE 4: USG images of the bilateral hydronephrosis.

and facilitates dilatation.^{6,7} If the stenosis is too long, it needs to be reopened, and full thickness graft FTG may be required.^{8,9}

After hypospadias surgery, long-term followup is necessary to detect late complications like urethral stricture, meatal stenosis, voiding dysfunctions and recurrent penile curvatures. As in our case, meatal stenosis can cause bilateral hydronephrosis due to lower urinary tract obstruction and need of a second operation occurs. If these complications do not treat properly, they can cause irreversible and fatal problems.

In conclusion, secondary hypospadias surgery is a complex condition due to its nature, and it should be handled by an experienced pediatric urologist with great care.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Opinion/Concept: Sinan Levent Kireççi; Design: Cumhur Yeşildal; Inspection / Consultancy: Sinan Levent Kireççi, Ahmet Tevfik Albayrak; Data Collection and /or Processing: Furkan Dursun, Ahmet Tevfik Albayrak; Analysis and/or Comment: Nihat Türkmen, Cumhur Yeşildal; Resource Screen: Ahmet Tevfik Albayrak; Article Writing: Cumhur Yeşildal, Ahmet Tevfik Albayrak, Sinan Levent Kireççi; Critical Investigation: Ahmet Tevfik Albayrak; Providing Resources and Funds: Sinan Levent Kireççi.

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