

Abnormal Proximal Meatal Insertion and Urethroplasty

The first attempt to make the meatus terminal was by Helidorus and Antyllus in Alexandria, Egypt in the first century AD. They simply amputated the penile tissue distal to the existing meatus in distal forms of hypospadias.

To correct hypospadias and achieve a terminal meatus, one may use one of the following basic principles or tissues: (1) mobilisation of the urethra; (2) skin distal to the meatus; (3) skin proximal to the meatus; (4) prepuce; (5) combined prepuce and skin proximal to the meatus; (6) scrotal skin; (7) dorsal penile skin; (8) different grafts (Fig. 2.4).

Urethral Mobilisation

Urethral mobilisation and meatal advancement was first described by Beck and Hacker in 1898 (quoted in Horton 1973) for balanic hypospadias (Fig. 2.5). The idea is to make use of the elasticity of the urethra. The procedure has the advantage that it is theoretically “risk-free” as the urethra remains completely intact. It has the drawbacks that it can only be applied to very distal forms of hypospadias. There is always the argument that you may be bringing the glans to the urethra rather than the urethra to the tip of the glans, as the penis is not a rigid structure. Some surgeons reported good results with urethral mobilisation (McGowan and Waterhouse 1964; Waterhouse and Glassberg 1981; Belman 1977; Koff 1981). This technique is still popular in some parts of Europe (Keramidas and Soutis 1995; Haberlik et al. 1997).

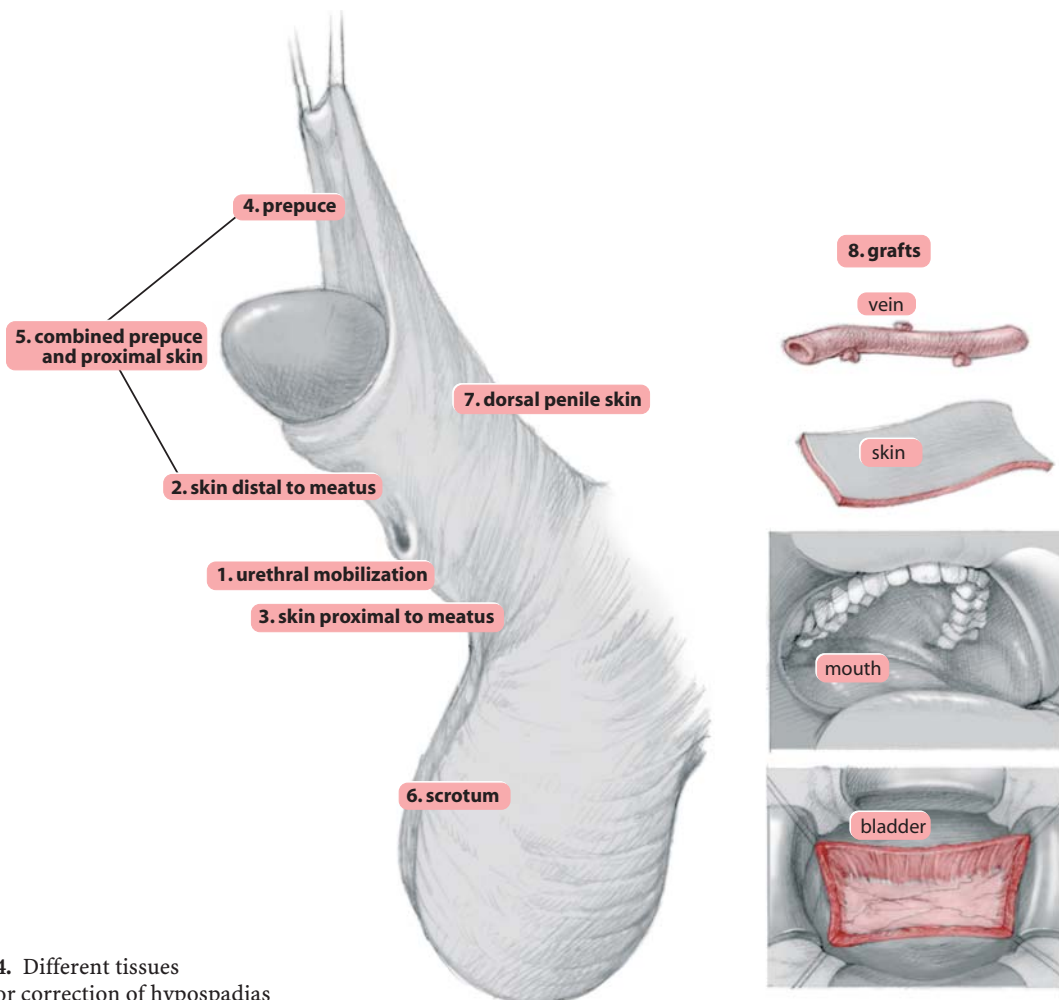


Fig. 2.4. Different tissues used for correction of hypospadias



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