

IMAGES IN MEDICINE

Severe proximal hypospadias

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A male neonate presented with severe proximal hypospadias. The image illustrates the key features of the condition, characterized by: an abnormal opening of the urethral meatus on the ventral aspect of the penile shaft, at a point proximal to the normal site; abnormal ventral curvature (chordee) of the penis; deficient foreskin ventrally and excess foreskin dorsally ('hooded foreskin').

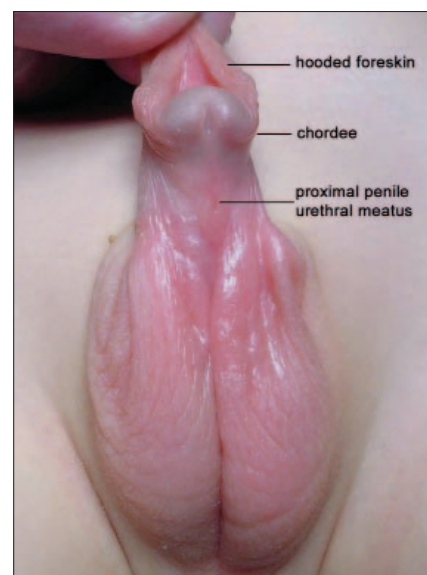
Hypospadias is a relatively common birth defect that occurs in approximately one out of every 300 male births (Paulozzi et al, 1997) and there is a familial tendency (Sorber et al, 1997).

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The diagnosis of hypospadias is usually evident on newborn physical examination. The condition results from abnormal development of the urethra in-utero, but the exact aetiology remains uncertain. Presentation is variable, with the severity ranging from a glandular orifice to the more severe scrotal and perineal types. Clinical problems commonly associated with hypospadias include cosmetic appearance, spraying of urinary stream, psychological adjustment and painful intercourse in adulthood. Associated anomalies include undescended testicles and inguinal hernia (Sorber et al, 1997).

Corrective surgery usually results in a penis that looks and functions normally. Surgical correction is generally best achieved at 9–18 months (Kass et al, 1996). The majority of cases are treatable by a single-stage correction, although two stages may be required for more severe forms. Surgery can straighten the shaft, position the meatus at the tip of the penis, and remove the hooded foreskin. **HM**



Paulozzi LJ, Erickson JD, Jackson RJ (1997) Hypospadias trends in two US surveillance systems. *Pediatrics* **100**: 831–4

Sorber M, Feitz WF, de Vries JD (1997) Short- and mid-term outcome of different types of one-stage hypospadias corrections. *Eur Urol* **32**: 475–9

Kass E, Kogan SJ, Manley C (1996) Timing of elective surgery on the genitalia of male children with particular reference to the risks, benefits, and psychological effects of surgery and anesthesia. *Pediatrics* **97**: 590–4