

## CONGENITAL PENILE TORSION WITH GLANDULAR HYPOSPADIAS AND LATERAL CHORDEE: A CASE STUDY

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### Abstract:

Congenital penile torsion is a developmental abnormality association with three-dimensional aberration in the helical structures of the corpora. we present a case of CPD which is rarely associated with glandular hypospadias and lateral chordee

**Keywords:** congenital penile torsion; hypospadias; genetics; lateral chordee; buck's fascia

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### Introduction:

Congenital penile torsion is a three dimensional abnormality of rotation of the corporal bodies producing an aberrant helical structure. the severity of the deformity is based on the degree of glandular angulation into mild <45 degree. mod 45-90 degree or sever > 90 degree. and the structural deformity always counterclockwise, at times CPT associated with chordee and hypospadias. The limiting factor in diagnosis is physiological phimosis. the indication of intervention is cosmetic and fuctional , the deformities of greater then 60 degree must be corrected . the suspected functional sequelae of CPT in adults will be sexual dysfunction

### Case Report:

A 12-year old boy patient presented to surgical op with the complaints of deviation of his penis to right side and alteration in stream of micturition .and on examination there was CPT of 90 degree counter clockwise rotation with lateral chordee and glandular hypospadias as shown in Fig-1. patient was admitted and planned to correct surgically. intraoperatively and fibrous penis degloved circumferentially till pubic symphysis, released tethered skin adventitia. meatotomy and chordectomy, torsion correction was done. Gitte saline test was done as shown in Fig-1, no residual chordee and torsion was seen, penis regloved after securing adequate hemostasis.catheterisation was done with 10F foley catheter . compression dressing was done. post op period uneventful. post op day 4 dressing removed, Foleys removed patient and patient passed urine with adequate flow and normal stream. post op status is shown in Fig-1.



**Figure 1 Showing pre-op and post-op status**

## Discussion:

Congenital Penile torsion is a rotational defect of the penile shaft around its longitudinal axis and the shaft usually rotated in a counterclockwise direction in most cases [1]. The most common mechanism is the median raphe spirals obliquely around the shaft and creates a cosmetic defect [2]. Parents usually notice by alteration in urinary stream and cosmetic reasons and seek medical attention

Etiopathogenesis of penile torsion is unknown, but an association with genetic is found commonly.[3] The abnormality underlying cause of congenital penile torsion is the abnormal skin and dartos fascia attachment.[5-6] In one report, the incidence of penile torsion with distal hypospadias was 32.8%, while it is 0% in proximal hypospadias cases, where the ventral skin is completely absent. This observation may support the abnormal skin and dartos fascia attachment theory. manytimes, the degloving and reattachment skin technique is not only enough to correct the anomaly. Sometimes abnormalities in Buck's fascia, corpus cavernosum and corporeal tunica albuginea may result in penile torsion[4,6].various techniques involved in treating penile torsion includes Penile degloving and reattachment, resection of Buck's fascia, modified Nesbit procedure, dorsal dartos flap rotation, suturing the tunica albuginea to the pubic periosteum, diagonal corporal plication, correction by mobilization of urethral plate and urethra

Penile torsion is usually asymptomatic. Only complaint associated with it is abnormal urinary stream, which was 60% in one study. they are also at times associated with lateral chordee and hypospadias. The functional sequelae of this anomaly in adult is no well-known. In a survey of 12 307 adult men evaluated at a sexual dysfunction/infertility clinic, 12% of patients had penile torsion. Overall, 2% of these patients requested corrective cosmetic surgery. No patients complained of sexual dysfunction related to their penile torsion.

Isolated penile torsion with small degrees should be approached conservatively This is also our approach to these children. In our case, the child presented with CPT of 90 degree counter clockwise rotation with lateral chordee and glandular hypospadias. After informed consent, we carried fibrous penis degloved circumferentially till pubic symphysis, released tethered skin adventitia. meatotomy and chordectomy, torsion correction was done We preferred degloving and reattachment, which is currently the easiest technique. Although its effectiveness is very high, degloving and reattachment may not be enough by itself in severe cases. [6]. More extensive repairs maybe needed in patients with other penile malformations.

## References:

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