CONGENITAL URETHROCUTANEOUS FISTULA

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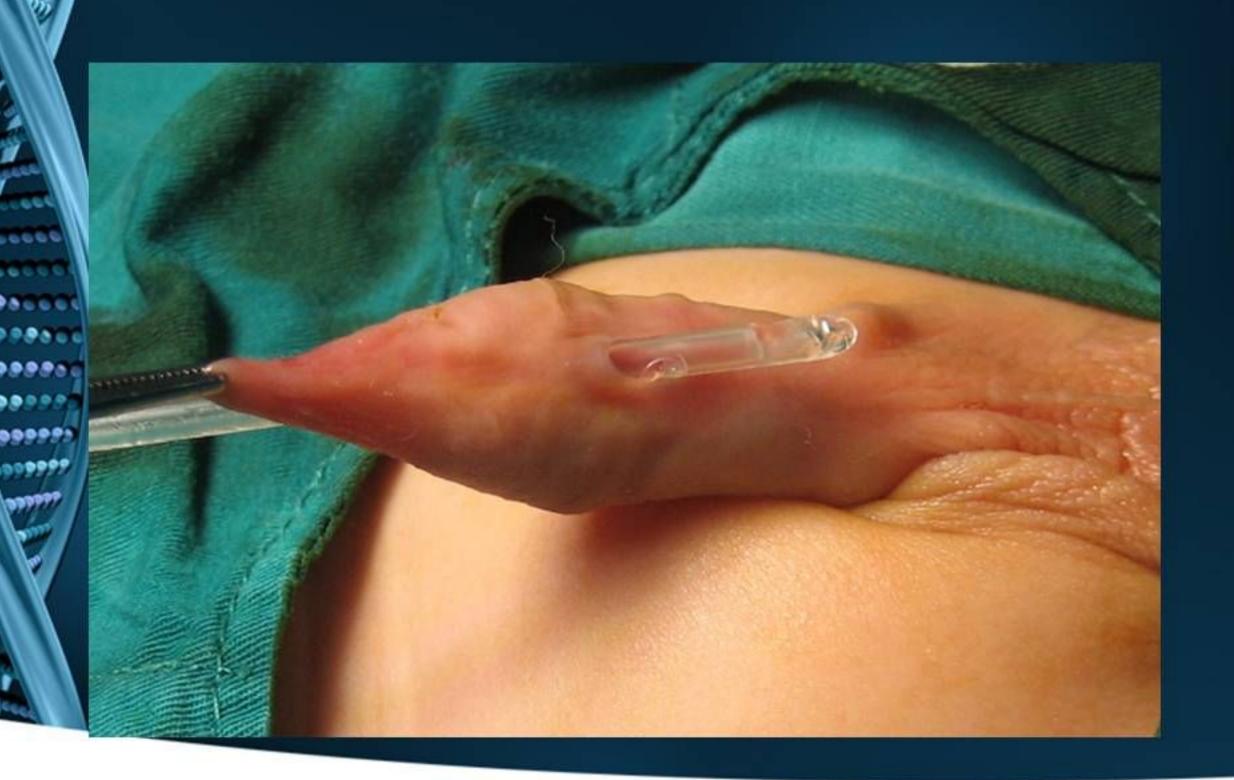
ABSTRACT

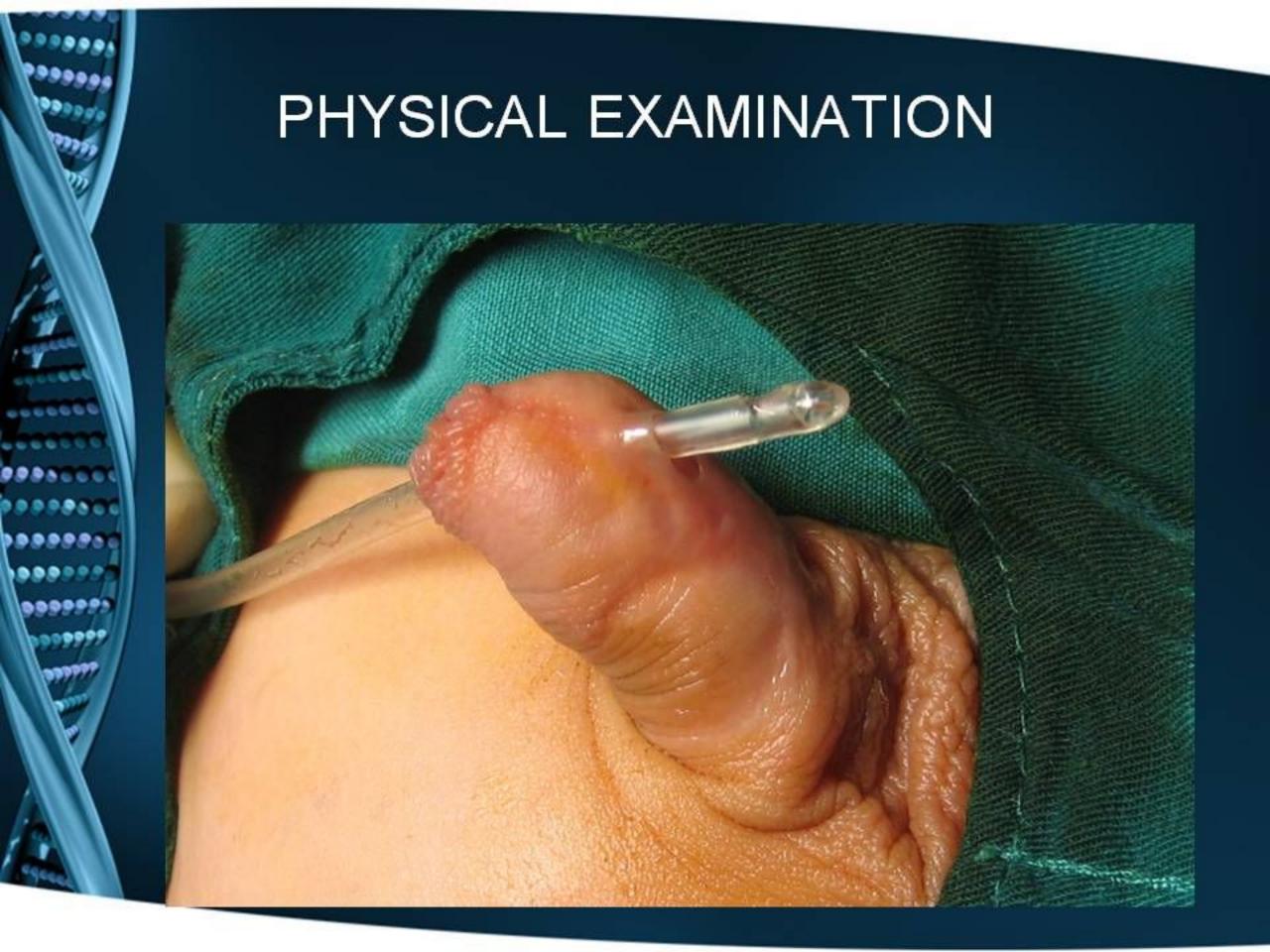
- Congenital urethrocutaneous fistula: anorectal malformation, ổ nhớp
- Congenital anterior urethrocutaneous fistula is an extremely rare anomaly
- 36 case have been report
- case report: etiologies and surgical management

CASE

- Patient T.V.Đ, male, 2 ys, Bentre province
- Voiding at the ventral penis postnatal
- Non-surgical prehistory

PHYSICAL EXAMINATION







PHYSICAL EXAMINATION

- Normal preputial skin
- Straight penis
- Meatus at the top of glans penis
- Catherization entrance to bladder after crossing over fistula.
- Another parts of the body are normal.
- Δ : purely congenital anterior $\,$ urethrocutaneous
- fistula

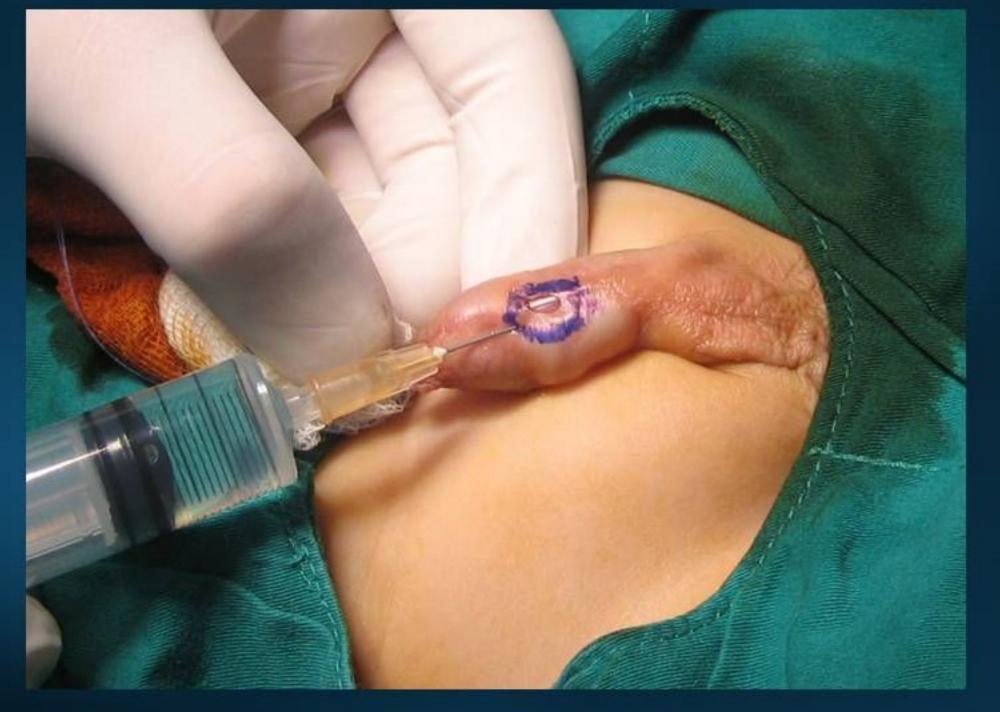


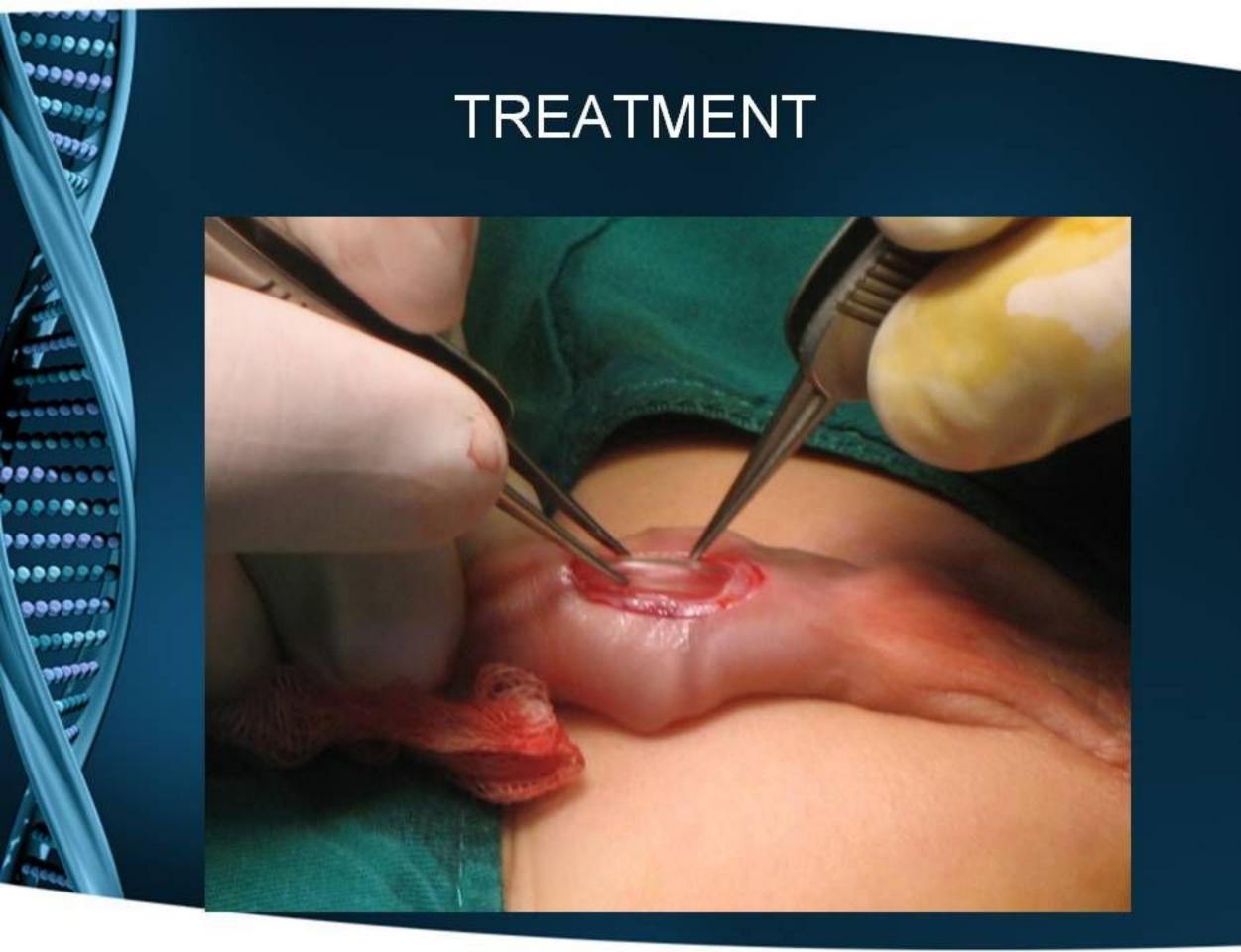
 Repair the fistula by Snodgrass method, covering by tissue around the fistula

Save Feeding tube 8 Fr 10ds

Suturing by PDS 7.0







RESULT

• removed catheter, voiding at the meatus, without fistula

Following after 1 – 3 – 6 – 12 months



DISCUSSION

- 36 cases have been reported
- Device into 2 types:
 - Type 1: purely congenital anterior urethrocutaneous fistula (2/3 cases)
 - Type 2: associate with hypospadias, chordee, defective corpus spongiosum(1/3 cases)
- Our case is type 1



- The formation of penus urethra:
 - Before 9ws of gestation, formation of the groove and urethral fold
 - After 9ws, formated urethra by the fusion of groove and urethral fold associate with testosteron, dihydrotestosteron
- Entrancing of the epithelial cells create glanular urethra



- Hypothesis of congenital anterior urethrocutaneous fistula
 - Cysts or defect of urethral disk (Olbourne-1976)
 - lack of Dihydrotestosteron prevent connection together of the midline urethra
 - in case, fistula at groove of glans: development of penus urethra and glanular urethra is deviate
 - Rupture diverticular urethra(Campbell-1951)



different diagnosis with double urethra

Type 1: Duplay, Snodgrass

Type2: depend on anomal penis ->Onlay flap,

Onlay tube...



- a few studies report that reparing type 1 fistula
 by Duplay method is easily recurrent
- the lack of distal urethra should be done (urethroplasty) by tissue around (Welch)



CONCLUSION

- rarely congenital deformity
- device into 2 type depend on anomal penis
- Etiology has not clearly explained yet
- Appropriate treatment depend on diagnosis

