

PP-05 A Noval Dorsal Meatoplasty Method For Resistant Meatal Stenosis After Distal Hypospadias Surgery

Poster Bildiri

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INTRODUCTION: Meatal stenosis is a common complication after hypospadias surgery especially after operations in which the urethral plate is incised. In this study, an alternative noval method of meatoplasty for the treatment of resistant meatal stenosis is presented. **MATERIAL and METHODS:** A total of 8 cases with resistant meatal stenosis after TIPU operation were included in this study. Resistant meatal stenosis was diagnosed as the patients who underwent urethral dilatation for at least 3-8 times and did not show any improvement in voiding videos. In our dorsal meatoplasty method, initially a vertical incision from the distal half of the glans penis is performed. The scarred spongiosum tissue were evacuated from dorsal part of the glans by carefully preserving the urethral epithelium. Later, the incision was closed by the Heineke Mickulicz method. Post operative follow up examinations were performed at 10th day, 1, 3 and 6 months, and 1 year. Successful outcome of dorsal meatoplasty method were defined as no need for dilatation for a period of at least 6 months in the controls and who had straight stream that contains flare in the voiding videos. **RESULTS:** The mean age of the patients was 3.5 years. The mean number of dilatations for meatal stenosis before meatoplasty was 4. The mean interval period between the first and the dorsal meatoplasty operation was 15 months. In all our cases tourniquet was used for bleeding control. In all patients large candle flame voiding was observed in the control examinations after dorsal meatoplasty. In 7 patients there was no need for further dilatation for a minimum of 6 months and maximum 2 years at follow-up examinations. In 1 patient recurrent stenosis that required further dilation was observed at the 3rd month follow up examination. When we investigate the operation notes of the relapsed patient in detail, we realized that the bleeding could not be controlled by the tourniquet and bipolar cautery was necessary during the excision of the scarred spongiosum tissue. **CONCLUSION:** The cosmetic and functional early and medium-term outcome of the noval dorsal meatoplasty method were found to be successful in the treatment of

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