PP-36 A Rare Case Of Duplication Urethra. Clinical Observation.

Poster Bildiri

Vrublevskiy Sergey[1], Vrublevskiy Artem[2], Demina Anastasia[3], Shalatonin Michael[3], Vrublevskaya Elena[1], Turov Filipp[2], **Chikunova Alina**[4]
1 V.f. Voyno-Yasenetsky Scientific And Practical Center Of Spicialized Medical Care For Children; Department Of Pediatric Surgery Pirogov Russian National Research Medical University
2 V.f. Voyno-Yasenetsky Scientific And Practical Center Of Spicialized Medical Care For Children
3 Morozovskaya Children's City Clinical Hospital, Moscow
4 Pirogov Russian National Research Medical University

Purpose: Analysis of treatment tacticsof examination and treatment of children with rare malformation of the urethra - congenital posterior urethroperineal fistula (CUPF). Materials and methods: The study included 26 children (retrospective analysis) with over the last 50 years and the results of their own clinical observations. It is assumed that abnormal midline fusion of the lateral ridges of the urorectal folds giving rise to an accessory urogenital sinus, which subsequently induces the development of a completely duplicated urethra or CUPF. The patient, 3 years old, was observed from birth about the fistula course on the perineum. Parents noted periodic discharge from the fistula, looks like urine. During the physical examination, a tiny hole with a diameter of about 1 mm was found on the skin of the perineum at a distance of 4 cm in front of the anus in the middle line. Cystoscopy was performed with the introduction of methylene blue through the opening of the fistula on the perineum and the receipt of a coloring solution in the prostatic part of the urethra was noted to be proximal and to the right of the seminal tubercle. Were verified the diagnosis of CUPF. The operation was done, a bordering incision around the fistula was made. False urethra first had the direction of the rectum, and then skirted the left half bulbospongiosus muscles and in the end went to the prostatic urethra. The proximal part of the fistula was ligated with Vicryl 3-0. The length of the excised area was 4.5 cm, the diameter of the fistula varied from 0.4 to 0.2 cm and narrowed in the direction of the perineum. Histological examination showed that the fistula was lined by stratified squamous keratinizing epithelium. During 1 year of follow-up after surgery, there was no recurrence of fistula. Conclusions: Congenital posterior urethroperineal fistula are extremely rare. The presented observation corresponds to type II A2, Y-shaped doubling of the urethra, described by Effmann (1979). The difference is that with CUPF there is a normally functioning dorsal urethra and hypoplasized additional ventral urethra.

Keywords: Congenital posterior urethroperineal fistula (CUPF), Duplications of the urethra, anomalies of the urethra, malformation of the posterior urethra, fistula of the urethra.