

A Unique Case of Male Genital Anomaly Complex and Its Surgical Reconstruction

Introduction and Objective: This video presents the physical findings in a unique case of male genital anomaly complex and its successful 3-stage surgical reconstruction.

Materials and Methods: A 21-year-old male was seen having a totally bifid penis (P), with a patulous urethral (U) opening in the depth of the cleft between its 2 halves at the penopubic site. A mass was seen prolapsing from the lower lip of the urethral opening, surrounded by a dirty red mucosal covering. This mass was hanging freely between the thighs. The clinical examination and complete investigations, especially MRI imaging and pelvic laparoscopy, proved that the prostate (P), the seminal vesicles (S) and the vasa deferentia were inside this mass. Also, the scrotum (S) was bifid with each section having its own normal sized testis. The author called this combination of findings “PUPSS” genital anomaly complex. The upper urinary tract and the bladder were normal. This patient was totally incontinent. His potency was normal, but during erection the 2 halves of the penis were convergently directed crossing each other. Only, there was slight diastasis of symphysis pubis. Otherwise, no anomalies were detected. A three-stage operative repair was performed. The first stage was done through a combined suprapubic and perineal routes. It consisted of, reduction of the organs into the pelvic cavity, anterior bladder tube reconstruction, and mesh perineoplasty. Postoperatively, the patient became continent. In the second stage, 3 months later, a partial penile configuration was performed. It resulted into single penis with a penoscrotal hypospadias and wide ventral urethral plate. Tubularization of the urethral plate, complete configuration of penile body, and fusion of the scrotum were performed 1 year later, as the third stage.

Results: The end result is a continent patient having normal-looking external genitalia. The penis is now directed normally during erection, allowing intercourse.

Conclusions: In this unusual condition, meticulous physical clinical examination and investigations prevented the catastrophic excision of this mass during the reconstruction of the genitalia. Also, the author recommends the staged repair to achieve a successful noncomplicated result in such incontinent patient.

To view this video, please [click here](#)