



# 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



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- Normal preputial skin
- Straight penis
- Meatus at the top of glans penis
- Catheterization entrance to bladder after crossing over fistula.
- Another parts of the body are normal.

**Δ : purely congenital anterior urethrocutaneous fistula**



# TREATMENT

- Repair the fistula by Snodgrass method, covering by tissue around the fistula
- Save Feeding tube 8 Fr 10ds
- Suturing by PDS 7.0



# TREATMENT



# TREATMENT



# TREATMENT



# TREATMENT





# 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



# DISCUSSION - ETIOLOGIES

- The formation of penis urethra:
  - Before 9ws of gestation, formation of the groove and urethral fold
  - After 9ws, formed urethra by the fusion of groove and urethral fold associate with testosterone, dihydrotestosterone
- Entrancing of the epithelial cells create glanular urethra



# DISCUSSION - ETIOLOGIES

- Hypothesis of congenital anterior urethrocutaneous fistula
  - Cysts or defect of urethral disk (Olbourne-1976)
  - lack of Dihydrotestosterone 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)





## DISCUSSION - ETIOLOGIES

- different diagnosis with double urethra
- Type 1: Duplay, Snodgrass
- Type 2: depend on anomalous penis → Onlay flap, Onlay tube...



## DISCUSSION - ETIOLOGIES

- a few studies report that repairing 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



THANKS FOR WATCHING!