

E. De Grazia
R. M. Cigna
M. Cimador

Modified-Mathieu's Technique: A Variation of the Classic Procedure for Hypospadias Surgical Repair

Pediatric Surgery, University of Palermo, Palermo, Italy; Pediatric Surgical Division, E. Alba-
nese Hospital, Palermo, Italy

Summary

Distal penile curvature associated with anterior hypospadias can be corrected by urethral plate mobilization.

The authors present 11 cases, in which this procedure was performed modifying the classic Mathieu's technique in the surgical treatment of coronal and distal shaft hypospadias associated with chordee.

Performing this modified-Mathieu's technique, excellent results, both functional and cosmetic, are obtained without any complication.

Key words: Hypospadias surgery – Urethral plate – Mathieu's technique

Résumé

Le redressement de la verge dans les hypospades antérieurs peut être obtenu par mobilisation de la gouttière urétrale.

Onze patients ont été opérés selon cette technique: il s'agit d'une modification de l'uréthroplastie selon Mathieu.

Les résultats obtenus, esthétiques et fonctionnels, ont été excellents et aucune complication n'a été notée.

Mots-clés: Chirurgie de l'hypospade – Plaque urétrale – Technique de Mathieu

Resumen

El enderezamiento de la curvadura distal del pene en los hipospadias distales puede ser logrado mediante movilización de la placa uretral. Los autores presentan 11 pacientes en quienes se realizó este procedimiento modificando la técnica clásica de Mathieu para tratamiento del hipospadias distal y coronal asociado con cuerda ventral. Con esta operación se obtienen resultados excelentes tanto funcionales como cosméticos sin complicaciones.

Palabras clave: Hispospadias – Placa uretral – Técnica de Mathieu

Zusammenfassung

Eine distale Penisverkrümmung mit Hypospadie kann durch eine Mobilisierung der gesamten Urethralplatte korrigiert werden.

In der vorliegenden Arbeit werden 11 Fälle vorgestellt mit einer Modifikation der klassischen Mathieu-Technik.

Komplikationen wurden nicht beobachtet, die Modifikation der Mathieu-Technik wird eingehend diskutiert.

Schlüsselwörter: Hypospadie – Urethralplatte – Schaftkrüm-
mung – Mathieu-Technik

Introduction

Mathieu's urethroplasty can be considered, at the present, the best technique for correcting coronal and distal shaft hypospadias, when it is not associated with penile curvature (3).

Very good functional and cosmetic results are easily achieved by this surgical procedure, keeping complications at very low levels.

In 1977, Devine and Horton (2) demonstrated that penile curvature was caused by the ventral chord and not by the urethral plate. For this reason, ventral chord excision strengthens the glans, thus dividing or removing of the urethral plate is not necessary.

In 1994, Duckett, Mollard, Perovic (1, 4, 6) managed penile curvature associated with hypospadias by onlay island flap technique, in which the urethral plate is mobilized and the ventral chord removed.

In this paper, a modified Mathieu's technique is presented: we propose the mobilization of urethral plate to correct distal penile curvature when it is associated with an anterior hypospadias.

Materials and methods

In the last five years we have treated 132 children, presenting coronal or distal shaft hypospadias, using Mathieu's urethroplasty.

Since 1994, 88 patients with anterior hypospadias underwent Mathieu's urethroplasty. We found a distal or glans curvature associated with anterior hypospadias in 12.5% of cases (11 over 88 children). These children, according to Devin and Horton, were managed with a variation of classic Mathieu's technique: the mobilization of the urethral plate and the removing of the ventral chord performed together with urethroplasty.

The operation starts with the artificial erection test, to evaluate the straightening of shaft and glans and, subsequently, their curvature, if it is observed.

Received May 28, 1997; revised, accepted August 8, 1997

Eur J Pediatr Surg 8 (1998) 98–99

© Hippokrates Verlag Stuttgart · Masson Editeur Paris

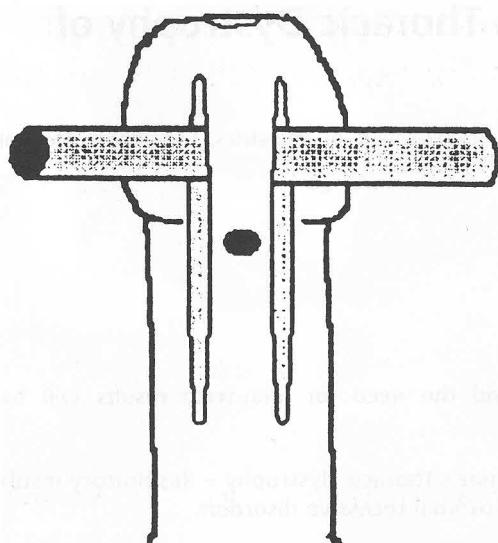


Fig. 1 Mobilization of the urethral plate.

The injection of normal saline with a 25-gauge butterfly needle, placed into the glans, will fill up the entire organ, after securely placing an elastic band at the base of the penis. This will identify any restraining fibrous band(s).

Two skin incisions are performed on each side of the urethra, and mobilization of the urethral plate is carried out, opening the plane just underneath the urethral meatus and proceeding towards the glans. Then the posterior plane is dissected and fibrous tissue, upon the corpora cavernosa, is removed (Fig. 1).

This excision straightens the penis when it is associated with extensive removing of tethering fibrous tissue in anterior segment of balanic groove and distal part of shaft.

The artificial erection test is repeated, to evaluate the result of the procedure; the subsequent steps of the technique are the same as in the classic *Mathieu's* procedure (Fig. 2).

Finally, a preputioplasty is performed.

An 8-Fr transurethral drain is required for two days.

Results

After at least a twelve-months' follow-up, no complications were observed (dehiscences, fistulae, meatal stenoses).

Discussion

Mathieu's urethroplasty is at the present our best choice in the surgical treatment of coronal and distal shaft hypospadias, but when this urethral defect is associated with penile curvature, a good result can be difficult to realize using this procedure.

For this reason, according to some authors' reports, in which distal penile curvature was treated by mobilization of urethral plate, we started to perform the same procedure also in the classic *Mathieu's* urethroplasty. In this last technique, a very thin pedicle flap is used for urethroplasty and, therefore, the mobilization of urethral plate could cause a vascular impairment. This event, nevertheless, was not observed in our series.

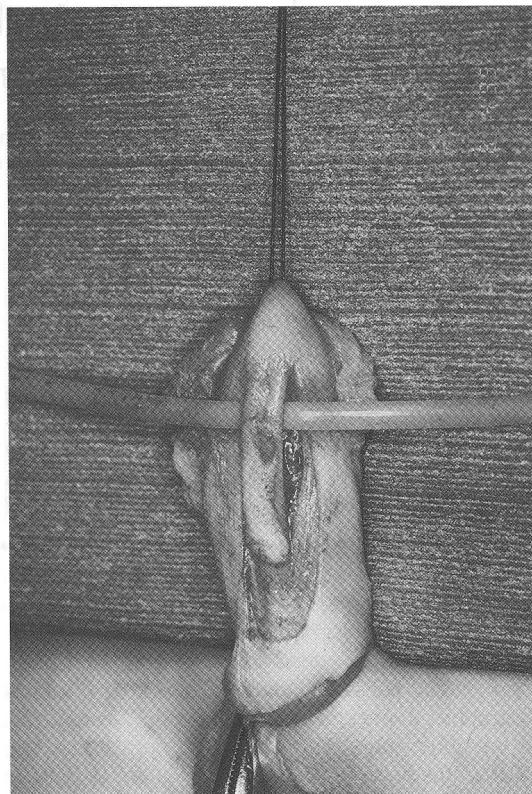


Fig. 2 Clinical appearance after mobilization of the urethral plate.

Performing modified-*Mathieu's* technique, excellent results have been achieved, both functional and cosmetic, with no complications.

Since we started to carry out this modification, no different technique has been required for treatment of coronal and distal shaft hypospadias associated with distal penile curvature.

References

- Baskin LS, Duckett JW, Ueoka K, Seibold J, Snyder HM: Changing concepts of hypospadias curvature lead to more onlay island flap procedures. *J Urol* 151 (1994) 191
- Devine CJ, Horton CE: Hypospadias repair. *J Urol* 118 (1977) 188
- Hollowell JG, Keating MA, Snyder HM, Duckett JW: Preservation of the urethral plate in hypospadias repair: extended applications and further experience with the onlay island flap urethroplasty. *J Urol* 143 (1990) 98
- Mathieu P: Traitement en un temps de l'hypospadias balanique et iuxtabalanique. *J Chir* 39 (1932) 481
- Mollard P, Castagnola C: Hypospadias: the release of chordee without dividing the urethral plate and onlay island flap (92 cases). *J Urol* 152 (1994) 1238
- Mollard P, Mouriquand P, Felfela T: Application of the onlay island flap urethroplasty to penile hypospadias with severe chordee. *Brit J Urol* 68 (1991) 317
- Perovic S, Vukadinovic V: Onlay island flap urethroplasty for severe hypospadias: a variant of the technique. *J Urol* 151 (1994) 711

Prof. E. De Grazia

Cattedra di Chirurgia Pediatrica
Università di Palermo
Ospedale E. Albano
Via Papa Sergio I, n. 5
I-90100 Palermo
Italy