Definition and Treatment of Chordee without Hypospadias: A Report of 5 Cases

C. MIROĞLU, E. ÜNLÜER, D. BAŞAK, E. ÖZDILER

Department of Urology, SSK Okmeydani Hospital, Istanbul, Turkey

(Accepted April 27, 1991)

The controversies in chordee without hypospadias are mostly focussed on the definition and treatment of type I and type IV chordee. In this respect we believe that surgical exploration is necessary to make a precise classification leading to the most appropriate therapy. We present 5 cases, 3 of which had type I chordee, 1 had type II and 1 had type III. In the 2 cases with type I chordee, type IV chordee coexisted. Although all the patients have had satisfactory cosmetic results, 3 of them should be reevaluated after puberty since they are prepubertal yet.

Introduction

Chordee is the congenital abnormal ventral curvature of the penis. It usually occurs together with hypospadias. Cases without hypospadias are rare. Although this condition has also been called “hypospadium without hypospadias”, “congenital short urethra” or “congenital ventral curvature of penis”, “chordee without hypospadias” is preferred as the most accurate description of this entity [1, 2, 3]. This congenital abnormality, which was first reported by Sievers in 1926 (cit. [2]), occurs approximately 4 [4] to 7 [2] per cent as often as hypospadias.

Knowing that there is considerable debate regarding its definition, aetiology and treatment, in addition to its rarity, we present 5 cases with chordee without hypospadias and take the opportunity to discuss ideas on its treatment.

Material and methods

From 1984 to 1990, 5 patients aged 6 to 16 years were treated for chordee without hypospadias. The patients were classified according to the Devine-Horton classification [5] to which Kramer’s type IV was added. All patients had glanular meatus. With the findings of surgical explorations, of the 3 patients who had type I chordee, in 2 Kramer’s type IV chordee coexisted. One patient had type II and 1 had type III. In the 2 patients with type IV chordee corporeal disproportion was corrected by the Nesbit-Kelami technique [6, 7] after removing all the visible chordee tissue and then doing a vertical corporeal septotomy. The 2 cases with type I chordee underwent division of the urethra with two-stage urethro-
Fig. 1. Second-stage urethroplasty of a type I case. (a) Preparation of interpositional tube; (b) urethra has been closed around the splint

*International Urology and Nephrology* 24, 1992