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Ingrafts in Hypospadias Surgery

Longer-term outcomes

Justin Loloi, BS
Penn State Hershey College of Medicine

Objective

To describe and compare longer-term outcomes in the use of inner preputial skin and buccal mucosal ingrafts for hypospadias repair

Methods

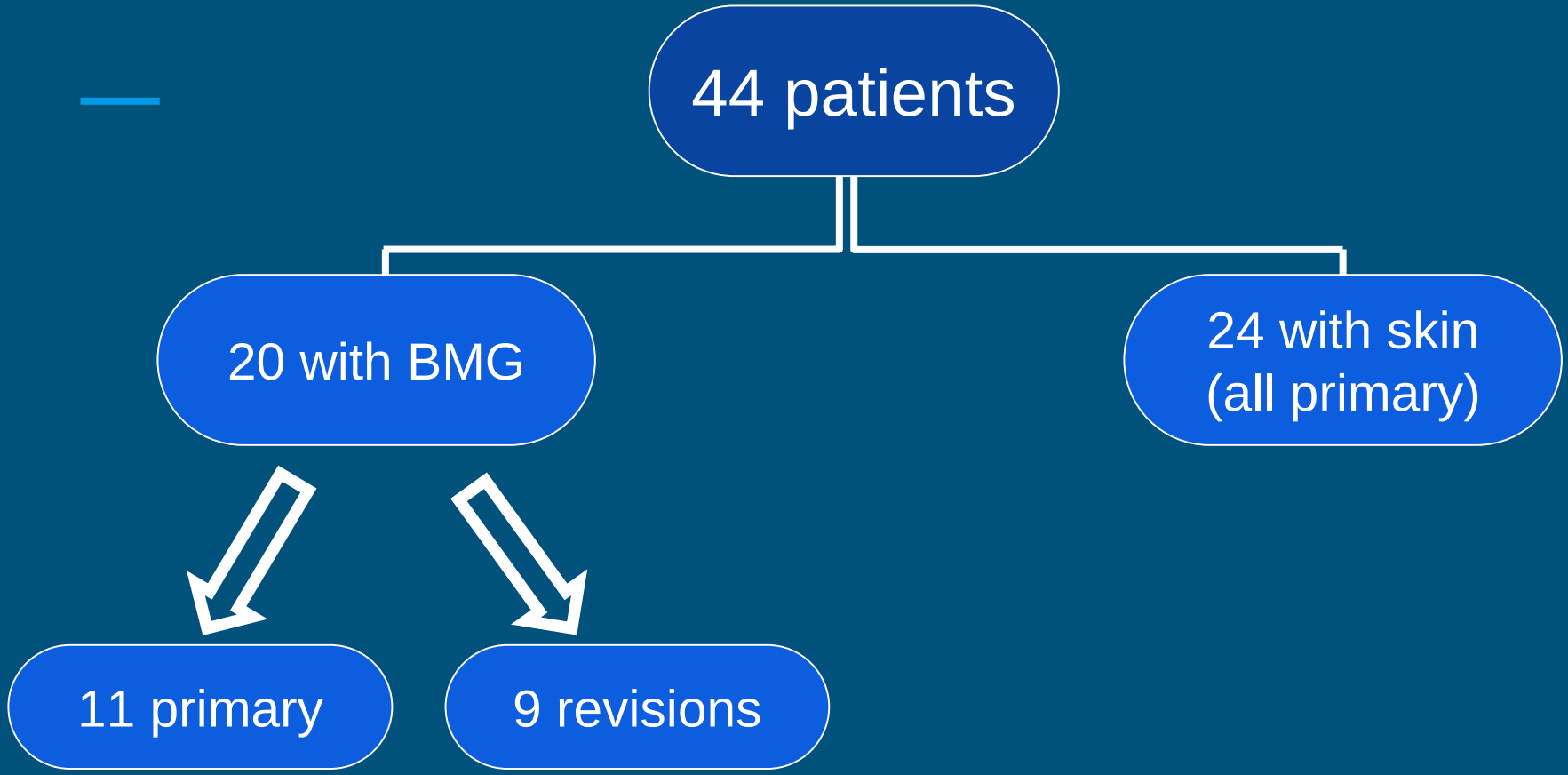
44 patients
20 with BMG
24 with skin (all primary)
11 primary
9 revisions

Table 1: Outcomes in Primary versus Redo repair

	Primary repair	Redo repair
Total (n)	35	9
Complications	12 (34%)	3 (33%)
Complication type:		
Urethrocutaneous fistula	5	0
Meatal stenosis	4	0
Glans separation	2	2
Urethral stricture	0	1
Cosmetic defect (redundant skin)	1	0
Average time to complication (months)	28.6 (range: 0.7 - 126)	8.5 (range: 0.4 - 14
Surgical correction of complication	11 (92%)	1 (33%)

Table 2: Inner preputial skin ingraft outcomes

	Skin
Total (n)	24
Primary repair (n)	24
Redo repair (n)	0
Complication (n)	6 (25%)
Complication type:	
Urethrocutaneous fistula	2
Meatal stenosis	2
Glans separation	1
Urethral stricture	0
Cosmetic defect (redundant skin)	1
Average time to complication (months)	35 (range: 1.0 – 126)
Surgical repair of complication	6 (100%)

Table 3: BMG outcomes

	Primary repair	Redo repair
Total (n)	11	9
Complications	6 (55%)	3 (33%)
Complication type:		
Urethrocutaneousfistula	3	0
Meatal stenosis	2	0
Glans separation	1	2
Urethral stricture	0	1
Cosmetic defect (redundant skin)	0	0
Average time to complication (months)	22 (range: 0.7 - 66)	8.5 (range: 0.4 - 14
Surgical correction of complication	5 (83%)	1 (33%)

Conclusions

- Ingrafts have acceptable complication rates

- Initial surgery = inner preputial skin
- Revisional surgery = BMG

- Complications observed even up to 10 years following surgery

Questions?