POST HYPOSPADIAS URETHROCUTANEOUS FISTULA REPAIR COMPARISON BETWEEN PATIO AND OTHER TECHNIQUES

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Aim of study: To evaluate the outcome of the procedures involved in correcting post hypospadias repair complicated by urethrocutaneous fistula and compare the results of PATIO (Preserve The Tract And Turn It Inside Out) and other procedures.

Methods: We collected data of 39 boys who underwent urethrocutaneous fistula repair. Parameters studied including age, meatal location, age at first urethroplasty, hypospadias repair technique, number of urethroplasties required, location of fistula, time gap between urethroplasty and fistula repair, method of fistula repair and outcome of fistula repair. Patients were divided in two groups PATIO group and other fistula repair methods.

Results: Mean age of the studied patients was 97 months (44 to 211 months). Type of hypospadias was subcoronal=18,coronal=8, distal penile=2,midpenile=4,proximal penile=2, penoscrotal=3 and unknown (not recorded)=2 patients. 28 patients had single urethroplasty, 6 patients had 2 and 2 patients had 3 urethroplasties. Average age at urethroplasty was 24 months (10-113 months). 22 patients had Snodgrass repair, Mathieu =2, MAGPI=1, tubularised plate=2,Mathieu+Snodgrass =1,two stage in 6 and undefined method of repair in 5 patients.Location of fistula was coronal=15,subcoronal=18, glanular=1,midpenile=1, penoscrotal=3,unknown=1.Time of fistula repair after urethroplasty was 6-148 months (average=30 months). Method of fistula repair was PATIO=12, Simple closure=15, Redourethroplasty=3, excision+pursestring closure of fistula and division of skin bridge =3, Not known = 3 patients. Fourteen of 33 patients had recurrent fistula (2 patio, p=0.032). Redofistula repair was done in 7 patients ((1 PATIO, 3 simple closure, 2 redo urethroplasty). Average follow up was 18.9 months (3 to 52 months) available for 33 patients.

Conclusions:

1. PATIO method for repair of urethrocutaneous fistula was quicker and associated with significantly low recurrence when compared with other methods

2. Fistula recurrence was not associated with age at urethroplasty, type of hypospadias, number of urethroplasties, method of urethroplasty, gap between urethroplasty and fistula repair and location of fistula.