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Case Report Open access

Penile Duplication: A Case Report

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Abstract

Penile duplication or diphallia is a rare congenital anomaly. The authors report of diphallia in a 54 year old man who was received in consultation for the management of inguinal hernia. A review of the literature describes the clinical presentations and associated malformations and the therapeutic options ranging from a simple excision of the supernumerary penis to a complex reconstruction when associated with severe malformations. This case report did not undergo plastic surgery.

Keywords: Diphallia; Malformation; Rare presentation; Surgeon

Introduction

Penile duplication still called diphallia is a rare congenital malformation [1]. Its frequency is estimated at one in five million births [2,3]. It is a variable clinical expression. Wecker reported the first case in 1609 [1]. In Senegal, we report the first case of the old man, which was discovered incidentally during a consultation.

Case Report

Our patient was 54-years-old man, married and father of four children, without specific medical history, who consulted for the management of a right inguinal swelling in connection with an inguinal hernia. Voiding disorders related to urination by two holes did not cause sexual dysfunction. The clinical examination revealed a right inguinal hernia, a penile duplication and two testicles that are normal in a place no anomaly scrotal. The supernumerary penis was associated with hypospadias (Figure 1).

Retrograde urethrocystography (UCR) performed on the two penile systems showed urethral duplicity without duplicity of the bladder (Figure 2). After information on the possibilities of plastic surgery, the patient did not accept the resection of the supernumerary penile and he opted for hernia repair which was conducted by the Mac Vay method.

Discussion

Penile duplication is a rare congenital malformation and the diagnosis is often made at birth [1,2]. It is mainly clinical examination. In the literature, several anatomic classifications have been proposed to characterize the diphallia. So when there are two penises separated each possessing a urethra, a urethral meatus and erectile corpora, it's a complete penile duplication. It is incomplete if each penis has two corpora cavernosa and a spongy body [1-3]. The pseudodiphallia term was used for the first time by Raventós and Villanova [4]. Schneider [5] described three anatomical forms of diphallia: glandular penile, bifid and complete. It's reflecting the difficulty to find one classification to this malformation.

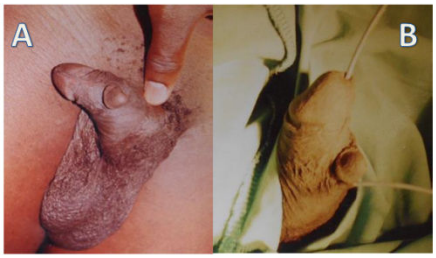

Figure 1: A - penile duplication, B- catheterization transuretral two urethral meats.

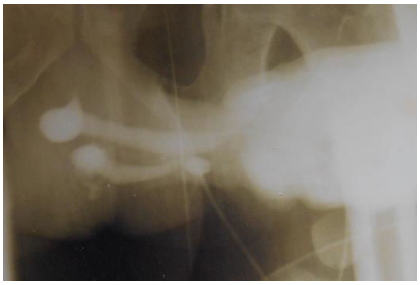

Figure 2: Retrograde uretrocystography showed two urethra and one bladder.

The many malformations were associated with diphallia such as cryptorchidism, hypospadias, Bladder Exstrophy and pubic symphysis diastasis, duplicity of the urethra, anal duplication, colon and rectosigmoid duplication and imperforate anus [3,4,6,7].

The case that we report is an incomplete diphallia associated with hypospadias of supernumerary penis. The patient does not have erectile dysfunction and difficulties intromission during sex. The miction was normal. However it went out into the main jet at urethral meatus and drops at the hypospadias meatus of ventral penile.

Some authors use the ultrasound to confirm the diagnosis, to detect the number of corpora spongiosum or corpora cavernous and search the malformations accompanying [2,3]. We are using the retrograde uretrocystography is to explore the urethra and the bladder. The I.R.M better assess each penis giving more information on the corpora cavernosa, spongy, and their journey, but it would study the existence or not of other associated malformations [8]. Some authors recommend to use of preoperative cystoscopy for exploring the urethra, bladder and ureteral meatus [3].

The treatment will depend of the case. It is in general surgical and support varies depending on the importance of the malformation and that genital and urinary associated anomaly. The less functional penis is resected for the benefit of the dominant penis [2]. At the same time of operation, associated anomalies are corrected procedure [2,3,6,7,9]. Our patient did not accept the resection of the supernumerary penis because he deemed not necessary to do so.

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