

Abnormalities of the External Genitalia



Lauren Baldinger, DO, MS, Abhijith Mudegowdar, MD, Aseem R. Shukla, MD*

KEYWORDS

- External genitalia • Genital malformations • Penile anomalies • Scrotal anomalies
- Inguinal hernia • Hydrocele

KEY POINTS

- Perinatologists and neonatologists should recognize common malformations of the foreskin that preclude a neonatal circumcision, including the webbed penis, concealed penis, chordee, and hypospadias.
- A presumed male infant with bilateral nonpalpable gonads should undergo an evaluation to rule out congenital adrenal hyperplasia.
- An undescended testis is not expected to descend spontaneously after 4 months of age, so pediatric urology consultation should be sought.
- Perinatologists and neonatologists should endeavor to differentiate an inguinal hernia from a communicating hydrocele and scrotal hydrocele by understanding the relevance of the processus vaginalis.

ABNORMALITIES OF THE EXTERNAL GENITALIA

Concealed Penis and Trapped Penis

The term inconspicuous penis was coined by Bergeson and colleagues¹ in 1993. It described conditions in which the penis appears undersized and small. A small penile shaft referred to as a micropenis can be a cause of the inconspicuous penis and is defined as being less than 2 standard deviations of the average size for a given age group or a stretched penile length of less than 2 cm in a term male neonate.² However, more commonly, inconspicuous penis is caused by a congenital condition of surrounding tissue. In the latter, the penis is normal in size but concealed by adjacent tissue, skin, or adipose. These conditions include webbed penis or scrotal webbing, buried penis, and trapped penis. The inconspicuous penis can become a great concern for parents, and, of immediate significance, may proscribe a standard

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Division of Pediatric Urology, The Children's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania, 34th Street and Civic Center Boulevard, 3rd Floor Wood Building, Philadelphia, PA 19104, USA

* Corresponding author.

E-mail address: shuklaa@email.chop.edu

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newborn circumcision. It is important to be able to help distinguish which cases need referrals for surgical management and which require reassurance.³

Scrotal webbing or webbed penis (Figs. 1 and 2) refers to skin from the scrotum being tethered to the ventral surface of the penile shaft or the penoscrotal junction being too close to the dorsum of the penile skin. The typical anatomy is that the superficial fascia of the penis along with the skin makes a well-defined penoscrotal angle on the ventral aspect of the penis below which the dartos fascia begins incorporating with more smooth muscle fibers. This fascia, then, is closely adherent to the skin of the scrotal wall, and, hence, if the penoscrotal angle is distorted because dartos fascia anchors the penile skin to the scrotal wall, scrotal webbing ensues. Often this is associated with other external genital abnormalities, and the physician must look for hypospadias, chordee, and a micropenis. This condition is corrected with surgical intervention and a newborn circumcision should be avoided.

A concealed penis encompasses the buried and trapped penis: one is a congenital condition; the other is an acquired condition. Maizels and colleagues⁴ defined the hidden penis as a penis that is hidden below the preputial skin. The penis is retracted in and beneath the suprapubic fat in the case of an excessively fat prepubic area coming off the abdominal wall. Concealment also occurs because of weak anchoring of the superficial fascia and penile skin to the deeper fascia at the penile base. As a child grows, the excessive fat pad could diminish and the penis will become unburied, whereas in other cases, the buried penis requires surgical intervention because of fascial laxity.⁵ If the scrotum is swollen secondary to a hernia or hydrocele, the penis can also look buried; resolution or correction of the scrotal pathologic abnormality will resolve this cause of a buried penis.

The acquired trapped penis (Fig. 3) results after circumcision, when the penile skin forms a circumferential distal scar and traps the penis below this scar. The incidence of trapped penis following neonatal circumcision is estimated to be 2.9%.⁶ An overzealous circumcision or a circumcision performed without addressing scrotal webbing or scrotal swelling can result in a secondary phimosis causing a trapped penis. This condition can be troublesome, presenting with urinary tract infections, painful phimosis, and ballooning of the penis during urination. Often this can be corrected with topical steroid cream, but may need surgical correction if conservative management fails.

Abnormalities of penile curvature are a commonly encountered concern in the newborn. The 2 most common causes of penile curvature in the male newborn are penile torsion and chordee. Penile torsion is a congenital rotational defect of the penile



Fig. 1. Penoscrotal webbing is seen with fusion of the ventral foreskin with the scrotum causing a tethering effect.

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