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COMMENTARY

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The benefit of androgenic stimulation prior to hypospadias surgery has long been debated. Its goal is to increase penile length and circumference, and widen the glans and urethral plate to make the surgery easier and decrease adverse events. Short-term side effects include transient growth of pubic hair, possible growth retardation, erections, and increased bleeding during surgery. Long-term side effects of pre-pubertal androgenic stimulation are ill studied.

Rynja *et al.* examined 58 adults (mean age 19.8 years) who underwent hypospadias repair as a child, including 24 patients who received testosterone preoperatively [1]. They found no difference in postoperative complication rate, or in adult body or penile length or cosmesis with regard to testosterone use. Only 50% of the 121 eligible patients responded to the investigators' invitation. Selection bias may have influenced their results, and they have too few included patients to perform an accurate multivariate analysis. With the presented data from a retrospective analysis of 24 patients, it cannot be concluded, in our opinion, that pre-pubertal testosterone application has no long-term side effects. Statistics lose their power in such a small population, and no conclusion can safely be drawn from these series, especially when many surgical or anatomical parameters have not been taken into account.

In a rat model, pre-pubertal androgenic stimulation decreased genital size and germ cell count in adulthood [2], something which has not been reproduced in men but warrants further study. Also, the effect of testosterone on the androgen receptor, which seems to be less expressed in hypospadias, requires further investigation [3]. As 78% of pediatric urologists in the US apply androgenic stimulation pre-operatively, it is important to understand its possible long-term side effects [4].

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