 DOI: 10.18231/2455-6793.2017.0030

Complete Diphallia with no other associated congenital anomaly

Nandini Sharma[1,*], Sonal Gupta[2], Mohit Goyal[3], Sunita Sattavan[4]

[1,2,3,4]Resident, Dept. of Pediatrics, MG Medical College & Hospital, Jaipur, Rajasthan

***Corresponding Author:**
Email: drnandinisharma09@gmail.com

Abstract

We report a case of Diphallus in a term – appropriate for gestational age, male child weighing 3.1 kg with abnormal genitalia i.e. double penises one below the other with normal scrotum and normal sized testis. No other congenital anomaly was apparent. USG revealed single urinary bladder and normal intra abdominal organs. Baby was voiding through the bottom penis. MCU revealed a single urinary bladder with duplication of the urethra with a blind end in the orthotopic penis. There was no evidence of VUR. Surgical treatment was offered. However, unfortunately the patient was lost on follow up.

Introduction

Diphallus (penile duplication) is an extremely rare abnormality occurring once in 5-6 million births.(1) It may be associated with wide varieties of congenital anomalies like anorectal malformations and duplication of various parts of lower urinary tract.

Diphallia is classified into three types (Schneider) – duplication of glans alone, bifid diphallia and complete diphallia.(2) Pseudodiphallia, is another type consisting of a rudimentary atrophic penis apart from a normal penis.(3)

Case Report

A full term Male child weighing 3.1 kgs with APGAR 8/10 -9/10 was delivered by NVD. The child had abnormal genitalia viz. two penises one below the other, measuring 2.6 and 2.8 cms respectively(Fig.) Each of the penises on palpation appeared to have normal corporal bodies. The scrotum and testis appeared normal. There was no other apparent congenital anomaly. The baby was shifted to the NICU for further evaluation. Ultrasonography revealed single urinary bladder and apparently normal intra abdominal organs. Baby was voiding through the bottom penis. MCU was done by catheterizing the bottom penis by infant feeding tube. It revealed a single urinary bladder with duplication of urethra with a blind end in the orthotopic penis. There was no evidence of VUR.

Discussion & Conclusion

Complete diphallia or duplication of the entire penis with each penis having 2 corpora cavernosa and one corpus spongiosum.(2)

It may result from longitudinal duplication of the infra umbilical cloacal membrane before the 4th week of gestation and the subsequent migration of the mesoderm in two sets of genital tubercle, folds and swelling.(4) There are many variations in this abnormal development though. They could be anything ranging from one complete one stenotic urethra to complete duplication of urethras.(5)

In our case, one of the penis and urethra is "normal" while the other penis has only a part of urethra terminating in a blind end. This suggests only a partial duplication of the urethra with a complete duplication of the penis. The treatment modality offered to this patient in question were either just an excision of the orthotopic penis or penileurethroplasty with augmentation of the ventral penis with an excision of the extra penis in view of the slightly shorter size depending upon what the status is on subsequent follow up. However, unfortunately the patient was lost on follow up.

References

1. Adair EL, Lewis EL: Ectopic scrotum and diphallia: Report of a case. J Urol 84:115-117,1960.
2. Schneider P:Cited by Lamitter JK, Uson AC, Melicow AC: The male genital tract, in Mustard WT, Ravitch MM, Snyder WH, et al(eds): Pediatric Surgery vol 2,(ed 2). Chicago, IL, Year Book Medical Publishers, 1969,p 1263(chap 77).
3. Vilanova X, Raventos A: Pseudodiphallia, a rare anomaly. J Urol 71:338-346, 1954.
4. Hollowell JG Jr, Witherington R, Ballagas AJ, et al: Embryological consideration of diphallus and associated anomalies. J Urol 111:738-732(1977).
5. Chadha R, Bagga D, Gupta S, Mahajan JK: Complete diphallia with features of covered extrophy. J Pediatr Surg Vol 36(7):E12,1-3, 2001.