Testosterone in surgical repair of proximal hypospadias comparative study

Thesis

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By

Islam Mahmoud Safwat Abdel-Hamid

M.B.B.ch., M.Sc. (General Surgery)

Supervisors

Prof. Dr / *Osama Abdel-Ellah Al-Najjar*

Professor of Pediatric Surgery
Faculty of Medicine-Ain Shams University

Dr / *Amr Abdel-Hamid Zaki*

Assistant professor of Pediatric Surgery
Faculty of Medicine- Ain Shams University

Dr / *Wael Ahmed Ghanem*

Lecturer of Pediatric Surgery
Faculty of Medicine- Ain Shams University

Dr / *Mohamed Abdel-Sattar Mohamed*

Lecturer of Pediatric Surgery
Faculty of Medicine- Ain Shams University

Dr / *Nehal Ahmed Radwan*

Assistant professor of pathology
Faculty of Medicine –Ain Shams University

Ain Shams University
Faculty of Medicine
Pediatric Surgery Department

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بسم الله الرحمن الرحيم

وقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ

صدق الله العظيم

سورة التوبة آية (105)

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Contents

List of Abbreviations

AD : Androgen Receptor

BXO : Balanitis Xerotica Obliterans

DHT : Dihydrotestosterone

DLS : Dorsal Length Shaft

EUA : Examination Under Anathesia

GD : Glanular Dehiscence

GH : Glanular Height

GW : Glanular Width

HOPE : Hypospadias Objective Penile Evaluation

MVD : Microvascular density

PAIS : Partial Androgen Insensitivity Syndrome

SW : Shaft Width

TIP : Tubularized Incised Plate

VLD : Ventral Length Distal

VLP : Vental Length Proximal

YTP : Inverted Y Tabularized Plate

List of tables

List of Figures

Introduction and Aim of the Work

Hypospadias is one of the most common congenital anomalies in male children, with a prevalence that has nearly doubled in the last 30 years (***Dold ., 1998).***

However, even in the most experienced hands hypospadias repair is associated with a number of complications, including urethrocutaneous fistula, stenosis, scar formation and galular dehiscence (***Cevdet et al., 2007).***

Repair of the proximal hypospadiac penis can be technically challenging. The use of preoperative androgen therapy to enhance penile size before genital reconstruction has been proposed to improve the cosmetic and surgical results of these demanding operations ***(Baskin and Ducket., 1998).***

Hormone therapy preceding surgical correction is indicated to obtain better surgical conditions, favoring better skin conditions, reducing surgical complications, and temporarily increasing penile length and galns circumference ***(Hohenfellner et al.,1995).***

Different hormones have been proposed: human chorionic gonadotropin (hCG), dihydrotestosterone (DHT), or testosterone ***(Netto et al., 2013).***