



## Letter to the Editor

### Consequences of extensive glanular dissection



I read with interest the article entitled “TIP hypospadias repair: A pediatric urology indicator operation” by Snodgrass and Bush [1]. The authors state that the increase in glans size does not reduce the likelihood for glans dehiscence, and it is the extent of dissection into the glans wings that effectively reduces dehiscence. A logical extension of this statement is that glans dehiscence is avoided at the expense of a reduced diameter of the glanular urethra, inevitably leading to stenosis. In their unpublished data, the authors do not specifically give the results for urethral stenosis in patients with “extensive” dissection to avoid glans dehiscence. Moreover, the authors’ most recent publication about extensive glans dissection includes a large series of patients, where they prefer to use the indistinct heading “urethroplasty complications,” instead of listing specific complications (stenosis, dehiscence, fistula, etc.) of glans and urethroplasties [2].

In the normal human penis, glans wings merge in the midline ventrally, but are separated by the so-called “septum glandis,” in conjunction with the frenulum [3]. This septum of the glans penis is a median partition within the ventral glans, which extends to the tunica albuginea and is attached to the frenulum and the urethra, and is more prominent after adolescence. The frenulum is also included in the formation of the distal (glanular and subcoronal) urethra [4]. Hence, the approximated glans wings should allow for ventral support of the glanular and subcoronal urethra by a reconstructed neofrenulum. Neither glanular surface enhancement nor extensive dissection of the glans wings and their full-length approximation are anatomically compulsory, and may in fact be counterproductive. According to our experience, the split glans wings should be

separated and supported by a neofrenulum ventrally, which allows tension-free tubularization afforded by the limited spongioplasty (to be published).

The authors refer to a personal communication in support of the benefit of “extended glans wings dissection” to prevent glans dehiscence. Unfortunately, I have not been able to trace this enigmatic personality (Y.K. Tanikaze), quoted elsewhere as Saburo Tanikaze [*sic*] and Koaru Yashino, either in the urological literature or in Medline [5]. It is interesting that Drs. S. Tanikaze and K. Yashino from the Department of Urology, Kobe Children’s Hospital, Kobe, Japan, have not published any results themselves? On the other hand, the authors have endeavored to obscure the name of Dr. Marek Orkiszewski, who was the first person to publish an article about the primary tubularization with urethral plate incision technique. It seems the authors’ version of the incised urethral plate only covers the North American sequel. The unincised version of hypospadiology includes a well-documented introductory chapter set in Central Europe and succeeded by a convoluted transatlantic passage [6].

## References

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