Journal of Pediatric Urology (xxxx) xxx xxx

Letter to the Editor

Classification and surgical treatment of penile duplication and ethics

I read and watched with great interest the article and video on so-called "complete diphallia" in a 2-year-old boy, written by Macedo et al. [1]. I think this article has controversies related to classification, surgical treatment, and ethical concerns. According to the characteristics noted by the authors, this case appears to be in fact a "bifid phallus" containing a single corpus cavernosum in each penile structure. It could only be classified as complete diphallia if the patient had two corpora cavernosa and a corpus spongiosum in both penile structures (duplicated penis). If the duplicated penis is smaller or rudimentary, it is a partial diphallia. Complete diphallia is usually associated with more complex malformations [2]. Similarly, the degree of separation (to the base of the shaft or just to the glans) defines a complete or partial bifid phallus. Although Y-confluence to the bulbar urethra is reported on voiding cystography, the authors decided to remove the largest erectile tissue of the penis at the moment they confirm its blind ending urethra during cystoscopy and with the mother's observations on micturition. It was also reported that the reconstruction was performed only for the urination function. The penis has three functions; urination, sexual activity and reproduction. The MR images clearly show the larger size of the erectile tissue (corpus cavernosum) and the predominant ligamentous tissue of the left penile structure that was removed. Not only because of its larger erectile tissue, but also because of its ligamentous connections, the left penis should be considered when assessing sexual function. I think, instead of removing one of the erectile tissues, a better reconstruction technique would be to reconstruct the two erectile tissues, which involves combining both corpora cavernosa, as reported previously [3]. Since the urethra of the removed phallus was found blindly, I think it might be easier to combine them to form a more anatomical penis. Furthermore, the reconstruction of complex penile duplications to preserve the corporal tissue has also been reported [4,5]. Patients with diphallia or bifid phallus should be closely evaluated for sexual function, and I also think they should be considered for an ethical discussion, including patient consent for patients undergoing aesthetic normalizing surgeries, as in patients with sexual development disorders. It is also interesting how the authors were convinced solely by the mother's statement about the erection of both penile structures. Despite his sad and lonely appearance after losing his half, I hope the erection of this remaining penis is well reported by the child's mother.

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