



## Letter to the Editor

### If you ignore it, it doesn't exist for you

As a surgeon who devotes almost all of his time to hypospadias in his practice and research, I would like to comment on the meeting summary of the Hypospadias International Society 2022, written by Peter Cuckow et al. [1]. I had the opportunity to attend the first three meetings (Moscow, Frankfurt and Philadelphia) of the HIS. They were perfectly organized and had very nice social programs and I'm sure the next meeting in Izmir, Turkey, will be organized in a similar way.

Firstly, if a scientific meeting is organized every year, it means that there is intensive production and exchange of scientific information and everyone is interested in keeping up to date. However, as I have observed, all three meetings dealt with the same arguments and reviews (on flaps, TIPU and urethral advancement in hypospadias) as mentioned in this summary of the meeting in Sao Paolo, Brazil. While I don't think it's true, the dictum that once said about hypospadias, "There is nothing new in surgery that has not been described before," still seems true to many [2].

Second, as the authors discuss the Society's goal of addressing the unanswered questions in hypospadias through open collaboration and the exchange of ideas around the world, I repeat the questions I have asked at all Society meetings, and particularly in this journal over the past four years:

- 1 The male urethra is not a straight and uniform tubular structure as reconstructed in all hypospadias repair techniques [3–5]. What is the functional importance of the *fossa navicularis* in normal urethral anatomy and why is it still overlooked in hypospadias surgery? [6].
- 2 The boundary forces are particularly important for the male urethra. The glans tissue does not cover the urethra circumferentially and is separated by the "septum glandis" in the ventral midline [3–7]. Why do almost all hypospadias repair techniques

involve dissection of the glans and circumferential coverage of the glanular urethra with the glans? [8,9].

If your scientific reports and your surgical reconstructions are not based on normal anatomy, the most important indicator of quality is missing. The "septum glandis" is a fine fibrous tissue, an anatomical detail in the normal anatomy of the glans penis, and was described 150 years ago by Dr Henle, which is overlooked in hypospadias surgery [4,5]. Similar to Dr Henle's descriptions, we have shown that the corpus spongiosum gradually terminates at the level where it meets the largest diameter of the fossa navicularis and its tunica begins to form the "septum glandis" [7]. Therefore, the glanular urethra (*fossa navicularis*) is not surrounded by the corpus spongiosum (as boundary tissue) as in the penile shaft. I can understand the difficulty in accepting that all current techniques and debates about hypospadias surgery are meaningless because they are based on misconceptions by overlooking a simple observation and a 150-year-old definition. In fact, I once received the following comment from a reviewer of a well-known urology journal, which I felt was disrespect towards the famous pioneer of anatomy: "Your anatomic reference (Henle) was 150 years old. Is there a more recent anatomic description of the terms used in the literature?". It is unfortunate that many surgeons consistently deny the normal anatomical features of the male urethra published hundreds of years ago. Obviously science is for grounded people, surgical science is for grounded people who respect human anatomy. As in all fields of science, the scientific and proven anatomical facts should be well understood, applied and always questioned. That is what hypospadias surgery urgently needs. I would like to end with the words of Dr Henle: "A hypothesis displaced by new facts dies an honorable death".

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## Conflicts of interest

None.

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