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Letter to the Editor

Comment on: 'Sexual function in adolescence after childhood hypospadias repair: a patient-reported outcome'

Dear Editor,

We read with great interest the article by Anttila et al. [1], 'Sexual function in adolescence after childhood hypospadias repair: a patient-reported outcome study'. The authors describe the long-term sexual well-being of adolescents who underwent hypospadias surgery by using a mailed questionnaire. Although it is unclear what types of hypospadias correction techniques the authors used, it is noteworthy that the authors report fewest fully rigid erections (Erection Hardness Score 4; 68%) in patients operated on for distal hypospadias. On the other hand, despite the difficulty of measuring penile curvature in patients with hypospadias in both clinical practice and research studies, the authors relied on patient reports using a question (straight/curved) and expected patients to rate penile straightness during erection. The authors report that 93% of their patients who underwent re-operations still reported a straight penis during erection. However, information about a straight penis during erection cannot be evaluated through a questionnaire as a parameter for good sexual function.

As the authors mentioned, the surgical results of hypospadias repair carry a high risk of complications and re-operation. It should be noted that almost all of the >300 surgical techniques for correcting hypospadias deviate from normal anatomy. This is particularly true for the glanular urethra and the fibrous ligamentous connections between the glans and the penile shaft, which provide a stable connection between the glans and the shaft of the penis. The presence of the navicular fossa and the fine connective tissue covering it (septum glandis), as well as the ligamentous extensions of the tunica albuginea of the corporal bodies, were overlooked in the history of hypospadias surgery. These connective tissue extensions generally contribute to the flexibility and rigidity of the glans, especially during sexual intercourse, and the adaptive configuration of the meatus during micturition [2,3]. The authors conclusion that long-term erectile function after hypospadias repair is generally favourable, even in patients requiring re-operations, contradicts the results of a recent study [4]. In that study, the 'direct visual internal urethrotomy', which corresponds to a 'deep midline glans incision', has been reported in the aetiology of erectile dysfunction. Therefore, if a deep midline glans incision was performed to facilitate glans closure, this should also be considered. The authors also report that a Nesbit-like tunica plication effectively corrected penile curvature in their patients. However, from a biomechanical point of view, Nesbit or Nesbit-like procedures cannot effectively correct the abnormal circular attachment of the tunica albuginea to the corpora cavernosa that causes penile curvature ('Mechanics of multilayer flexible pipes: Biomechanical insights on penis flexibility that can guide penis surgery'; 35th Congress of European Society for Paediatric Urology, 3–6 September 2025, Vienna, Austria).

It is difficult to accept the authors conclusion that sexual function in adolescence after childhood hypospadias surgery is generally favourable despite the high complication and re-operation rate. Normal erectile function requires strong blood flow to the penis and a healthy, multi-layered structure of the penis to maintain penile rigidity long enough to have sex.

Disclosure of Interests

The authors have no conflict of interest to disclose.

Data Availability Statement

The datasets used and/or analysed during the present study are available from the corresponding author on reasonable request.

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