Journal of Pediatric Urology (xxxx) xxx xxx

Letter to the Editor

Research on hypospadias and appeal to tradition fallacy

I read with great interest the article written by Dr Beland et al. [1]. The article discusses the consequences of hypospadias and the factors that affect surgical outcomes and post-operative care, as well as socioeconomic opportunities.

As with all surgeries, it is common for patients with complications after hypospadias surgery to require longer follow-up than patients without complications. The postoperative wound healing time for an average distal hypospadias is approximately 5—6 days. However, this article does not report how many days the patients stayed in the hospital and/or how long it took until catheter removal. In addition to the post-operative examination with calibration, the smartphones used by parents are a useful tool for detecting urinary flow and/or meatal stenosis in the early postoperative period. Hence, the conclusion that meatal stenosis typically occurs after toilet training is difficult to understand. On the other hand, the number of surgeons (11) and the preferred surgical techniques (8) varied considerably, which must have led to different types and frequencies of complications. Because this is a collective experience, the assumption that analyzing the results of a diverse group of eleven surgeons is better than studying a single surgeon is, in my opinion, a very simplistic and inappropriate notion. The conclusion that "encouraging urologists caring for children from lower socioeconomic groups, allaying some fears in the treatment of hypospadias" is also difficult to understand. Hopefully, this conclusion does not lead to a classification of countries into those with favorable or unfavorable outcomes in hypospadias surgery depending on their socio-economic opportunities.

Without considering the socioeconomic opportunity effect, the diversity of surgical factors is more than sufficient to conduct a study on the outcomes of hypospadias surgery. Hypospadias surgery has never taken into account the topographic anatomical features of the urethra and penis, which we recently introduced into hypospadias surgery [2—4]. Urethroplasties have always been based on uniform tubularization of the neourethra and its circular wrapping with the glans, ignoring the "navicular fossa" and "septum glandis". Likewise, none of the surgical techniques described in the study take into account the topographic anatomy of the male urethra. It is interesting how the "navicular fossa" and "septum glandis" are still ignored despite their anatomical and physiological impact on male urination [5,6]. Before considering factors such as the Childhood Opportunity Index including a child's socioeconomic factors in hypospadias reconstruction, the anatomy of the penis and urethra as well as the surgical technique should be well described and understood. Due to centuries-old misconceptions in the reconstruction of male urethra, hypospadias surgery has become a complex surgical procedure that is difficult to achieve satisfactory results even in the hands of experienced surgeons. Although the responsibilities of residents and fellows include education, clinical practice, and research, significant changes in surgical practice and technology are leading to problems in their training and, consequently, lack of performance [7]. I believe this is a widespread problem of our time. However, this reality should not lead young residents and fellows to ignore key indicators, such as anatomical facts, in their research and rely on the fallacy of tradition.

Source of funding

None.

Conflict of interest

None.

References

[1] Beland LE, Siegal AR, Hyacinthe N, Long CJ, Zaontz MR, Godlewski KF, et al. Does socioeconomic opportunity impact distal hypospadias surgical outcomes or post-operative care? J

DOI of original article: https://doi.org/10.1016/j.jpurol.2024.09.012.

https://doi.org/10.1016/j.jpurol.2024.09.034
1477-5131/© 2024 Journal of Pediatric Urology Company. Published by Elsevier Ltd. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Please cite this article as: Özbey H, Research on hypospadias and appeal to tradition fallacy, Journal of Pediatric Urology, https://doi.org/10.1016/j.jpurol.2024.09.034

Pediatr Urol September 2024 (in press), https://doi.org/10.1016/j.jpurol.2024.09.012.
[2] Özbey H. The mystery of Jacob Henle's "septum glandis". J Anat 2019;234:728–9. https://doi.org/10.1111/joa.12965.
[3] Özbey H, Kumbasar A. Glans wings are separated ventrally by the septum glandis and frenulum penis: MRI documentation and surgical implications. Turk J Urol 2017;43:525–9. https://doi.org/10.5152/tud.2017.00334.
[4] Özbey H, Devecioglu D, Staroverov O. A closer look at iatrogenic hypospadias. Andrologia 2020:e13803. https://doi.org/10.1111/and.13803.
[5] Özbey H, Arlı OT. "Fossa navicularis" and "septum glandis": a flow control valve for the male urethra? Med Hypotheses 2020;140:109642. https://doi.org/10.1016/j.mehy.2020.109642.
[6] Özbey H. The Glanular-Frenular Collar (GFC) technique: dual approach to hypospadias reconstruction. J Pediatr Urol 2024;20:539–40. https://doi.org/10.1016/j.jpurol.2024.02.028.
[7] Mattar SG, Alseidi AA, Jones DB, Jeyarajah DR, Swanstrom LL, Aye RW, et al. General surgery residency inadequately prepares trainees for fellowship: results of a survey of fellowship program directors. Ann Surg 2013;258:440–9. https://doi.org/10.1097/SLA.0b013e3182a191ca.

Hüseyin Özbey*
Department of Pediatric Surgery, Division of Pediatric Urology and Andrology, Sechenov First Moscow State Medical University, Moscow, Russian Federation
Art Hypospadias, Tunaboylu Sok. Deniz Apt. No.17/3, Bakırköy, 34147, İstanbul, Turkey

*Correspondence to: Hüseyin Özbey, Department of Pediatric Surgery, Division of Pediatric Urology and Andrology, I.M. Sechenov First Moscow State Medical University, Moscow, Russian Federation, Tel.: +905325403720
E-mail addresses: hozbey@istanbul.edu.tr, huseyinbey@hotmail.com

27 September 2024
Available online xxx