Case Report

Perineal Ectopia of Male Genitalia

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ABSTRACT

The authors present a case of Perineal Ectopia of Male External Genitalia with successful surgical treatment.

Background

Anomalies of the male external genitalia are not fatal lesions if they are not associated with other severe congenital defects. However, those anomalies may influence the quality of life if they are not surgically corrected. The most common severe anomalies are penoscrotal transposition and bifid scrotum associated with severe hypospadias. We introduce an extremely rare anomaly: perineal ectopia of the male external genitalia.

Case Presentation

A 10-year-old male presented with the penis and scrotum located in the perineum with a normal penis and scrotum and no penoscrotal transposition (Figure 1). Associated anomalies: webbed neck, adduction of forefoot. Normal range of motion of the lower limbs (Figure 2). No other birth defects. Karyotype 46XY. He had normal urinary continence.

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Figure 1: External genitalia in the perineum.
Perineal Ectopia of Male Genitalia

Figure 2: Webbed neck, adduction of the left foot.

Treatment

The normal location for the penis is just below the pubic bone. For reconstruction, an oval incision of the skin was created below the pubic bone. Dissection of soft tissue under the skin prepared for the placement of the penoscrotal mass. Because of the tightness of the skin, the oval shape becomes round. The skin around the penoscrotal mass was incised and the subcutaneous tissue around this mass dissected with care to preserve the vascular and nerve supply. The penoscrotal mass was then tunneled under the skin and transferred into the oval defect created earlier by button-hole technique [1]. The skin was then sutured around penoscrotal mass to the oval skin defect under pubis bone. Finally, the skin defect in the perineum was closed (Figure 3).

Figure 3: The external genitalia in the right place.

Discussion

Penoscrotal transposition is the most commonly associated malformation in severe hypospadias. Mild transposition also occurs in a normal penis with much less frequency. The penoscrotal transposition has not been clearly explained embryologically. It is hypothesized that the incorrect position of the genital tubercle in relation to the scrotal swellings at critical weeks 4 and 5 of gestation may affect later scrotal migration resulting in the scrotum lying above the penis [2-4]. Perineal ectopia of the male external genitalia has not yet been reported.

According to Hutson et al. the growth of parenchyma in the midline will fill the inner margin of medial scrotal swellings and the medial perineal groove to form a single mass [5]. Growth of the midline tissue increases the distance between the anal canal and urogenital opening as well as the distance between the anus and midline scrotal swelling. Any developmental disorder may result in a short distance between the anus and male genitals, accompanied by a bifid scrotum and or a severe chordee with or without hypospadias. However, we have not found a hypothesis or explanation for our case that the anterior perineal space is very short while the external genitalia are completely normal.

Misplaced male genitals can, potentially, interfere with sexual activity in the future. Therefore, it is necessary to place the external genitalia into a normal location.

Conclusion

Ectopia of male genitalia with normal penoscrotal relation without malformation of penis or scrotum is extremely rare. The correction of penoscrotal mass into the correct anatomical position is described.

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