Diphallia in a Nigeria Neonate - A Case Report

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SUMMARY

We report a case of diphallia (supernumerary penis) in a Nigerian neonate. Diphallia is a rare congenital anomaly of the male external genitalia occurring in about 1 in 5.5 million births. It is usually associated with malformation of the VACTERL type. The index case did not have any associated abnormalities *Niger Med J. Vol. 49, No. 1, Jan. – Mar., 2008: 22 – 23.*

Keywords: Diaphallia, Nigeria, Neonate, Vacterl.

INTRODUCTION

Duplication of the penis is a rare anomaly and has a range of appearances from a small accessory penis through bifid penis to complete duplication. Associated anomalies are of the VACTERL type and include hypospadias, bifid scrotum, duplication of the bladder, renal agenesis or ectopia, diastasis of the pubic symphysis, anorectal and cardiac anomalies¹.

CASE REPORT

We report a case of diphallia in a male Nigerian neonate U.C who presented to the paediatric surgical clinic with a history of penile duplication since birth. The anomaly was noticed after he was circumcised by the plastibel method 10 days postdelivery. His penis was noted to have what looked like a penis attached

to its left side. There was no history of passage of urine through the extra (attached) penis. The pregnancy was uneventful and carried to term; delivery was by the vaginal route. His mother had antenatal care at Nnamdi Azikwe University Teaching Hospital, Nnewi and did not take herbal concoctions or selfmedicate during the pregnancy. His birth weight was 3.2kg and immunization was up to date for his age according to the National Programme on Immunization (NPI) schedule. He is the first child of his parents. There was no family history of congenital genitourinary disorders in relatives of either parent. His father was 40 years old and his mother 24 years old. Both parents are petty traders. Examination showed a healthy looking male baby with a 4.5 x 1.0cm penis with a 2.0x0.5cm well developed micropenis attached to its left lateral aspect 0.35cm distal to the coronal sulcus, with no external urethral meatus. The testicles were descended and localized in the scrotum. There were no other significant clinical findings. A diagnosis of diphallia was made. Abdomino-pelvic ultrasonography and intravenous urography with micturating film were done but showed no abnormalities. Surgical resection of the supernumerary penis was performed and the patient had an uneventful recovery. His parents threw away the surgical specimen for financial reasons so a histological examination could not be done.

DISCUSSION







Fig 1

Fig 2 Photographs of the penis

Fig 3

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Diphallia is rare congenital anomaly of the male external genitalia with an incidence of 1 in 5.5 million births². It is usually associated with multiple malformations of the VACTERL type with a preponderance of malformations involving the genitourinary system, anorectum and colon, the cardiovascular system

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and skeleton3-5.

Embryologically, the development of the male external genitalia is under the influence of androgens secreted by the fetal testis and is characterized by rapid elongation of the genital tubercle which is now called the phallus. During this elongation, the phallus pulls the urethral folds forward so that they form the lateral walls of the urethral groove. This groove extends along the candal aspect of the elongated phallus, but does not reach the more distal part, the glans. The epithelial lining of the groove is of endodermal origin and forms the urethral plate. At the end of the third month, the two urethral folds close over the urethral plate, thus forming the penile urethra. This canal does not extend to the tip of the phallus. The most distal portion of the urethra is formed during the fourth month when ectodermal cells from the tip of the glans penetrate inward and form a short epithelial cord. With further development, this cord obtains a lumen, thus forming the definitive external urethral meatus⁶.

The index case is interesting in that it is the first reported case of this anomaly in an African. The patient did not have any associated congenital anomalies and the supernumerary penis did not have an urethra or external urethral meatus. One won-

ders if diphallia presents differently in the African?

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