Megalourethra: A Rare Clinical Entity

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A 7 years old boy presented with history of poor urinary stream, ballooning of penis during micturition and post void dribbling since birth. Physical examination revealed an enlarged penis with redundant skin on the ventral surface (Figure 1). Both corpora cavernosa were normal. Ultrasound of kidney, ureter and bladder demonstrated bilateral normal kidneys with negligible post void residual urine. Computerized tomographic (CT) voiding cystourethrogram demonstrated marked dilatation of penile urethra along with left side grade I vesicoureteral reflux (VUR) (Figure 2). A diagnosis of scaphoid megalourethra was made and the patient underwent reduction urethroplasty (Figure 3). At one year follow up, the patient is asymptomatic and the left VUR has resolved.

Megalourethra, a rare congenital anomaly of the urethra, is characterized by a deficient corpus spongiosum with and without a deficient corpora cavernosum, leading to anterior urethral dilatation. Two varieties are recognized: scaphoid, in which corpus spongiosum alone is deficient and fusiform, in which both corpus spongiosum and corpus cavernosum are deficient.[1,2] Though the scaphoid variety is more commonly seen, it is the fusiform variety which is commonly associated with other congenital anomalies and hence carries a poorer prognosis.[2,3]

Figure 1. Penile appearance at presentation.

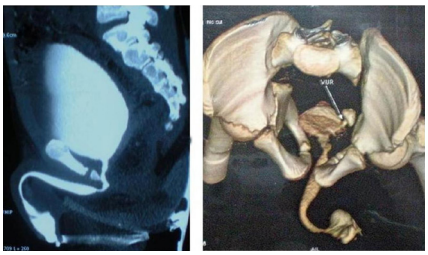

Figure 2. Computed tomography voiding cystourethrogram: left, two dimensional reformatted image demonstrating megalourethra; right, three dimensional reformatted image demonstrating megalourethra and left vesicoureteral reflux.

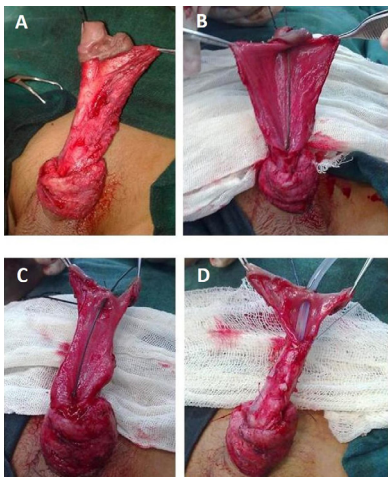

Figure 3. Reduction urethroplasty: A, degloved penis showing megalourethra; B, urethra opened ventrally; C, urethra tapered; D, urethral repair over catheter.

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