

of trauma to the genital area. The patient was diagnosed with scrotal-type *hypospadias* as a child. Previously, the patient had *chordee* excision without undergoing *urethroplasty*, but the end result was that the patient's penis was still experiencing a pull.

The patient is prepared for hospitalization and surgery. A *one-step urethroplasty* technique is performed using a local *preputial skin flap* to form a new urethra in the patient. Previously, excision *chordee* was performed to remove the remaining *chordees* in the previous operation. After the *chordee* is removed and the neo-urethra has formed, the wound is closed using the surrounding skin. The urinary catheter is maintained for 3 weeks.



Figure 1. Pre Operation



Figure 2. Pre Operation with Catheter

A week after surgery, a follow-up was performed to assess the outcome. The wound looks better and dry without being accompanied by a dehiscent. The patient was discharged and advised to go to the polyclinic four weeks postoperatively. By the time the patient came for control, the wound was healing well, and the urine was straight. Patients and families are very happy and satisfied with the results obtained.

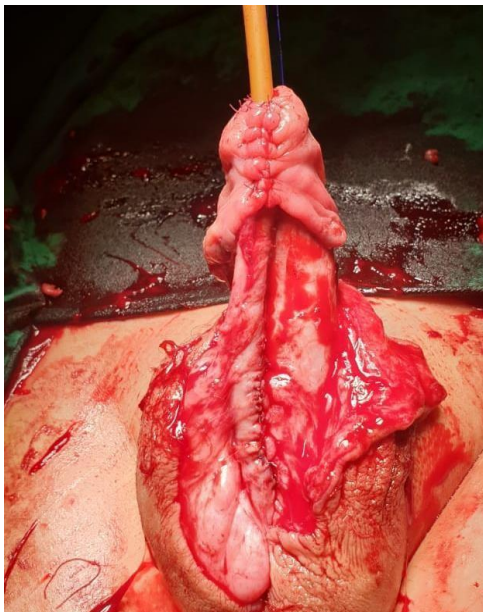


Figure 3. Intra Operation

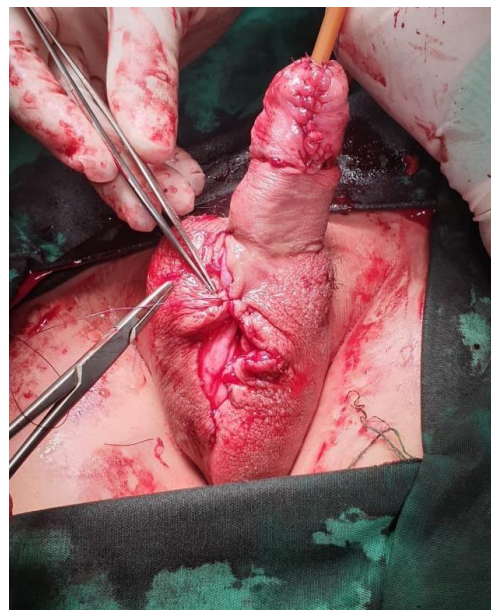


Figure 4. Intra Operation

III. Discussion

The ultimate goal of surgery in a patient with *hypospadias* is normal urinary and sexual function. The surgical technique used for the management of *hypospadias* also varies across centers (Kajbafzadeh et al, 2007). There is much debate as to the advantages and disadvantages of *one-step* or *two-step urethroplasty* (Schlomer, 2017). We use the *one-step urethroplasty* technique for the recurrent *chordee* excision because it is assessed from the point of view of the patient's comfort feeling more comfortable, in terms of cost savings, and based on our experience there is no significant difference in the results of using *one-step* or *two-step urethroplasty*. This is in accordance with research conducted by Barbagli et al. who compared the use of one-step techniques with *two-step* techniques, showed better one-step techniques (Barbagli, 2006).

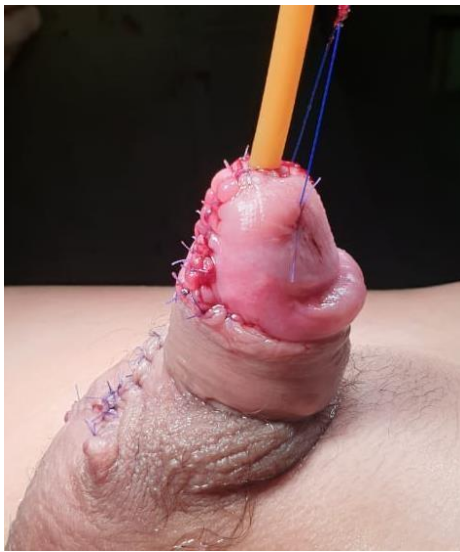


Figure 5. Post Operation



Figure 6. Post Operation

One of the complications that can occur after surgical correction of *hypospadias* with severe *chordee* is the formation of a *recurrent chordee*. Braga et al. reported that complications of recurrent *chordee* were found in 5 of 35 children who were operated on. In the results of this study, things that can make *recurrent chordee* occur, namely graft contraction. Other studies have shown that *chordee* can re-form after release *chordee* surgery is performed due to the formation of massive fibrosis tissue in the area where the *chordee* was released, so that this fibrotic tissue pulls the penis and makes the penile curvature curl back.

The use of a local *preputial skin flap* as a neo-urethra is not a new technique for *urethroplasty*. Several case reports have described the use of this technique for *urethroplasty* (Elmoghazy et al, 2016). The *preputial skin* is reversed, so that the epithelium is inside, and the mucosa is outside. The use of prepuce skin has several advantages such as preventing stricture of the neo-urethra, is available in large quantities so that the length of the neo-urethra can be adjusted, and has good *vascularity*.



Figure 7. *Weeks Post Operation*



Figure 8. *Weeks Post Operation*

IV. Conclusion

Recurrent chordee is a complication that can occur after release *chordee* in two-step *hypospadias*. The use of the one-step urethroplasty technique on the *recurrent chordee* using a local *preputial* is a good technique for correcting *hypospadias*. Adequate tissue availability, good *vascularity*, and minimal complications are the advantages of using this technique.

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