Bifid Penis—A case report

L.K. Sharma, M.S., M.Ch. (Plastic)

Head of the Department of Plastic and Maxillo-facial surgery, Medical College, Nagpur

Duplication of the penis is one of the rarest congenital malformation of the urogenital tract. Schneider divided this deformity in three groups :

1. Diphallia of the glans,
2. Bifid diphallia
3. Complete diphallia or double penis

Cochrane and Saunders (1942) classified the anomaly into 6 groups depending on the degree of duplication from simple fissure of the glans to two distinct penis and whether equal or unequal size, perfora ted or impeforated, scrotum is normal split, associated with other anomaly lik ectopia vesicae, duplication of bladde ureter and kidney and lastly whether or or both are capable of erection.

Wecker (1609) reported first case wh saw diphallus in a cadaver. 58 cases varying degree of diphallia have been repo ted in the litrature till now.

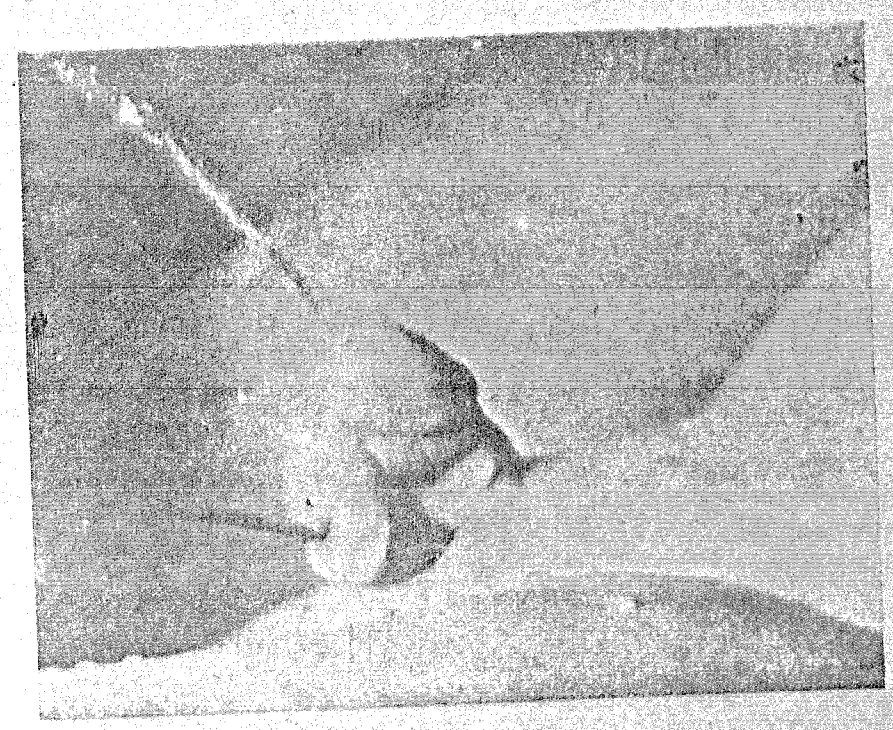

Fig. 1 Showing probe through a well developed urethra and urine passing through the main urethra

CASE REPORT :—(Fig 1,2)

O...3 months old child was admitted in the Department on 1-4-68 with that complaint of non-healing ulcer scrotum and double penis. He was the first child of of normal healthy parents. He was born with full term normal delivery. The child was well nourished. Family history did not reveal any such anomaly in other members.

In the history from the mother it was recorded that the child was born with two penis, the other one arising from the shaft of the penis. Urine was passing from both the penis : 80% from the main and 20% from the other. 15 days after birth the child developed swelling of the scrotum and the penis. The skin became gangrenous in 5 days. The dead skin separated out in 15 days leaving raw area in the scrotum and the ventral aspect of the penis. It was noted by the mother that the extra organ was partially seperated from the main shaft of the penis and only few drops of urine coming out from a hole in the ventral aspect of the main penis. The wound on penis healed completely in about 20 days leaving raw area over the scrotum.

Examination revealed bifid penis with exposed testes covered with granulation tissue. The duplicated penis was arising from the ventral aspect of the main shaft which was partially seperated. It had well developed glans with foreskin and the shaft of 1 Cm. with the urethra. Thick scar tissue was present at the ventral aspect of the main shaft.

Pyelography did not show any ano-

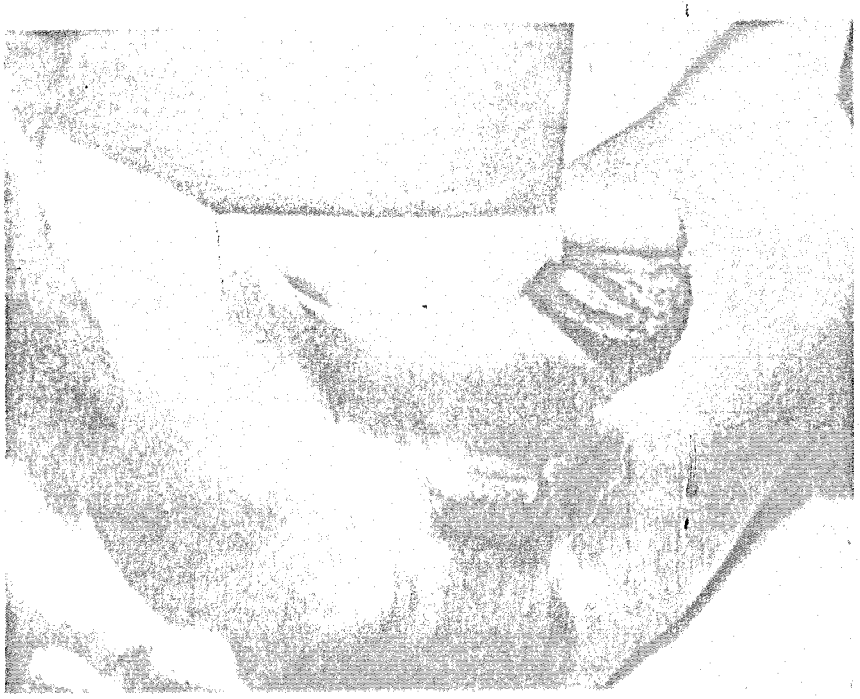

Fig. 2 Post-operative appearance

nuity in the kidney and bladder. Operation was performed under general anaesthesia. Granulation tissue over the testes excised. Wide mobilisation of the skin done and sutured in the midline covering the exposed testes. The bifid penis (ventral component) was excised and the wound on the ventral surface of the main penis repaired. No attempt was made to cover the scrotal defect by flap even though the shape of scrotum was distorted by direct approximation of the skin edges of the wound. The patient was discharged with normal penis, without any difficulty in passing urine, on 10 post-operative day.

Embryologically the phallus develops from the genital tubercle which is penetrated by the mesoderm on either side from the lower part of anterior wall and fuse together. Failure of fusion of the two components may result in varying degree of diphallia from split in the glans to two seperate penis lying side by side. How two components of the bifid penis occupy dorsal and ventral position remain unexplained, as in the present case.

Summary

A rare case of bifid penis has been presented. The litrature on the subject has been reviewed.

REFERENCES

1. Cochrane, W.J. and Saunder, R.L. : A rare anomaly of the penis (Double glans) associated with imperforate anus. J. Urol., 47:810,1942.
2. Chalon, R. : A case of Diphallia. J. Urol., 94:436-438, 1965.
3. Wojewski, A. & Kozlowski, W. : Total diphallia - a case report. J. Urol., 91:84-8, 1964.