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Congenital prepubic sinus*

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Summary

A 7 month old male with congenital prepubic sinus was admitted to our clinic. Only eight cases of this anomaly have been reported in the English literature.

The sinus was originating from the skin above dorsum penis, overlying the symphysis pubis and extending to the anterior bladder wall. It has been estimated that prepubic sinus is a variant of dorsal urethral duplications or urachal remnant. The local excision of sinus tract is the choice of treatment and always curative.

Key words: *Prepubic sinus, congenital, children*

Introduction

A further case of the congenital prepubic sinus, an exceedingly rare lesion in children, is presented. Only eight cases of this anomaly have been reported in the English literature.

Case Report

A 7 month male infant presented with a 1 week history of midline opening just above the dorsum penis (Figure 1 A-B). Otherwise, he was well. At the operation a sinus, which was ending blindly on the bladder wall was completely resected (Figure 2-3).

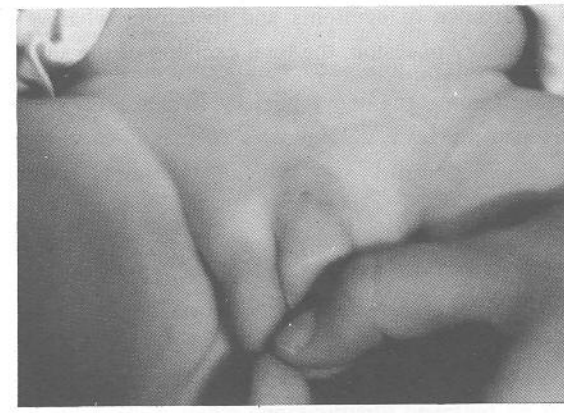
The sinus was 4 cm long and had a diameter of 0.5 cm. Its wall has a fibrous character and lined by squamous epithelium. There was no evidence of inflammatory or neoplastic infiltration. We haven't noticed any recurrence of disease in 1 year period postoperatively.

Discussion

Campbell et al reported three cases of congenital prepubic sinus, followed by an additional case of Rozansky and three further cases of Lawson [1,2,3].

Clinical evalutation of the lesion is the only useful diagnostic method, whereas further examination such as ultrasonography will not demonstrate any significant pathology [3].

The tract of the sinus, originating in skin above the dorsum penis, extends to the anterior bladder wall.



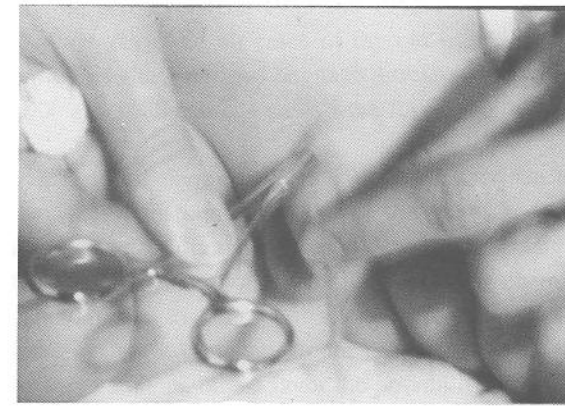


Figure 1 A-B. Distal opening of prepubic sinus.

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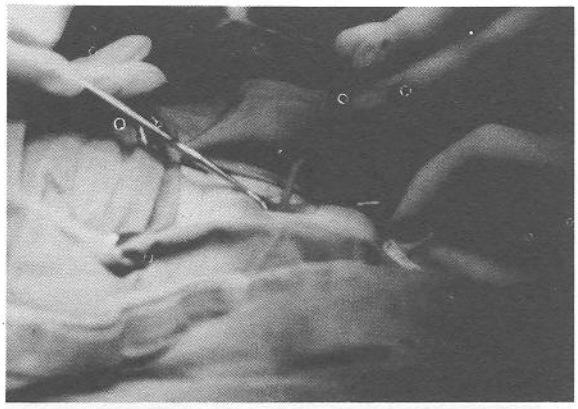

Figure 2. Dissection of sinus at operation.

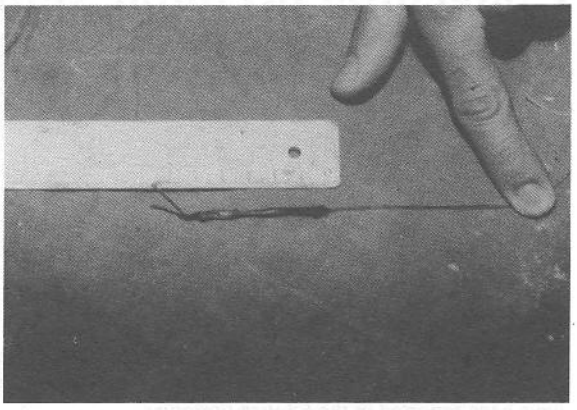

Figure 3. The resected sinus.

Its lumen is lined by squamous or transitional epithelium and surrounded by a muscular connective tissue wall [1]. The absence of inflammatory and neoplastic tissue suggests congenital etiology and possible causes are variant of dorsal urethral duplication or urachal remnant [1,2,3].

Any remaining remnant in urogenital tract may lead to recurrence of symtoms and therefore; whatever the etiology of lesion, the total excision of the sinus tract from skin to the anterior abdominal wall is the essential of therapy and always curative [3].

References

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