

Case Report: Supernumerary Penis (Diphallia Terrata)

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ABSTRACT

Introduction: A congenital anomaly affecting the male penis is an extremely rare incident, especially when presented as a case of supernumerary penis (diphallus) with no other anomalies affecting the other systems or organs, as in our case.

(Approximately 100 cases have been reported since the first case report by Wecker in 1609. There are broadly three types of diphallus, viz. true diphallus with two independent penises, bifid phallus that may be glandular or complete and pseudodiphallus having a rudimentary phallus in addition to the normal penis. Numerous associated genitourinary and gastrointestinal anomalies have been described with diphallus.) KK Sharma¹

Reviewing medical literatures, nearly all reported cases of Diphallia were accompanied by at least one other congenital anomaly such as another urogenital, an imperforated anus, vertebral deformities or a gastrointestinal anomaly^{1,2,3,4}

Method: A 19 year-old man was presented to our surgical clinic in May 1979, complaining of dripping of urine from a small bud at the ventral surface of his mid- penile shaft. The problem, which he had had since birth, proved to be a small Supernumerary penis, originating from the ventral surface of the main penile shaft. On examination, the small bud on the ventral surface of the penile shaft was seen to resemble a tiny penis of 1.5cm length. It consisted of a small glans about 5mm in length and diameter with an external urethral opening and a small shaft measuring about 10mm in length with a retracted prepius or foreskin.

Result: Reconstructive surgical removal of the supernumerary penis was done. The post-operative course was uneventful and the patient was discharged home next day. The stitches were removed on the 7th post-operative day. The gross appearance of the surgical specimen was clearly a small penis of 1.5cm in length. No histopathological study of the surgical specimen was done at the time, but the specimen was preserved and saved and is still available for inspection.

Conclusion: Such a rare condition should be managed by an expert surgeon in the urogenital field. It should be born in mind that the most urgent and any possibly life threatening anomalies if present, should be treated first. The type of anomaly will determine the surgical treatment which will be needed.

Keywords: supernumerary penis, Diphallia Terrata, pseudodiphallus, congenital anomaly

Material and Method

Case Report

A 19-year-old male was presented to the Air-Force College Hospital in Sallahadin City Governorate -IRAQ in May1979, complaining of the dribbling of urine from a small bud at the ventral surface of his mid- penile shaft during voiding of urine. He had had the problem since his childhood, but was now he seeking medical help, because he wanted to get married and wanted to be free of the problem.

On Examination

The patient appeared to be a healthy young man and no physical abnormality could be detected in his body apart from his penis, which showed a small bud resembling a tiny penis of 1.5cm in length, situated at the ventral surface of his mid-penile shaft. The bud resembling a circumcised penis, consisted of a small shaft with a retracted prepius (foreskin), a small glans measuring about 5mm in diameter, with an external urethral opening at the end of the glans (fig. 1 and 2). Both testes were present in the scrotal sac and were of normal shape and size.

The patient demonstrated the way in which the urine dribbled from the external urethral opening of the tiny supernumerary penis while urinating from his normal penis.

A diagnosis of Supernumerary Penis (Incomplete Diphallia Terrata) was made on clinical grounds.

The patient requested for the supernumerary penis to be removed surgically.

Formal consent was taken from the patient for the performing of the surgical operation to remove the tiny supernumerary penis and to allow the use of any photographs for educational purposes.

The preoperative investigations done at that time were FBC, General urine examination and all the results were within the normal ranges

Also a Chest X-Ray and IVU test was done and no abnormalities could be detected.

Operation

Under General anesthesia, the tiny supernumerary penis was dissected from the main penile shaft and the connection of its urethra to main urethra was severed. The main urethra was sutured using 4/0 Dixon suture, Foley catheter was inserted and the wound was closed.

The patient had an uneventful post operative course and was discharged home on the second postoperative day. He returned on the 7th postoperative day for the removal of the stitches.

Results

Histopathological Study

The gross appearance was clearly a small penis and no histopathological study was deemed to be necessary under the circumstances (fig. 3 and 4)

Discussion

Supernumerary penis or Diphallia is an extremely rare congenital anomaly reported in the literature. Our case was discovered in Iraq in 1979. Our diagnosis was based on clinical^{1, 2, 4} grounds; also no anatomical dissection was done to the specimen to prove the exact anatomical detail.

The existing concomitant anomalies are proportionate to the type of Diphallia (Supernumerary Penis). So when it is a complete type, we usually find other additional anomalies^{1, 2, 4}, but when it is incomplete as in our case, it either comes without any other anomalies or maybe with just one simple one.

The treatment needed will depend on the individual case and on how much the normal function of the organ and the cosmetic appearance is affected. The treatment will also depend on the presence of any other anomalies which may need treatment too.

Conclusion

Such a rare condition should be managed by an expert surgeon in the urogenital field. It should be born in mind that the most urgent and any possibly life threatening anomalies if present, should be treated first. The type of anomaly will determine the surgical treatment which will be needed.

Conflict of Interest: None declared.

References



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Figure 1: supernumerary penis at the ventral aspect of main shaft



Figure 2 supernumerary penis at the ventral aspect of main shaft



Fig 3: The Surgical Specimen of the Supernumerary Penis



Fig 4: The Surgical Specimen of the Supernumerary Penis