Information for Parents About Penile Chordee

Chordee-without hypospadias is a relatively common birth defect that occurs in approximately one out of every 200 male births.

It is characterized by asymmetry of the prepuce (foreskin) with an otherwise normal appearing urethral meatus (the opening from which urine passes). The penile and preputial skin may be either shortened on the ventral (bottom) side of the penile shaft, or may exhibit penile torque where the ventral raphe spirals (usually toward the left) around to the dorsal (top) aspect of the penis.

More importantly, significant penile curvature (chordee) is present, and severe penile angulation may also occur. Chordee (a downward curve of the penis when erect) is usually, but not always, associated with hypospadias. Penile angulation (more severe curvature when erect) laterally, ventrally or dorsally occurs less often.

The deformity is usually mild, but severe curvature from chordee can make intercourse impossible. Males with chordee usually have normal testes and can father children.

The cause of chordee is not known. The condition results from abnormal development of the tissues surrounding the urethra in the embryo, and not from any parental action before or during pregnancy. Chordee will occasionally occur in more than one male in a family (5%).

SURGICAL INFORMATION
Chordee can be corrected surgically. Depending on the severity, the correction can be completed in one or more operations. The best age at which to have corrective surgery depends on the size of the penis and degree of the defect. Repair is usually advised at an early age (4 months, unless the patient is not referred until he is older). Corrective surgery usually results in a penis that looks circumcised and functions normally. Surgery can straighten the shaft and remove the hooded foreskin. Patients are able to stand to void, and sexual activity and fertility are preserved. The child's hospital stay usually consists of a few hours in a day surgery unit.
Postoperative treatment includes:
Use of a barrier ointment (petroleum jelly for 3 weeks) to prevent chafing on the diaper
Antibiotic prophylaxis (intraoperatively)
Pain medication (Lortab elixir)

Postoperative constipation can be treated with Miralax or Benefiber using 1 tsp daily in a bottle of formula or breast milk.

The Dermabond dressing will become dislodged spontaneously.
A follow-up appointment will be scheduled 8 weeks after surgery for examination.

Expect penile swelling and discoloration that may appear worse after the first few days
This is normal and will resolve over the next several weeks.

**Dorsal prepuce**
**Urethral orifice**
**Ventral chordee**
**Penoscrotal web**

**Plastic dressing**
**Dermabond glue**
Dislodges in 7-10 days

**Procedure:** Phalloplasty, release of chordee, correction of penile torque, correction of penile angulation (if present), and circumcision.

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