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RARE VARIANTS OF URETHRAL DUPLICATIONS IN BOYS: CLINICAL CASES

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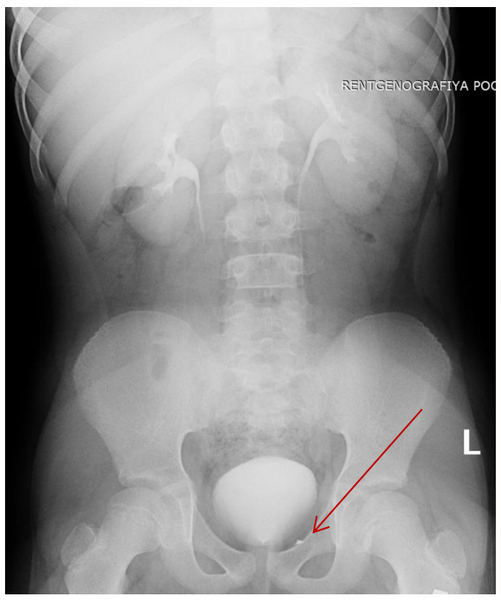
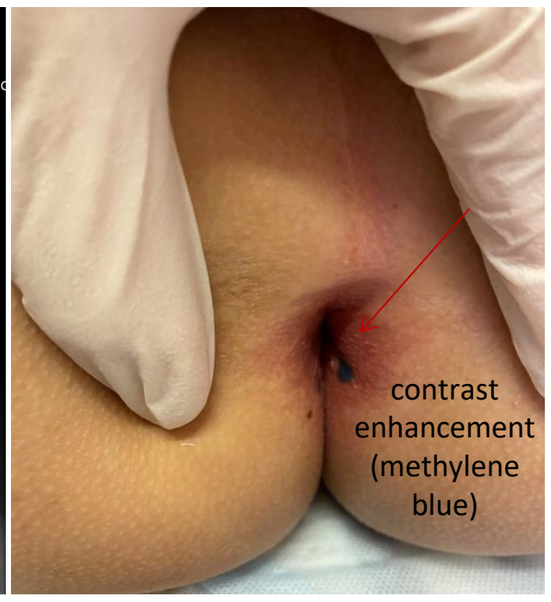
Clinical case No. 1, 11-year-old boy. Complaints: urinary leakage from the anus. Preliminary diagnosis: vesicoperineal fistula

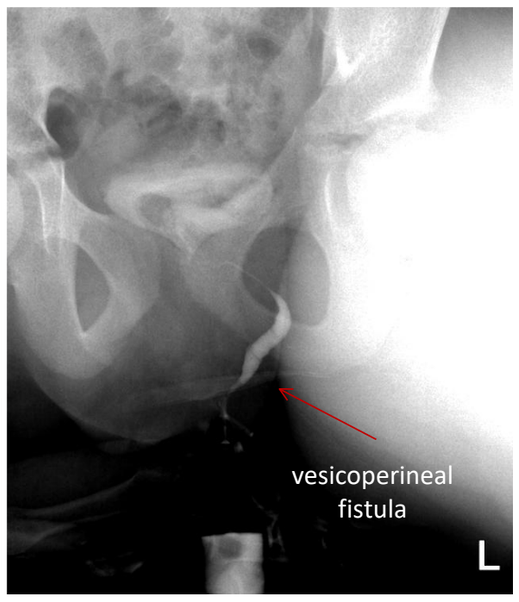
excretory urography



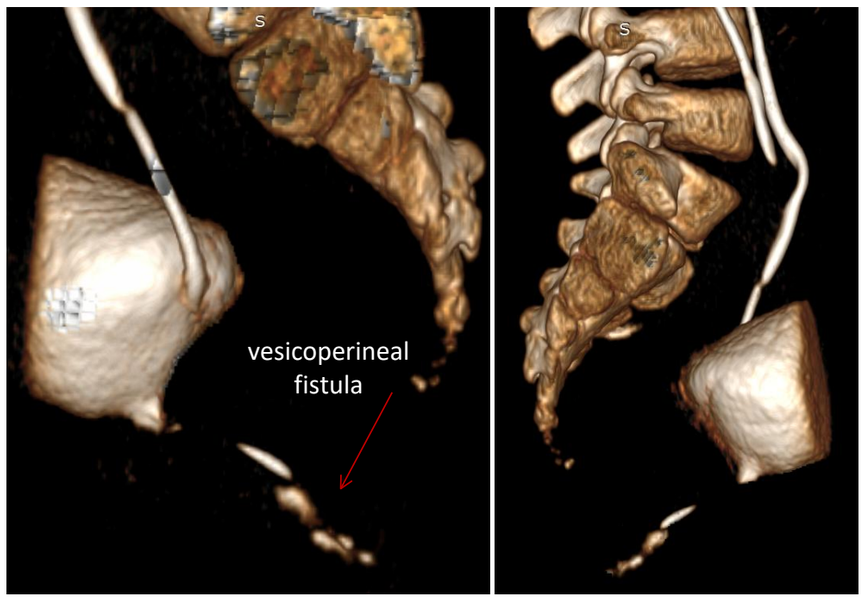
methylene blue test



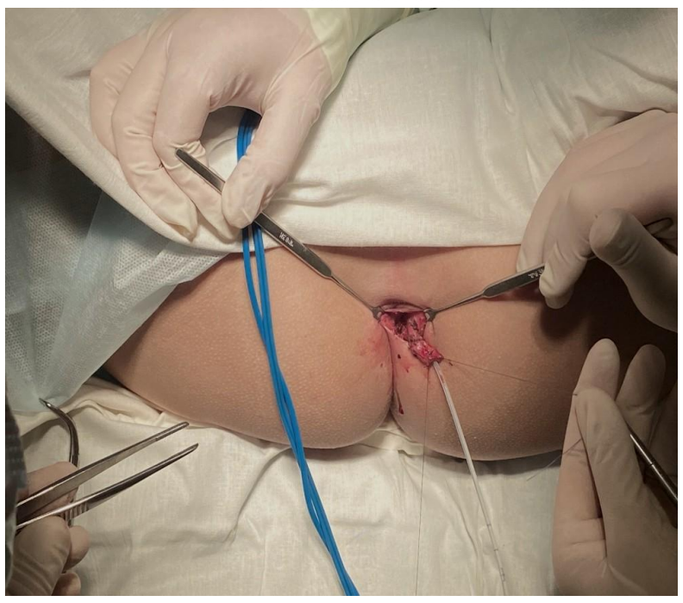
fistulography



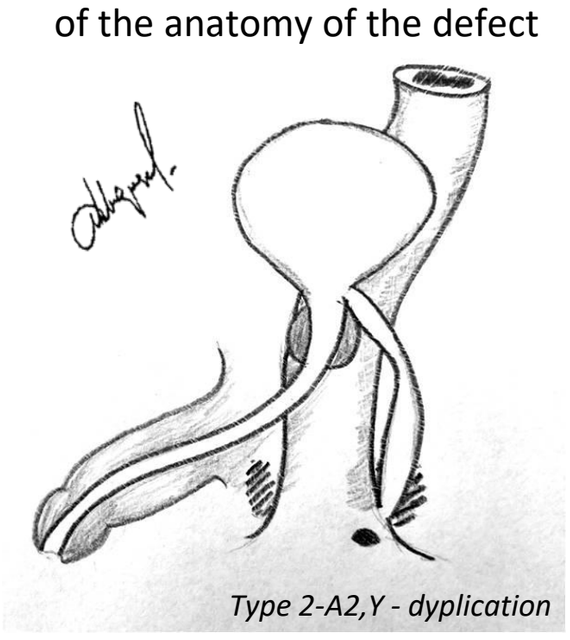
3d-computed tomography



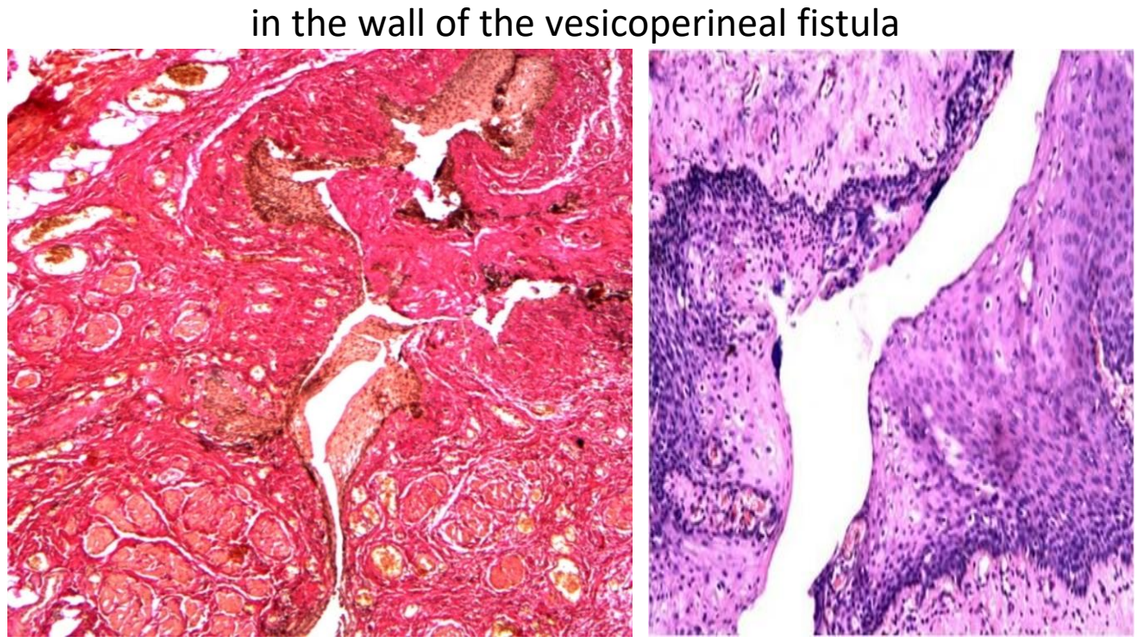
excision of the vesicoperineal fistula to the neck of the bladder



schematic representation of the anatomy of the defect



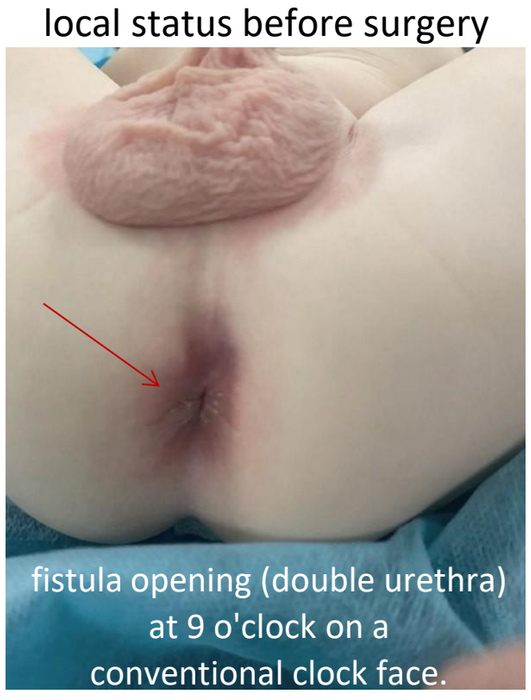
transitional epithelium (urothelium) in the wall of the vesicoperineal fistula



Postoperative diagnosis: duplicate urethra

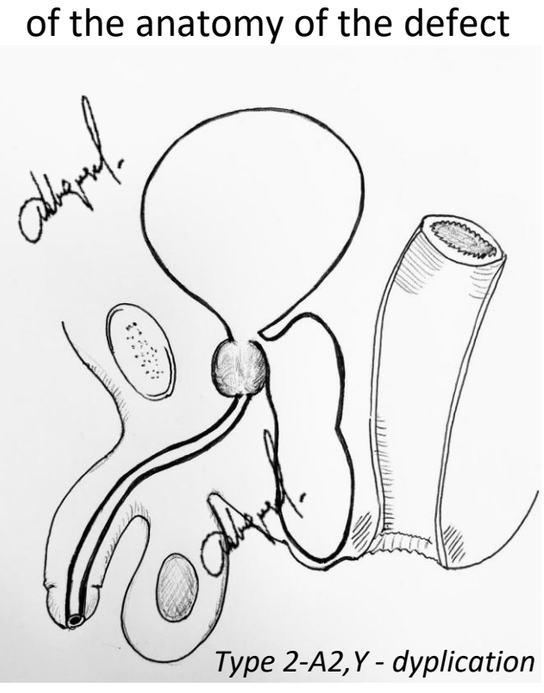
Clinical case No. 2, one-year-old boy. Complaints: foul-smelling urine. A single episode of acute paraproctitis at 8 months.

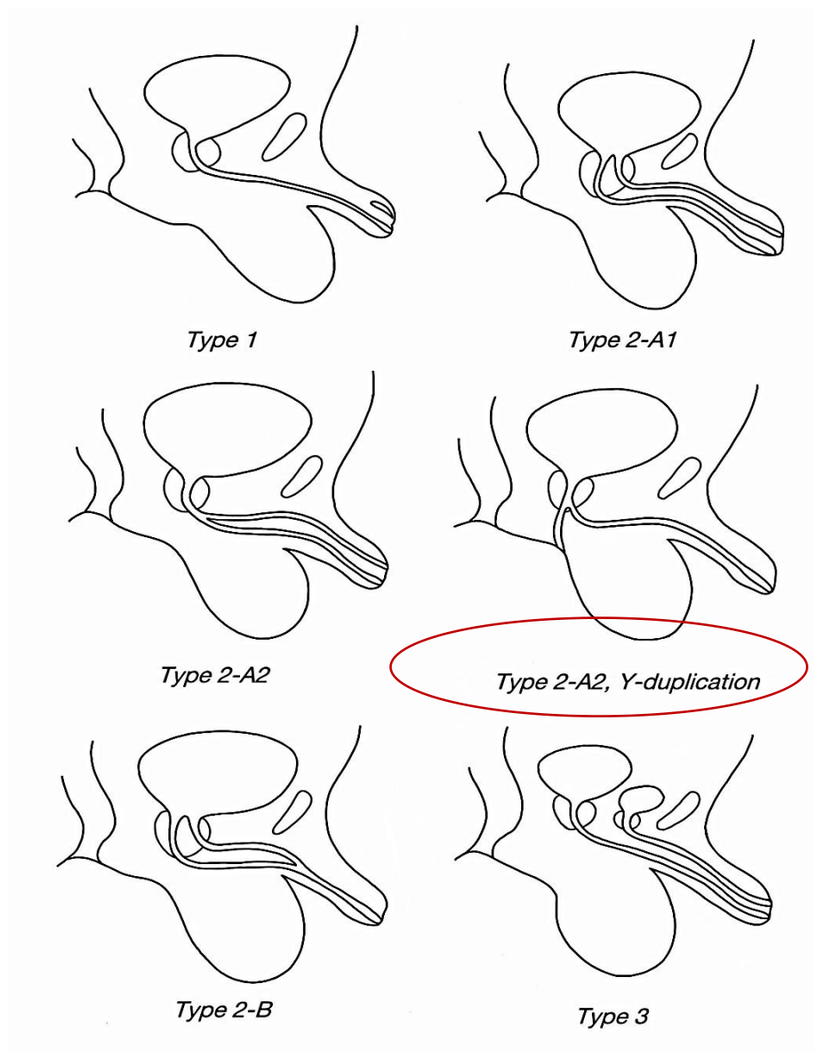
local status before surgery



excision of the double urethra

schematic representation of the anatomy of the defect





Effman classification, 1976

Duplicate urethra is extremely rare, and the clinical presentation varies depending on the classification type of the defect. Verification of the duplication variant in the presence of a double meatus, penile deformity, and a double urinary stream is straightforward. Clinical variants accompanied by dysuria, recurrent urinary tract infection, urinary incontinence, or signs of paraproctitis are significantly less common and may complicate timely diagnosis. We believe that the publication of rare clinical observations and discussion in professional communities contributes to the accumulation of clinical experience in the treatment of this pathology