ISSN: 0975-1556

Available online on www.ijpcr.com

International Journal of Pharmaceutical and Clinical Research 2022; 14(1);170-172

Diphallia: A Rare congenital anomaly

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Received: 06-11-2021 / Revised: 19-12-2021 / Accepted: 28-12-2021
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Conflict of interest: Nil

Abstract

Diphallia is a hereditary disorder in which a baby is born with two penises. This uncommon congenital anomaly was originally documented in a report filed by Swiss doctor Johannes Jacob Wecker in 1609 when he came upon a cadaver with the condition. Diphallia affects roughly one in every five to six million infant boys. Only approximately 100 cases have been documented in the 400 years since it was first recognised medically.

Keywords: Diphallia, Hereditary Disorder

Introduction

What causes diphallia to happen?

Diphallia is a hereditary disease that develops during the fetal development. Diphallia is caused by a genetic abnormality that occurs during the development of the genitals. As this is a critical stage of foetal development, some experts believe that exposure to medications, infections, or other damage between the 23rd and 25th day of pregnancy could cause diphallia[1].

The two most typical ways that this syndrome manifests are listed below. One or both of these symptoms are present in 80 to 99 percent of patients with diphallia[2]:

- The penis is separated into two halves (called **penile duplication**)
- The scrotum is separated into two halves (called **cleft scrotum**)

This illness can also present in a variety of other, less prevalent ways. Diphallia affects 30 to 79 percent of people, with one or more of the following congenital anomaly[3]:

- anal atresia
- urethral duplication at the distal end
- scrotum ectopic (abnormal scrotum position)

Some of the less common forms of diphallia are listed below. Only 5–29% of boys with diphallia having other clinical conditions:

- abnormal rotation of the kidneys
- sperm production that is aberrant
- pubic bone abnormality
- atrial septal defect
- bladder exstrophy
- cryptorchidism, or undescended testicle

What impact does diphallia have on a man's life?

Diphallia causes males to be able to urinate from one or both penises. They may be able to ejaculate and have erections with one or both penises. Males with this syndrome may be able to have a regular sex life and have children, depending on their specific circumstances. However, there is a higher risk of having a malfunctioning renal or colorectal system. As a result, newborns with diphallia may be at a higher risk of infection-related death[4].

Diagnosis of Diphallia

In developed nations, paediatricians can typically diagnose this anomaly in a newborn as soon as the baby is born. The severity of the illness, on the other hand, is part of the diagnosis. The degree of penile or scrotal separation that each person has determines the severity. One method is to use the Scheneider categorization system, which has three levels: glans diphallia, bifid diphallia, and full diphallia.

Treatment for Diphallia

Diphallia can only be treated through surgery. However, treatment is not always required. This operation is usually done at or shortly after birth by a surgeon. The method will differ depending on the degree of duplication and the existence of other birth abnormalities. The surgery to treat diphallia can be complicated and tough because each case is different. The following are the key concerns:

- ensuring the male's ability to urinate regularly and have erections
- lowering the possibility of infection
- minimising structural asymmetry

Due to the male's expected age, the timing of the surgery will be critical. Because diphallia is frequently diagnosed at birth, many procedures may be required over time.

Diphallia is frequently associated with other birth abnormalities such as hypospadias, duplicated urethras, and cryptorchidism (wherein one or both testes do not descend). In many cases, surgeons can fix the physical defects linked with diphallia, according to researchers[5].

Outcome

Diphallia is not fatal and can be treated. It's almost always detected at birth, and treatment can begin as early as infancy. If a patient is suffering with diphallia they should consult with a doctor and discuss the best course of action.

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