Complete Penoscrotal Transposition

A 3-month male child delivered at term with no significant antenatal problems reported with anomaly of external genitalia. On examination there was a complete rotation of external genitalia, with penis downward and scrotum above. The scrotum, testis and penis were well developed with no hypospadias or chordee. Physical examination were otherwise normal. Urinalysis, Voiding cystourethrography, sonography and IVP were normal. Surgical reconstruction was done successfully.

Complete penoscrotal transposition (PST) is rare congenital anomaly. Most reported cases of PST are sporadic. At 12 weeks of gestation genital tubercle and labioscrotal migrates inferiorly to form scrotum. Failure of migration, possibly due to a gubernaculam defect that may be unilateral or bilateral leads to anomalies like incomplete, complete transposition, ectopic scrotum. The intimate association of scrotal development with genital tubercle development often results in hypospadias or intersex problems. Other major malformations observed include renal, genital, cardiovascular and caudal regression syndrome. The surgical correction of transposition requires careful planning and readjustment of tissue.

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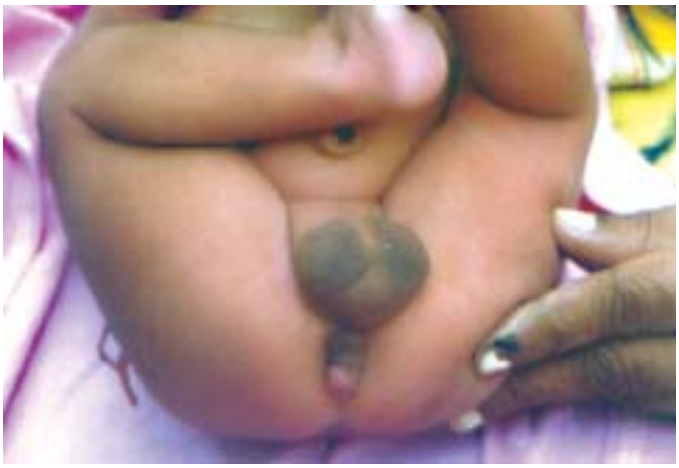

Fig. 1. Complete rotation of external genitalia, with penis downward and scrotum above.