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***Images in Clinical Practice***

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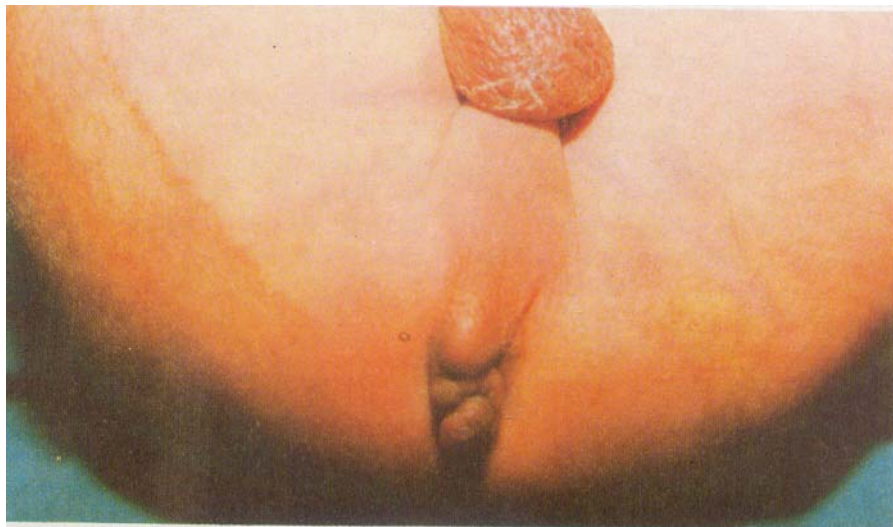
**Penile Aggenesis**

A term appropriate for gestational age

male was born to G<sub>5</sub>P<sub>4</sub>L<sub>3</sub>A<sub>0</sub> with history of one previous congenitally malformed sibling (lumbar meningocele with



*Fig. 1. Note the well developed scrotum without phallus.*



*Fig. 2. Photograph showing the area of perineum, with fold of skin posterior to scrotum.*



paraparesis), with no adverse antenatal factors. There was no history of smoking, alcohol, drug intake or consanguinity. Examination of external genitalia revealed a well developed scrotum and bilateral descended testis with no phallus (Fig. 1). There was fold of skin 5 cm posterior to the scrotum in perineum in midline from where a drop of urine was seen dribbling out on pressure (Fig. 2). The newborn had anorectal malformation (high type) for which colostomy was performed (Fig. 3).

Agnesis of the penis is a very rare entity. Penile agnesis suggests an early

embryologic failure in the development of the genital tubercle and occurs one in every 10 to 30 million live births. The urethra usually exists on the perineum or near the anal verge. It is believed that these children are best reared as female and that castration and reconstruction of the external genitalia should be performed at an early age.

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