Images in Clinical Medicine Central Eur J Paed 2022;18(1):50-51 DOI 10.5457/p2005-114.316

Female Epispadias in 10 Year Girl

Edin Husarić, Amir Halilbašić, Nešad Hotić

Pediatric Clinic, University Clinical Centre Tuzla, Tuzla, Bosnia and Herzegovina

Correspondence: ehusaric@hotmail.com; Tel.: + 387 35 303369; Fax.: + 387 35 303740

Received: December 21, 2021; Accepted: February 2, 2022

Key Words: Female Epispadias.



A ten-year-old girl presented to the pediatric surgery department due to partial incontinence of urine and the abnormal appearance of her genitalia since birth. Physical examination revealed a patulous urethra, bifid labia minora, and a bifid clitoris. The vagina and hymen appeared to be normal (Panel A). Voiding cystourethrogram showed pubic diastases (16 mm) and good bladder capacity

on filling, with no vesico ureteric reflux (Panel B). Cystourethroscopic assessment revealed a short urethra and an intact bladder neck. This rare congenital anomaly occurs with an incidence of one in 484,000 female patients. External genitalia have a variable appearance, as classified by Davis, ranging from lesser degrees with a patulous urethral orifice to intermediate cases with the urethra dorsally split

along most of its length, to the most severe cases which involve the entire length of the urethra and bladder neck, rendering the sphincteric mechanism incompetent. Genital defects include bifid clitoris and poorly developed labia minora. Female epispadias is often associated with urinary incontinence. The incontinence varies from continuous dribbling of urine without bladder filling to single episodes of daytime stress-incontinence (1). Diagnosis may be missed if the genitals are not examined carefully by separating the labia majora. The vagina and internal genitalia are usually normal. These forms of external appearance are most characteristic. The bladder is often small, with a poorly developed bladder neck and incompetent sphincteric mechanism. Complete radiological evaluation is required in all cases to identify reflux, and rule out other causes of incontinence. Cystourethroscopy is done to assess bladder capacity and the position of the ureteric orifices. The anomaly can be treated by surgical reconstruction of the urethra, bladder neck and external genitalia (1, 2). The goals of management in this case were to achieve urinary continence, with a reasonable time between voids and cosmetically acceptable female genitalia (3).

References

- Krishna Shetty M V, Bhaskaran A, Sen T K. Female epispadias. Afr J Paediatr Surg. 2011;8:215-7
- 1. Mollard P, Basset T, Mure PY. Female epispadias. J Urol. 1997;158:1543-6.
- Ali S, Moosa H, Khan SA. Isolated Female Epispadias with Urinary Incontinence. J Coll Physicians Surg Pak. 2020;30(4):438-9.