

# Micropenis : Retrospective study on 30 cases

## Introduction:

micropenis, is defined as a stretched penile length of less than 2.5 standard deviations (SDs) which can be diagnosed from birth to adolescence. It is idiopathic or associated with a chromosomal abnormality, hypogonadism, pituitary abnormality or a complex malformation syndrome. The therapeutic management of this disease should be early to get a favorable response and absence of impact.

## Objective:

Clarify the clinical and etiological aspects of micropenis of patients hospitalized.

## Population, Methodology:

we made a retrospective study of the cases of patients hospitalized with micropenis collected in 26 years from January 1988 to December 2014. A clinical examination and oriented paraclinical exploration has been made as endocrinologic evaluation like (Serum testosterone levels at baseline and after HCG test, FSH, LH, IGF1, prolactin), radiologic evaluation (hypothalamic-pituitary MRI, testicular ultrasound)

## Results:

30 patients were identified (18 children and adolescents between 2-18 years and 12 adults between 21-44 years). The average age at the consultation is 15 years in children, 30 years in adults.

The reason for consultation in children (Fig 1) was an isolated micropenis in 50% of cases diagnosed at an average age of 13, 5 years in children. In half of the cases, it is associated with other genital abnormalities who did reveal it in children: cryptorchidism 12 (40%) diagnosed at 5 years (only on at birth) lifts testicles: 2 cases (6%), hypospadias 1 case (3%).

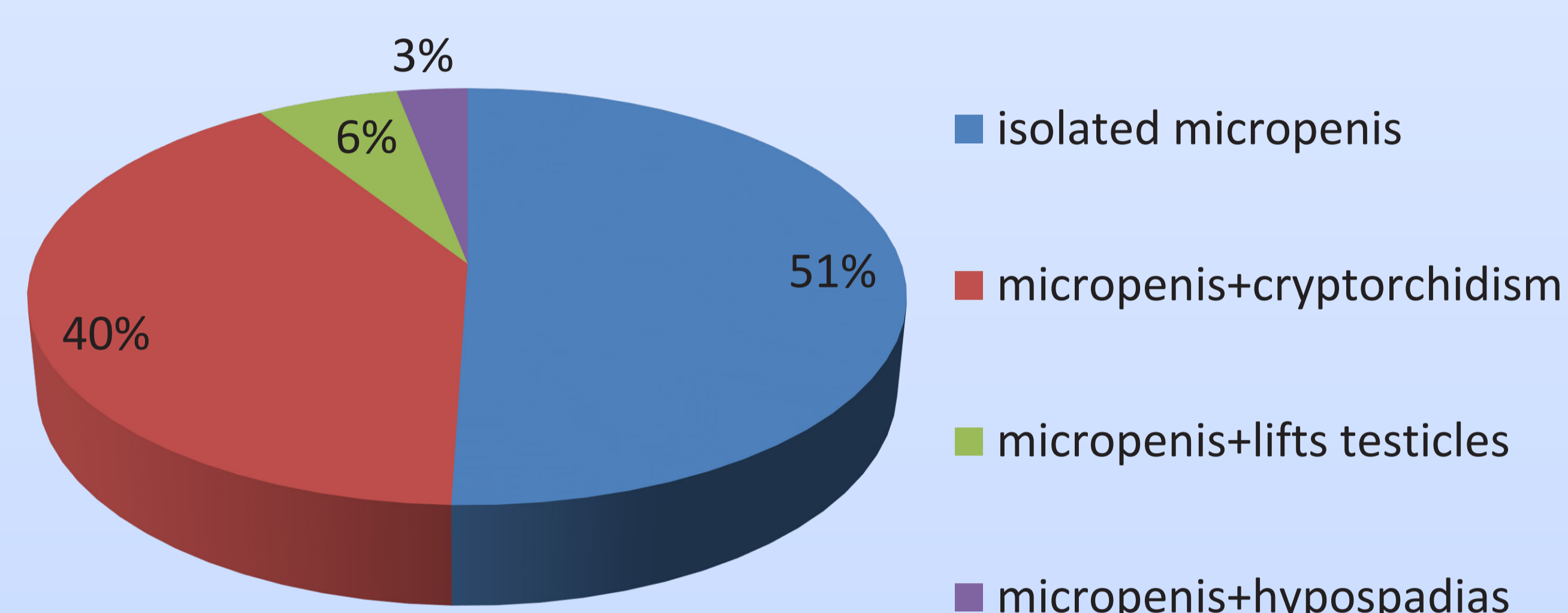


Fig1

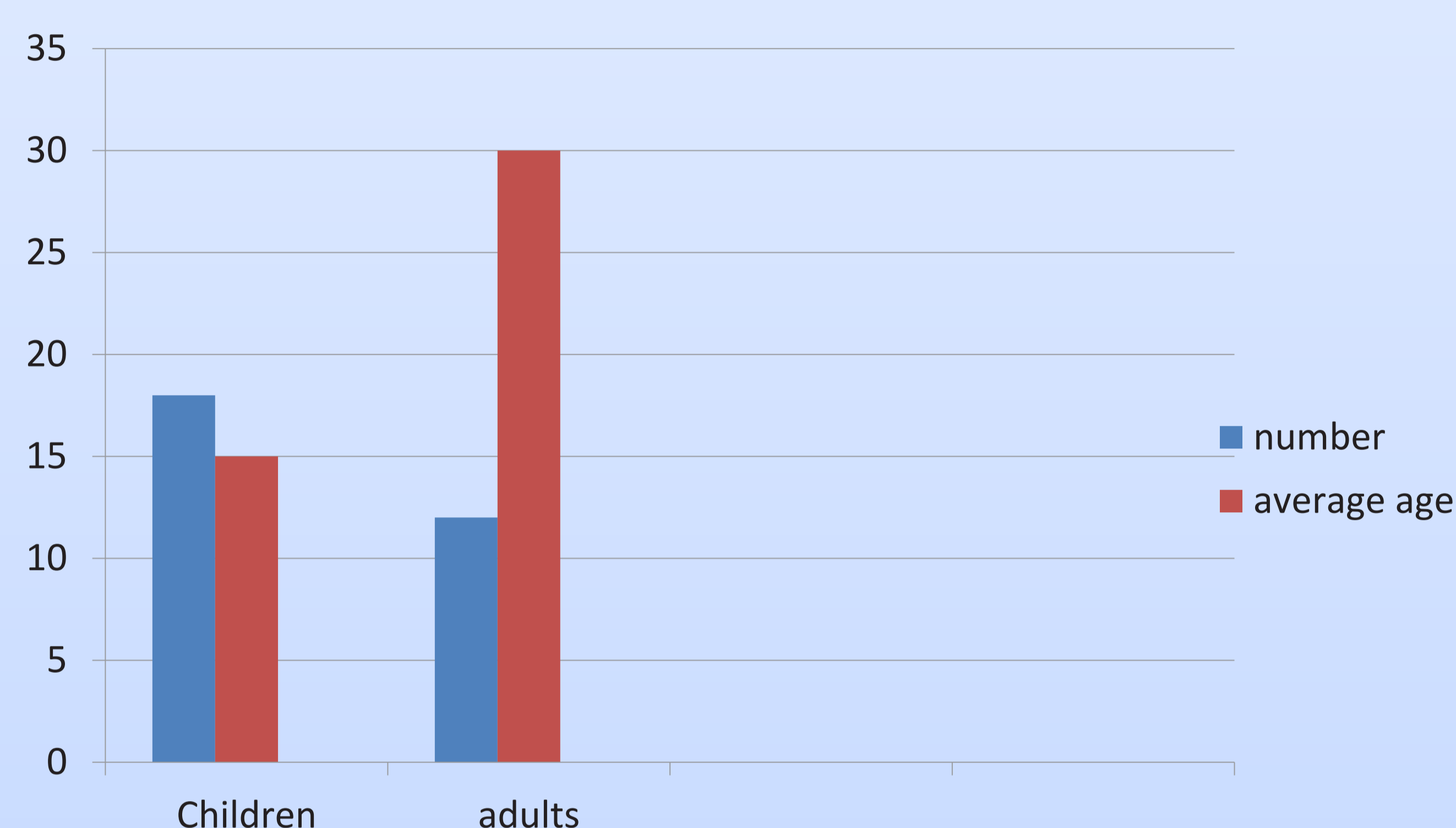


Fig2

The reason for consultation was the signs of hypogonadism in adults in all cases.

Etiological, it was mainly idiopathic (Fig 3) 50% of children, to a central hypogonadism (40%), growth hormone deficiency (7%) and gonadal dysgenesis (3%).

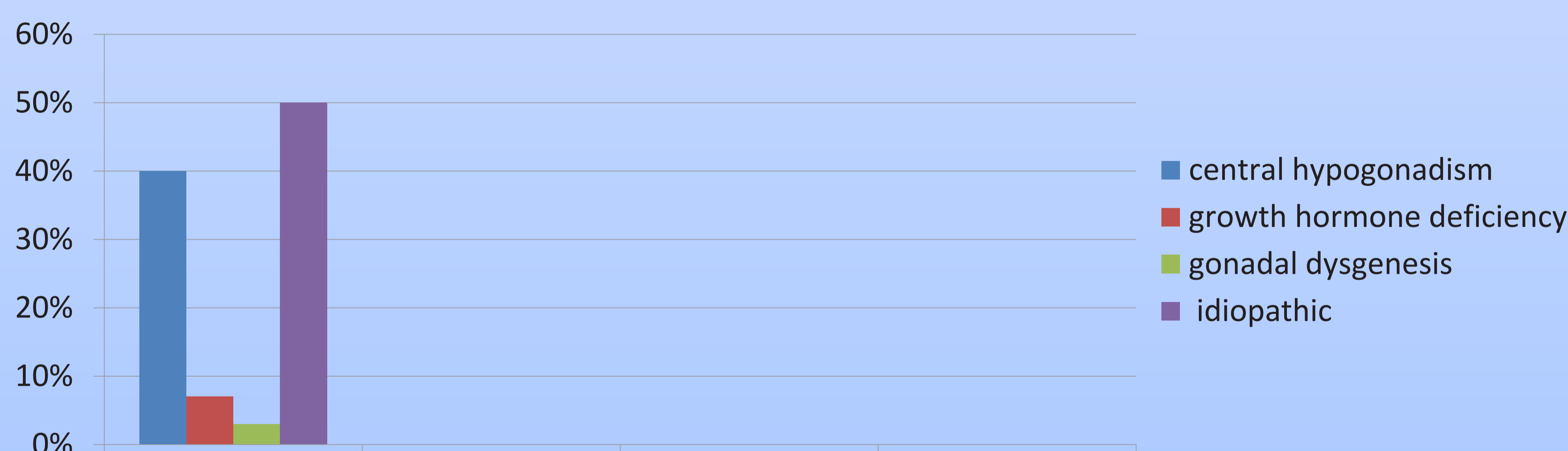


Fig3

In half of cases micropenis children (mainly idiopathic and pituitary) responded favorably to androtardyl (testosterone enanthate) 25 mg once a month for 3 months and GHR in the case of GH deficiency. The younger children (<6 years) responded best.

## Discussion and conclusion:

The absence of systematic examination of the external genitalia at birth and ignorance of these abnormalities explain the delay in diagnosis and ineffectiveness of treatment.

The main etiology of micropenis was idiopathic whose environmental endocrine disrupting play an important role.

Progress height-weight and hairiness induced by the treatment in children did not reconsider the treatment against the benefit obtained.

Micropenis must be processed to ensure normal urination, normal sexual intercourse and a good image of themselves.

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