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Letter to the Editor

Response to Letter to the Editor on "'Simple Anatomical Closure-SAC' for distal hypospadias repair without glans wings dissection: Technical description and preliminary results"

First and foremost, we would like to express our gratitude for author's interest in our work and their efforts in helping readers better understand the anatomical aspects of the method we have described. The author's questions have been answered below in the same order as presented.

1. In response to the first question regarding the organization of spongious tissues within the glans, as well as the definitions and functions of the navicular fossa, we acknowledge that these details are important; however, they are not the primary focus of our study [1]. Our main message is that, in some cases of distal hypospadias, well-developed spongious tissue exists, which can be preserved and effectively brought together at the glanular level.
2. Regarding the second question, in which the author asked, "Despite the favorable selection criteria, was a glans incision and/or preputial graft necessary due to a technical issue with the width of the deepithelialized triangles?", we would like to clarify that we do not perform a glans incision. Instead, we conduct a urethral plate incision, as a general practice in hypospadias surgery for several decades. The decision to incise or graft the urethral plate is based entirely on the characteristics of the existing tissue and is not related to the dimensions of the deepithelialized ventral triangles. As emphasized in the discussion section, a significant advantage of the described method is that the width of the urethral plate—be it wide, narrow, deep, or superficial—does not impede the application of the technique.
3. In response to the third question regarding the depth of the urethral plate incision and the tissues transected during this procedure, we would like to clarify that evaluating the incision's depth was neither the objective nor part of the described method in our study. More importantly, the technique we define allows for urethroplasty and glansplasty without the dissection of the glans wings, thereby reducing the potential long-term risk of functional impairment, which the author also highlighted.
4. The final question relates to the anatomical definition of the ventral glanular triangles. As we are addressing an anatomically abnormal penis, the areas we have termed "ventral glanular periurethral triangles" should not be regarded as normal anatomical regions. However, as illustrated in the text and images, these areas are characterized as regions that can usually be differentiated from the mucosa of the urethral plate on the ventral surface of the hypospadic glans penis. Our priority during glans reconstruction, at least at this time, is to perform a safe glanuloplasty, as detailed in the method section and shown in the accompanying images. We do not classify this as glans fusion or the creation of a septum glandis. We strongly believe that the 6/0 sutures placed within the spongious tissue at the coronal level are critical for reconstructing corona and preventing complications such as glans dehiscence.

As emphasized in the last paragraph of the letter, the method we described has advantages over traditional hypospadias surgical techniques, as it avoids dissection of the glans wings on both sides, preserves the existing spongious tissues and their continuity with the glans penis, and thereby facilitates a reconstruction more closely aligned with normal anatomy. Additionally, it enables anatomical reconstruction without the need to mobilize second-layer tissue, such as a Dartos patch, and is associated with a low complication rate.

We commend our colleague for their scientific contributions and dedication to the medical literature. If there are any remaining questions after reviewing the information presented in the main text and this response letter, we would be pleased to engage in further discussion or consider additional suggestions.

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Reference

[1] Hakalmaz AE et al., "Simple Anatomical Closure-SAC" for distal hypospadias repair without glans wings dissection: technical description and preliminary results, J Pediatr Urol, https://doi.org/10.1016/j.jpurol.2025.04.036.

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