PSYCHOLOGICAL INFLUENCES OF HYPOSPADIAS IN CHILDREN

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INTRODUCTION

Even if hypospadias is a frequent congenital malformation and it obliges us to a multilateral medical approach, the elected treatment remains the surgical one.

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The etiology of hypospadias is doubtful. It is quite known that there is a genetic factor implicated. There are studies which prove the hereditary factor is taken into consideration on a secondary plan, but we also know this factor is not feeble.¹ ²

We must associate to the complexity of the anatomical and pathological picture, the cultural factor, which brings to the front line the aspect of the malformation often translated by “indolence”.

The basic ideology, which leads us to an adequate treatment of hypospadias changes many times trying to coordinate itself with the last perfected microsurgery techniques. An important point also understands the psychological aspects of paediatric surgery, trying to minimize physical and psychological trauma.

The malformation is located in the genital area and it causes a lot of psychological issues.³ ⁴ Those problems are more pregnant when surgical intervention is delayed until the age of puberty, a period dominated by sexuality.⁵
Undoubtedly, we all went through the days of misunderstood adolescence, but we have to acknowledge and realize the positive steps taken towards self consciousness. These steps put us in position not to consider anymore “adultism” of J.M. Baldwin, “narcissism” of S. Freud or “symbiosis” of H. Wallon.

We have studied two cases without any previous feedback from medical literature up to the present moment.

The conclusions of this study could not be generalized because the group is not representative concerning to the number of cases included in the study.

It is absolutely necessary to know these aspects and put them head to head with the imminent surgical intervention in order to solve future cases of hypospadias.

**MATERIAL AND METHODS**

We tried to put together the main elements detailed in the introductory part. In the two case studies we used the following methods of psychological investigation:

1. Interview with the child and his family members,
2. Observation of the child before and after the surgical treatment,
3. Machover projective test,
4. The projective test of the Family. (Fig. 1)

The tests were applied in standard conditions and we tried to show the psychological changes related to the hypospadias. It has been taken into consideration the age of the child, the capacity to admit his disease and all the related details using colours, a fact that reveals the fear for punishment and a small dose of narcissism. (Fig. 2)

**First Case**

The child was psychologically evaluated before any surgical intervention. He comes from a biparental family, but the child shows more attachment for his mother. The father is always missing and when he is around he does not participate at the children’s games, not being an active figure in his daily life.

During the tests, the patient reveals high anxiety. He is a shy kid, not sociable, always asking for more information because he is afraid of doing something wrong. He always needs his mother’s approval.

He is not aware of his disease, his mother didn’t tell him anything. He doesn’t know he’s different from his brothers. He doesn’t answer to direct questions about his disease.

The first person who appears in his drawing is his mother, then his father and his siblings. The child doesn’t include himself in the picture. (Fig. 4) He lives in the past, attached to his mother, always in the need of protection. (Fig. 3) He also needs the father’s presence, he is looking for it, but, being afraid of failure, he doesn’t do anything about it.
The father is the person in his life that he tries to identify himself with. The fact that he's not in his drawing means he is not fond of himself and he wishes he were different.

**Second case**

The child comes from a biparental family, but the child shows more attachments towards his mother. During the tests, he reveals himself as a shy child who tries feelings of culpability. He wants to cover up these things with an aggressive behaviour. The boy knows why he's in the hospital, the importance of surgical interventions. He denies the fact that he's different from the other kids.

The first person who appears in his drawing is himself, then his mother and his father. He doesn't use colours. The members of the family are very small drawn, in the middle of the paper with no decorative elements.

The child is very attached to his mother and to his past, he shows high anxiety associated with frustration.

**DISCUSSION**

We have compared many other studies conducted by different authors regarding the psychological implication of children with hypospadias. In a pilot study, psychological tests were carried out on 47 male patients suffering from various kinds of hypospadias. In comparison with healthy children they showed strong feeling of inferiority and an increased adaptability difficulty.

More aggravating mental problems were noted when the number of operations increased. From the psychological point of view it has been stated that the most favorable time for the first operation is the age of 5-6 years.

Hypospadias is essentially a cosmetic difference, more important being the emotional impact of having a penis that “looks different“.

We share a common believe with many other surgeons that no surgery should be performed unless it is absolutely necessary for the reason of comfort for the patient.

As we observe the physical damage and emotional trauma of genital surgery are frequently far worse then the hypospadias itself.

Physicians suggest that children who look different will have difficulty forming a coherent self-concept, including gender identity and receive negative reactions from others, with adverse effect on adjustment and life satisfaction.

Men with a previous surgery for hypospadias were less sexually active, with a smaller total number of sexual partners and a decrease overall satisfaction of their sexual life compared to control subject poorer in cosmetic appearance.

Surgically corrected hypospadias should not be considered a risk factor for a poor psychosocial adaptation in childhood, but emotional problems increase with the number of hospital-related experiences.

**CONCLUSIONS**

Regarding the conclusions of this study, we noticed the importance of environmental factors mostly the family environment, the importance of mother-child interaction in the first years of life and the relationship between the parents.

The culpability feelings associated with high anxiety were noted throughout the study.

The need for increased affection especially from the patient's father, whom the patient tries to identify himself with and who plays an important role in his development, has become obvious.

The denying tendencies of their disease were remarked, also the ineffable wish of the boys to be integrated in the society.

Regarding the recommendations for the evaluated cases, we advise psychological counselling for the child and his family, which has the purpose of helping finding ways and means of communication between the parents and their child and also between surgeons and patients.

Without a secure mother-child attachment, in the first months of life, the entire future life of the baby could be affected and he could also reveal such behaviour to his own future family.

From a different point of view we concluded that it is very important for the child to be familiarized with the hospital environment and the surgeon.

Therapeutics methods vs. psychological implications is going to continuously contribute to the improvement of the surgical techniques and last but not least to the need for psychological counselling.

It must also be underlined that poorer cosmetical appearance of the surgical corrective procedure is associated with worse school results. This is also a shared remark by many of the researchers that study the psychological impact of surgery on children.

**REFERENCES**

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