INTRODUCTION

Hypospadias is defined as a congenital defect in which the urethra is incompletely developed, and the urethral meatus is located on the ventral surface of the penis. The cleft foreskin is located on the dorsal side as a dorsal hood **[Svensson et al., 1997].**

Hypospadias has no known single aetiology, but multifactorial mode of inheritance. Androgen receptor gene mutation may result in partial or incomplete androgen insensitivity syndrome with associated hormonal functional changes producing a spectrum of phenotypes including hypospadias **[Wiener et al., 1997].**

Hypospadias occurs in 1 per 300 live male birth. It is classified according to the meatal location after release of chordee into anterior, middle, and posterior varieties. Of the cases of anterior hypospadias the dystrophic meatus is located on the inferior glans in 15% , on the coronal groove in 50% and subcoronally in 30%, with the megameatus intact prepuce variant observed in 5% of all cases **[Duckett, 1992].**

The gools of repair are straight penis without excess skin, regular scars, and apical urethral meatus with a "good" urinary stream **[Zeidan S et al., 2003].**

Tubularized incised plate urethroplasty is now the procedure of choice for distal and proximal hypospadias repair. The advantages of this technique include its simplicity, low complication rate, very good appearance of the glans penis and normal meatus in most boys **[Tonvichien, 2003].**

Cases of hypospadias with severe chordee and deficient skin, as well as those for re-do hypospadias or fistula repair, are considered complex cases. Depending on the degree of complexity of the defect, a two stage procedure may still be advisable **[Marzouk E, 2004].**