

20th International Conference on

Pediatrics & Primary Care

September 03-04, 2018 | Zurich, Switzerland

Persistent Mullerian duct syndrome repair

Benslimane Hammou and **I Ghomari**
Children Hospital of Oran, Algeria

Introduction: Disorders of Sex Development (DSD) is affecting 1 in 10,000 births. Current management is very heterogeneous because of the low volume of patients for Persistent Mullerian duct syndrome. The persistence syndrome of Mullerian derivatives (PMDS) is a rare form of abnormalities of sex development. The persistence of Mullerian derivatives can be seen as Persistent Mullerian duct syndrome (PMDS): intraoperative diagnosis in case of cure of a hernia in a boy normally virilized with the discovery of a fallopian duct or a uterus when opening the hernia sac during a laparoscopy, the treatment of a nonpalpable testicle. The treatment is surgical and some author recommends dissection to separate the vas mullerian duct, orchidopexy and mullerian duct excision. This treatment is done by laparoscopy and is consist of a longitudinal section of the uterus and the cervix to allow lowering each testicle by an internal pathway within the umbilical artery and preserving the testicular vasculature.

Patients & Methods: Four patients admitted in our department of pediatric urology for Persistent Mullerian duct syndrome from 2015-2017.

Results: One case diagnosis of PMDS either inguinal hernia repair, one case either urethrocystoscopy for utero hydronephrosis bilateral, one non palpable testis in two cases.

Conclusion: Laparoscopy is best way for PMDS diagnosis. Division of Mullerian duct is a safe way to do orchidopexy without damage of the vas.

Biography

Benslimane Hammou has completed his MD from Oran School of Medicine. Currently, he works as a Pediatric Surgeon at Children Hospital of Oran, Algeria, in Pediatric Urology department. He published many of the research articles which are related to urethral problems in children.

b.hammou76@yahoo.fr

Notes: