

THE HYPOSPADIAS AND THE PSYCHO-AFFECTIVITY CASE REPORT

DV Vasile¹, Florina Paul², Bianca Harasim³

¹“Louis Turcanu” Emergency Hospital for Children, Timisoara – Pediatrics Surgery and Ortopedics Clinic.

²“Louis Turcanu” Emergency Hospital for Children, Timisoara

³Child Protection Centre – Timis, No. 1 Placement Center

Abstract

In this study we take a close look to the surgical treatment of hypospadias which leads to the appearance of some psychological implications. The psychological implications became more obvious as the reconstructive surgical therapy is considered at the age of puberty or adolescence.

We tried to show these aspects in four case studies in which we use the following methods of psychological investigations: interview with the child and his owners, observation of the children's behavior before and after the surgical treatment, the projective test Machover and the projective test of the Family.

Regarding the conclusions, we are able to prove now the importance of cultural level, the importance of the interaction between the mother and her child, child's feeling of culpability and anxiety, the high need of affection especially from the father which the patients tries to identify with.

This study tries to show the importance of the association between the very needed surgery and psychical influences.

Key words: hypospadias, psychological influences

Introduction

The main idea of our case studies were implemented at the end of the 50's when the real cognitive movement started. These cases are approving that the surgical treatment of hypospadias could leads to the appearance of some psychological implications. The hypospadias is a congenital malformation of the masculine urethra characterized by an abnormal opening of the urethra on the ventral face of the penis, near the top of the gland where the meat normally opens. It is a frequent malformation which effects 8,2‰ of the new-born male.

The etiology of hypospadias is doubtful. It is quite known there is a genetic factor implicated. There are studies¹ which prove the hereditary factor is taken into consideration on a secondary plan, but we also know this factor is not feeble.

The malformation is located at the genital area and it causes a lots of psychological issues. Those problems are more pregnant when surgical intervention is delayed until the age of puberty or adolescence, a period dominated by sexuality, a period with unasked questions about the children's normality as future adults.

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. Also, an important point is understanding the psychological aspects of pediatric surgery so we can try to minimize physical and psychological trauma.

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

Regarding our four case studies we use the following methods of psychological investigations:

1. The method of interview (were interviewed both child and his parents).
2. The method of observation (of the child before and after the surgery).
3. The projective test of the Family.
4. Machover projective test.

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 future problems which could emerge from actual disease.

This study could not be generalized because the group we tasted is not representative.

Case report

Having as a started point the applications of Gestalt Psychology (where are also the roots of cognitive movement on which the concepts of our study are based on) we will expose some aspects regarding a boy who suffered 11 surgical interventions until the age of 9 (case: S.V. -9 years old, diagnosis: balanic hypospadias).

The anamnesis reveals the fact that this child came from a monoparental family, the boy's father leaving the family because of the disease his son suffers (from the mother's declarations).

During the tests, the patient requires additional information, demands approval and he uses his entire set of colors. (Fig. 1).

Opened colors – yellow, blue, red - used to picture himself shown us a brave child who likes being active.

Dark colors- black- reveals the anxiety and the sentiment of culpability.

The combination of colors- red and black, yellow and red- proves the sociability, but also the aggressiveness associated with the feeling of anxiety. He verbally denies his father is a part of his family, but in this picture he puts himself between the two parents of his. (Fig. 1).

The child is fighting with a feeling of culpability regarding his father's leaving, he shows low confidence in himself, fear and shyness, all those being covered by an aggressive verbal behavior especially for his father. S.V. is one of the patients who needs psychological help.

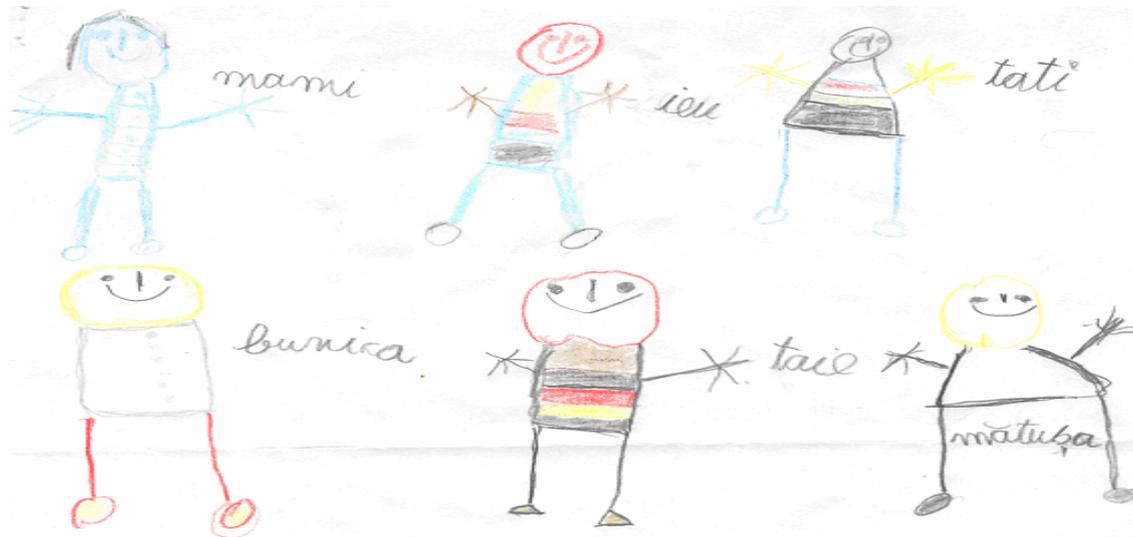


Figure 1: The projective test of the Family.

Conclusions

Regarding the conclusions, we could notice the importance of cultural level, the importance of mother- child interaction in the first years of life, the relationship between his parents. The culpability feelings associated with high anxiety were present throughout the study. It was also obvious the need for affection especially from the father who the patients try to identify with. The denying tendencies of their disease were remarkeded, also the ineffable wish of the boys to be integrated in the society.

As far as the recommendations for the evaluated cases, we advise psychological counseling for the child and his family, which has the purpose of helping finding

ways and means of communication between the parents and their child.

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

It is very important that the child to be familiarized with the hospital environment and the surgeon.

Therapeutics methods vs. psychological implications are going to continuously contribute to the improvement of the surgical techniques and last but not least to the establishment of the psychological counseling.

References

1. Beck C. *Hypospadias and its treatment*. Surg Gynecol Obstet 1971
2. Borer JG, Retik AB. *Current trends in hypospadias repair*. Urol Clin North Am 1999
3. Bracka A. *A long term review of hypospadias* 1984.
4. Hensle T. W., Tennenbaum S. Y., Reiley E. A., Pollard J. *Hypospadias repair in adults: adventures and misadventures*. J. Urol 2001
5. Svensson J., Berg R., Berg G. *Operated hypospadias: Late follow-up. Social, sexual and psychological adaptation*. J. Pediatr Surg 1981

Correspondence to:

Doru V. Vasilie
 Dr. Iosif Nemoianu Street, No. 2,
 Timisoara,
 Romania
 Phone No.: 0722244631
 E-mail: hypocrate@mail.dnttm.ro