

11. Menon P, Rao KN, Handu A, Balan L, Kakkar N. Outcome of urethroplasty after parenteral testosterone in children with distal hypospadias. *J Pediatr Urol.* 2017;13(3):292.e1-292.e7.
12. Kaya C, Bektic J, Radmayr C, Schwentner C, Bartsch G, Oswald J. The efficacy of dihydrotestosterone transdermal gel before primary hypospadias surgery: a prospective, controlled, randomized study. *J Urol.* 2008;179(2):684-688.
13. Faasse MA, Johnson EK, Bowen DK, et al. Is glans penis width a risk factor for complications after hypospadias repair?. *J Pediatr Urol.* 2016;12(4):202.e1-202.e5.
14. Chua ME, Gnech M, Ming JM, et al. Preoperative hormonal stimulation effect on hypospadias repair complications: meta-analysis of observational versus randomized controlled studies. *J Pediatr Urol.* 2017;13(5):470-480.
15. Monfort G, Lucas C. Dehydrotestosterone penile stimulation in hypospadias surgery. *Eur Urol.* 1982;8(4):201-203.
16. Pfistermuller K, McArdle A, Cuckow P, et al. Meta-analysis of complication rates of the tubularized incised plate (TIP) repair. *J Pediatr Urol.* 2015;11(2):54-59.
17. Wu Y, Wang J, Zhao T, et al. Complications following primary repair of non-proximal hypospadias in children: a systematic review and meta-analysis. *Front Pediatr.* 2020;8:579364.
18. Long CJ, Canning DA. Proximal hypospadias: we aren't always keeping our promises. *F1000Res.* 2016;5:2379.

## EDITORIAL COMMENTS

In this study, the authors sought to explore the potential role of testosterone (T) administration prior to distal hypospadias repairs.<sup>1</sup> This was a single-institution, retrospective study, but the database was formulated in a prospective fashion from 2015 to 2021. Their large number of 368 patients was a significant strength; 133 received T and 235 did not. As expected, there was significant increase in glans width (GW) in the T cohort (mean increase in GW was 4 mm). There has been debate in regard to T administration and the potential increased risk in bleeding complications and wound healing concerns within the hypospadias domain. Personally in my 17 years of practice, I have found this not to be true and utilize T preoperatively when GW is <13 mm. One weakness to this body of

work is the lack of a TIP (tubularized incised plate) urethroplasty cohort. Most of their approaches were Thiersch-Duplay repairs (88%), and the authors provide further insight to why this is their preferred approach in the manuscript. Regardless, the inclusion of a TIP cohort would have further strengthened their findings. Overall, their overarching conclusion that T administration was beneficial via increasing GW without increased complications is impactful and I believe should be widely applicable to all of hypospadias despite the type of repair that is employed.

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## REFERENCE

1. Godlewski KF, Mittal S, Hyacinthe N, et al. Does preoperative testosterone administration decrease complications in distal hypospadias repair with urethroplasty?. *J Urol.* 2023;210(2):352-359.

Hypospadias repair techniques have long been a source of debate in pediatric urology, and the use of exogenous testosterone in particular has certainly been a controversial topic. The authors are to be commended for a well-written and generally thorough dive into recent data from their institution.<sup>1</sup> Based on this large series, they conclude that preoperative testosterone administration was associated with a reduced incidence of surgical complications, noting that future studies that define subgroups that particularly benefit from testosterone would be useful. This information is a welcome addition to the urological literature; as noted by the European Association of Urology–European Society for Pediatric Urology guidelines committee, “There is a lack of high-quality evidence to support that preoperative hormonal treatment with androgen stimulation improves surgical outcomes.”<sup>2</sup>

While this conclusion is objectively supported by their analysis of institutional data, it is worth questioning whether that conclusion remains true beyond the walls of said institution. As a retrospective series drawn from data accrued at a major referral center, it is possible (and perhaps likely) that referral bias and/or selection bias had an impact on these results. For example, the literature would suggest that the majority of hypospadias repairs currently use the TIP (tubularized incised plate) technique.<sup>2</sup> In this series, however, the overwhelming majority of patients underwent a Thiersch-Duplay repair.<sup>1</sup> While the Thiersch-Duplay repair is the “mother surgery” upon which TIP is based, it is not entirely clear whether the results of one can be extrapolated to the other. Likewise, there was significant variation among the individual surgeons regarding use and dosing