Introduction: Even though hypospadias is not a life-threatening abnormality, it means for the parents that their baby will endure surgery postnatally. We report two cases with an erroneous diagnosis aiming to depict the characteristics of these cases.

Cases: The first case G2P1, 34 years, consulted at 35 weeks. The fetus already had in another facility a diagnosis of partial agenesis of corpus callosum, ventriculomegaly, bilateral pyelectasis, and partial agenesis of the vermis in addition to hypospadias. The latter finding was based on the difficulty in identifying the penis (figure).

All these findings were confirmed; however hypospadias was not evident, despite a small penis, and a doubtful urine flow on the Power Doppler. Scrotum and testicles were normal. She delivered at 38 weeks. Pediatric examination excluded hypospadias.

The second case as about a Fallot tetralogy in a 28 y old G1P0, that was diagnosed at 21 w; no other abnormality was found at that time. Hypospadias is suspected at 32 weeks along with a penis size that was considered small. Postnatal examination again excluded this diagnosis.

Conclusion
False diagnosis of hypospadias is possible, mainly in case of other abnormalities and a penis size that is small. Cautious counselling is wise to avoid unneeded anxiety to the parents.