RESURFACING AND RECONSTRUCTION OF THE GLANS PENIS
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INTRODUCTION AND OBJECTIVE: To describe the techniques and results of surgical reconstruction of the glans penis lesions.

METHODS: Seventeen patients (mean age 53.2 years) were treated by resurfacing or reconstruction of the glans penis for benign, pre-malignant and malignant penile lesions. The aetiology of the lesions was: one Zoon’s balanitis, four lichen sclerosus, one carcinoma in situ, five squamous cell carcinoma and six squamous cell carcinoma associated with lichen sclerosis. Five cases were treated using glans skinning and resurfacing; 5 cases using glans amputation and reconstruction of the neo-glans and 7 cases using partial penile amputation and reconstruction of the neo-glans. Glans resurfacing and reconstruction were performed using a skin graft harvested from the thigh.

RESULTS: The mean follow-up was 32 months. All patients were free of local pre-malignant/malignant recurrence. Patients who underwent glans resurfacing reported glandular sensory restoration and complete sexual ability. Patients who underwent glansectomy or partial penectomy with neo-glans reconstruction maintained sexual function and activity, although sensitivity was reduced as a consequence of glans/penile amputation.

CONCLUSIONS: In selected cases of benign, pre-malignant or malignant penile lesions, glans resurfacing or reconstruction can assure a normal appearing and functional penis, without jeopardizing cancer control.

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MODIFIED TUBULARIZED INCISED PLATE URETHROPLASTY FOR HYPOSPADIAS REPAIR: A LONG-TERM RESULTS OF 764 PATIENTS
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INTRODUCTION AND OBJECTIVE: To present our experience with a modification of tubularized incised plate (TIP) urethroplasty for treatment of subcoronal and distal penile hypospadias.

METHODS: A total of 764 children with primary hypospadias (462 subcoronal and 302 distal penile) underwent hypospadias repair using TIP urethroplasty with a modification of double breasted de-epithelialized skin flap. The technique involves, in addition to the standard TIP, the use of the dorsal prepuse which was divided in two flaps. The right flap was de-epithelialized on both the outer and inner sides and transferred as interposing layer between the neourethra and the coverings. The left flap was de-epithelialized on the inner side and transferred ventrally as skin coverage. The follow-up ranged between 3 and 52 months with a mean of 17 months.

RESULTS: Excellent functional and cosmetic results were achieved in 738 patients (96.6%). Urethral fistulae were encountered in 16 cases (2%) and were repaired successfully. Meatal stenosis was noted in 8 cases (1%) and successfully treated. Two patients developed complete disruption of the wound (0.2%) which was corrected.

CONCLUSIONS: Excellent functional and cosmetic results can be achieved after repair of subcoronal and distal penile hypospadias using TIP urethroplasty with the modification of using double breasted de-epithelialized skin flap.

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MEDIUM-TERM FOLLOW-UP OF DORSAL ONLAY GRAFT URETHROPLASTY USING PENILE SKIN OR BUCCAL MUCOSA IN ADULT BULBOURETHRAL STRICTURES
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INTRODUCTION AND OBJECTIVE: The concept of dorsal onlay graft (DOG) urethroplasty was based 10 years ago on providing a better graft bed, which might improve repair longevity in comparison to ventral grafts. Shortly after, buccal mucosa (BM) was reappraised as an eventually more suitable graft material than prepuceal skin (PS). The goal of this study is to assess the overall outcome of DOG urethroplasty on a medium term basis, and to determine whether BM is better than PS grafts in such repairs of bulbar urethral strictures.

METHODS: From 1998 to 2006, 48 patients with bulbar urethral strictures (>2cm) underwent DOG urethroplasty. PS or BM free grafts were used according to tissue availability and patient preference. According to the severity of the stricture, a resection-anastomosis of the tightest segment was associated. End-points were uroflowmetry, IPSS, number and so as complications.

RESULTS: Forty two % of patients had had previous stricture treatment, eventually multiple (1 dilatation, 16 endoscopic incisions and 4 urethroplasties). Mean follow-up was 38 months (3-107). Overall success rate was 81 % of PS graft was used in 29 patients (60%) and a BM graft in 19 patients (40%). Mean stricture length was 4.3 cm (2-8) for PS and 4.1 cm (2-9) for BM. In 52% of cases, a resection-anastomosis of the tightest segment was done. PS graft mean length was 5.9 x 2.7 cm and 5.2 x 2.4 cm for BM graft. Post-operative, there was no difference neither in uroflowmetry nor in IPSS between the 2 groups (respectively 19.7 ml/sec, range 5.5-55, IPSS = 8.7 for PS; 17.7 ml/sec, range 6-40, IPSS = 8 for BM). 3 post-operative complications for PS (hypertrophic scar, chronic prostatitis and compartmental syndrome) and 2 for MB (access and graftural synchie). Nine patients, 6 (21%) patients with PS and 3 (16%) with MB graft patch, required further treatment due to stricture recurrence.

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