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Infection occurred in two patients and was treated by explantation-reimplantation after six months.

Conclusion: This pericavernous implant responds to a demand for a simple and rapid procedure that can provide good and lasting aesthetic results without jeopardizing penile function.

Policy of full disclosure: None

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Surgical treatment of congenital glans tilt

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Objective: Aim of a paper is to present the way of treatment of rare anomaly as well as results.

Methods: From 1998 to 2006 authors operated on 11 patients with glans tilt. Downward curvature was detected in 7 of them, upward in 2, lateral (leftsided) also in 2. In 9 patients glans tilt was accompanied with curvature of penile shaft and in 5 with hypospadias. In all patients Nesbit method was used. In patients with downward glans tilt dorsal

neurovascular bundle was mobilized just behind and, if necessary, under the glans (after separating part of glans from corporeal heads). During the same procedure in 9 men reconstruction of penile shaft was done, in 2 patients with penile hypospadias distal urethra was reconstructed, in 3 patients with stenosed urethra (after failure of previous hypospadias operations done in other departments) was reconstructed with vascularized skin flap transfer. In patients with dorsal glans tilt elliptic fragments of tunica albuginea were excised on both sides of urethra just below glans, in lateral glans tilts excisions were done on concave side of penis. Result of reconstruction was always confirmed by artificial erection.

Results: In all patients straightening of glans and penile shaft was achieved. In no patients disorders of sensation on the glans nor erectile dysfunction were detected.

Conclusion: 1. In downward glans tilt for straightening of penis partial separation of the glans from the apex of penile shaft is sometimes necessary. 2. Glans tilt may be associated with other anomalies as penile shaft curvature or hypospadias. That is why treatment of these anomalies should be done by surgeon with great experience in penile reconstructive surgery.

Policy of full disclosure: None