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PO-08 Penile reconstructive surgery

PO-08-001

One-stage neocorporoplusty and prostheses reimplantation in patients with total cavernous fibrosis

Kurbatov, D.[1]; Aliev, R.[2]; Lepetubin, A.[1]; Dubsky, S.[1]

[1]Centre of Endocrinology, Moscow, Russia; [2]Altay State Medical Academy, Barnaul, Russia

Objective: Primary penile implantation for ED treating is not a so difficult but in cases of a total cavernous fibrosis the surgical intervention is very complex and problematic especially. In patients with a total cavernofibrosis it is known that a 2-stage meth d of neocorporoplasty and delayed penile implantation (Sokolschik M et all., 2007) is applied. We present a method of a one-stage neocorporoplusty and prosthesis reimplantation in patients with total cavernous fibrosis

Methods: Three patients who were 33, 45 and 53 y.o., with total cavernous fibrosis after previously unsuccessful penile prosthesis implantation underwent one-stage neocorporoplusty and prosthesis reimplantation. Two of the patients had bilateral cavernous fibrosis with totally destroyed cavernous tissue, and one patient had monolateral cavernous fibrosis. 2 patients suffered from compensated Diabetes Mellitus type 2. For neocorporoplusty we used Gortex artificial vascular prosthesis (2 pts) and cadaveric Dura mater (1 pt) which were placed along the penile shaft and fixed near glans penis distally and to the cavernous bodies remnants proximally. Semi-rigid prostheses were implanted with neocorporal material simultaneously. For better healing and vascularisation of neocorpora with implanted prosthesis in 2 pts. we have used rotated flap harvested from lateral part of M.rectus abdominis based on the blood supply of a. et v. epigastrica inf. Due two severe obesity in one case we used the scrotal fascial vascularised rotated flap.

Results: The operations have been successful in 2 cases and postoperative periods were uneventful. After 2 and 3 months the men began their sexual activity. In the case of the scrotal fascial vascularised rotated flap corporoplusty by cadaveric Dura mater the prostheses were extruded during 2 months after operation.

Conclusion: We are convinced that presented method of one-stage neocorporoplusty and prosthesis reimplantation may be considered as a final step of sexual rehabilitation in selected cases for patients with total cavernous fibrosis after previously unsuccessful penile prosthesis implantation.

Policy of full disclosure: None

PO-08-002

Penile reconfiguration using full-thickness dermal-epidermal grafts to cure massive penile cutaneous necrosis, following synthetic peri-cavernous explant: a case report

Colombo, F.[1]; Pernetti, R.[2]; Borgatti, F.[2]; Basunti, G.[1]; Modenini, F.[1]; Martorana, G.[2]

[1]Policlinico S.Orsola Malpighi, SSD Andrologia, Bologna, Italy; [2]Policlinico S.Orsola Malpighi, Clinica Urologica Univ.Bologna, Italy

Objective: Case report of severe complication following penile augmentation surgery for aesthetic reason.

Methods: Clinical history: 2001: P.M., 44 y-o, underwent pericavernous penile augmentation surgery using synthetic filler which resulted in immediate severe asymmetry in the profile of the penis. 2004: formation of a peri-cavernous abscess with cutaneous fistula requiring surgical excision and resulting in severe cutaneous scar retraction with entrapment of the cavernous bodies and subsequent impediment to sexual activity. October 2007: removal of the filler (bio-alcamid) and penile skin reconfiguration using multiple Z-plasty, with excellent aesthetic result at the end of the operation. The post-operative formation of a scrotal haematoma caused massive necrosis and complete loss of the penile coating. Subsequent healing for second intention occurred (Nov. 2007–June 2008). March 2009: Patient reported severe ventral curvature and right-sided torsion of the penile shaft during erections wich rendered sexual intercourse impossible. April 2009: reconstruction of penile coating: –step 1: release of the scar adhesions, with complete corporal freeing–step 2: penile covering using full thickness skin grafts, harvested bilaterally from the inguinal region.

Results: Establishment of the grafts completed in approximately 45 days, with satisfactory aesthetic results. 3 months after the operation, the Pt reported rigid erections and straight shaft. A residual fixity of the graft on the underlying tissue still limits the lengthening of the penis during erection. The patient started with the intensive use of a Vacuum Device.

Conclusion: When faced with complete loss of the penile covering, the choice between split-thickness skin grafts and full-thickness dermal-epidermal grafts represents a real challenge for the reconstructive surgeon. This case report confirms the usefulness of the full-thickness graft, as a substitute for the elastic skin which is typical of the penile skin.

Policy of full disclosure: None

PO-08-003

Ways to decrease invasiveness during operation for congenital penile curvature

Perdzyński, W.[1]

[1]Dept. Reconstr. Surg. Male G-U, Warsaw, Poland

Objective: To decrease invasiveness authors: 1.avoid degloving, preferring longitudinal skin incision over curvature, 2.separate neurovascular bundle (n-v-b) locally, over place of reconstruction, 3.avoid opening of corpora cavernosa: only fragment of external layer of tunica albuginea is excised and both layers are sutured over invaginated internal layer.

Methods: From 1998–2009 authors operated on 148 men. In 140 patients penile skin was incised longitudinally over convex surface of penis. Skin and dartos fascia can be moved, access to Buck's fascia and tunica albuginea was achieved. In 45 patients with downward curvature dorsal n-v-b was separated only from lower part of lateral surface of penis to lateral margin of deep venous sulcus (tunica was uncovered in shape of triangle) bilaterally. Authors avoided massive separation of n-v-b on all dorsal surface of penis. In 53 patients own technique was used. Elliptic fragment of external layer of tunica albuginea was excised (internal layer was intact) and sutures which went through both layers of tunica (internal layer was invaginated) were placed. If necessary next excisions of tunica were done until penis was straight.

Results: In all patients penis was straightened during operation. Disorders of superficial sensation on the glans, erectile dysfunction or chronic oedema were not detected in any patient. Follow-up examinations (6 to 24 mo after operation): penis was straight in 51 patients. In 2 small recurvature of 15 degrees was detected, functional result was good (patients' opinion).

Conclusion: 1. Longitudinal skin and tunica dartos incision on convex surface enables good access to Buck's fascia and tunica albuginea: penile degloving can be avoided. 2. Separation of dorsal n-v-b from tunica albuginea only on limited surface decrease possibility of dorsal nerves damage. 3. Only fragment of external layer of tunica albuginea is excised (internal layer is invaginated) which diminish invasiveness (corpora cavernosa are not opened).

Policy of full disclosure: None

PO-08-004

Surgical techniques in phalloplasty: Comparative success

Morel Journel, N.[1]; Courtois, F.[2]; Brassard, P.[3]; Ennas, M.[1]; Leriche, C.[1]; Leriche, A.[1]; Ruffion, A.[1]

[1]Hospices civils de Lyon, Saint-Genis Laval, France; [2]Université du Québec à Montréa, Montréal, Canada; [3]GRS-MTL, Montréal, Canada

Objective: Different surgical techniques are available for phalloplasty, the most common of which being forearm free flap phalloplasty. Yet,