

**Ventral Buccal Mucosa Graft Urethroplasty for Penile Urethral Strictures:
A Predictable Failure?**

V. Jinga¹, M. Hurduc², V. Voinescu², F. Filipoiu¹, M. Balgradeanu¹

¹University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania

²Department of Urology, "Prof. Dr. Th. Burghel" Hospital, Bucharest, Romania

Abstract

Background: In the case of buccal mucosa graft (BMG) urethroplasty for penile urethral strictures (PUS), it is supposed that the ventral onlay (VO) would not assure sufficient nutritional and mechanical support. Because VO requires only one ventral incision of the stenotic urethral segment and does not affect the urethral vasculature, we have design a prospective study related to this issue.

Methods: We selected 27 consecutive patients with PUS, other than due to lichen sclerosus or to multiple hypospadias surgery. Surgical technique used: circular incision of the penile skin just below the glans, degloving without dartos, ventral median incision of the stenosed urethral segment, tailoring of the buccal mucosa graft over a 22 Ch catheter and fixation at the urethral mucosa edges, covering the graft with two lateral dartos flaps.

Results: Follow-up consisted of clinical examination, uro-flowmetry, and urethral ultrasonography. In one patient urethral fistula occurred and in two patients a fibrous diaphragm at the proximal end of the neourethra appeared. For the rest of the patients the neourethra lumen was stable, between 6 and 7 mm at urethral ultrasonography control, the success rate being 88.89%.

Conclusion: The VO of BMG by the technique described, is a good solution for selected patients with PUS

Key words: buccal mucosa graft, urethra stricture, urethroplasty, ventral onlay

Corresponding author: Associate Professor Filipoiu Florin, MD, PhD
Discipline of Anatomy, "Carol Davila" University of Medicine and Pharmacy
Eroilor Sanitari 8 Bd, District 5
postcode: 050474, Bucharest, Romania
E-mail: ffilipo58@yahoo.com