(PD46-8) THE BUCCAL BELT: A BUCCAL MUCOSAL GRAFT FOR RECURRENT PENILE ADHESIONS IN PATIENTS WITH LICHEN SCLEROSUS

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BACKGROUND:

• Recurrent penile adhesions (RPA) difficult to treat
• Patients experience: pain, functional & esthetic disturbances, emotional distress\(^1,2\)
• Treatment options limited:\(^3,4\)
  • Repeat circumcisions
  • Split thickness skin grafting

BACKGROUND:

• Buccal Mucosal Graft (BMG) - Good success with lichen sclerosus (LS) stricture disease \(^5,6\)

• Case series describe BMG for glans reconstruction
  • Following traumatic circumcision in neonates \(^7,8\)
  • Penile cancer \(^9\)


OBJECTIVE:
To present a novel technique for treatment of RPA using a sub-coronal buccal mucosal graft (BMG) resurfacing

HYPOTHESIS:
A sub-coronal buccal mucosal graft (BMG) resurfacing with be a feasible, durable and reproducible treatment option for RPA.
PROCEDURE:

Adhesions

Defect Demarcated

Excision Completed
PROCEDURE:

BMG in Place

Tie-over-dressing

1 week follow up
METHODS:

• Retrospective, international multi-institutional study
• Exclusions criteria: <12mn follow-up
• Primary Outcomes:
  • Recurrence of the adhesions
  • Graft failure
  • Peri-operative data: surgical time, length of stay, complications.
• Secondary Outcomes: Patient-Reported Outcomes Measures
RESULTS: Patient Characteristics

- 6 centers, 25 Patients → 21 included
- Mean Age: 58 (range: 41-74)
- Previous Treatment (100%)
  - Topical Steroids: 10 (47.6%)
  - Circumcision: 20 (95.2%)
  - Multiple Circumcisions: 11 (52.4%)

- Confirmed LS: 15 (71.4%)
- Stricture Disease:
  - Previous repair: 4 (19%)
  - Concurrent repair: 11 (52.3%)
RESULTS: Surgical Outcomes

• Surgical Time:
  • Resurfacing only (n=10): 40min (25-60)
  • Resurfacing + stricture repair (n=11): 110min (46-180)
• Hospital Stay: 0.76 days (0-2)
• Complications
  • Clavien 1-2: 1 UTI
  • Clavien 3-5: 0
RESULTS: *Primary Outcomes*

- Mean Follow-up: 18mns (12-61)
- No Graft Loss
- No Recurrence

6 week follow-up
## RESULTS: Global Response Assessment

<table>
<thead>
<tr>
<th></th>
<th>Improvement</th>
<th>Neutral</th>
<th>Worsening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+3</td>
<td>+2</td>
<td>+1</td>
</tr>
<tr>
<td>Overall Condition</td>
<td>12 (57.1%)</td>
<td>6 (28.6%)</td>
<td>3 (14.3%)</td>
</tr>
<tr>
<td>Esthetic Appearance</td>
<td>9 (42.9%)</td>
<td>9 (42.9%)</td>
<td>1 (4.8%)</td>
</tr>
<tr>
<td>Pain with Intercourse</td>
<td>8 (38.1%)</td>
<td>3 (14.3%)</td>
<td>7 (33.3%)</td>
</tr>
<tr>
<td>Bleeding w/ Intercourse</td>
<td>8 (38.1%)</td>
<td>9 (42.9%)</td>
<td>1 (4.8%)</td>
</tr>
</tbody>
</table>
RESULTS: Additional PROMS

- SHIM: (p Value = 0.003)
  - Preoperative: 14.4
  - Postoperative: 17.0
- Worsening Penile Sensation: 4 (19%)
- Pain with Erections: 0
- Recommend Procedure: 20 (95.2%)
- VAS - Functional Outcome: 9.0 (6-10)
- VAS - Esthetic Outcome: 8.9 (7-10)

5 year follow-up
CONCLUSIONS:

• Sub-coronal BMG resurfacing is feasible and reproducible across institutions

• Initial patient cohort - no recurrence + high satisfaction over short-term follow up

• Prospective study with long-term follow up is warranted
THANK YOU

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