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MEDICAL UNIVERSITY

UROLOGY

MP29-18: Vaginal Cavity Remnant Re- excision and Re- obliteration in Transgender Men Undergoing Neourethral Stricture Repair

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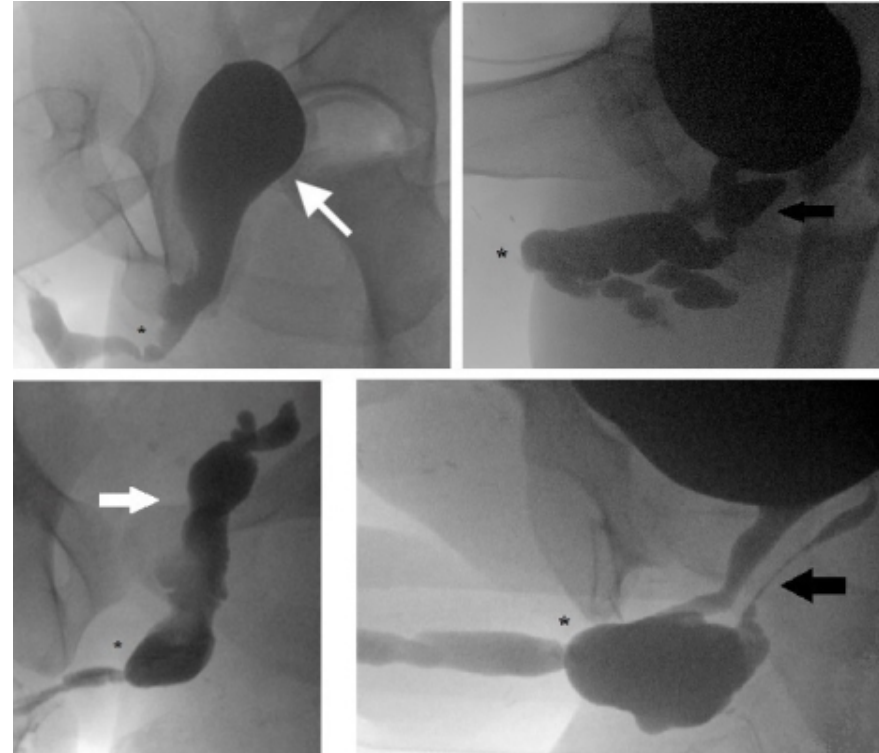
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Introduction

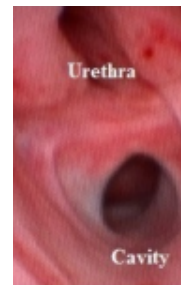
- Transmasculine gender affirmation surgery is commonly associated with urinary complications
- Inadequate vaginal de-epithelialization combined with pressurized urine from a distal obstruction can cause urine to break through the suture lines into a previously obliterated vaginal cavity

Objective

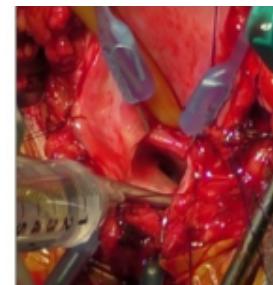
- To determine the prevalence of patients who require cavity re-excision and obliteration during neourethral stricture repair
- To determine the histological composition of the vaginal cavity



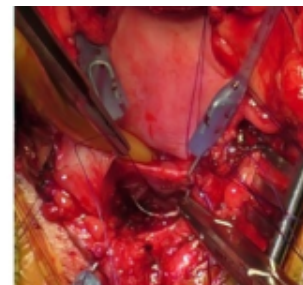
Preoperative RUGs and VCUGs demonstrating strictures (*) and vaginal cavity remnants (arrows)



Endoscopic view of vaginal cavity remnant



Intraoperative images of vaginal cavity remnant being re-excised and re-obliterated



Transgender men who underwent neourethral stricture repair
n=39

Phalloplasty
n=31 (79%)

Metoidioplasty
n=8 (21%)

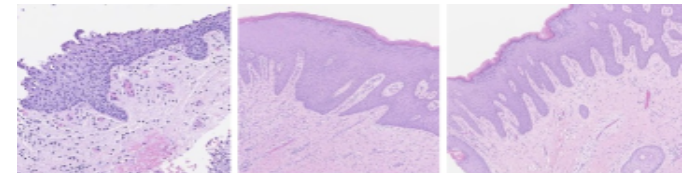
Vaginal cavity remnant
n=12 (39%)

Vaginal cavity remnant
n=4 (50%)

16/39 (41%) found to have vaginal cavity remnants
15/39 (38%) underwent re-excision and re-obliteration

Pathology (n=15)

- Vaginal epithelium (n=15)
- Chronic inflammation (n=11)
- Fibrosis (n=8)
- Granulation tissue (n=2)
- Microabscesses (n=1)
- Calcification (n=1)
- Multinucleated Giant Cells (n=1)



Histological images showing presence of vaginal epithelium in excised vaginal cavity remnant

Conclusions

- A high percentage of transgender men with neourethral strictures present with vaginal cavity remnants
- All specimens contain vaginal epithelium
- Implications of residual vaginal epithelium requires further investigation