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Neopenis: The first total penectomy with total penile reconstruction using an anterolateral thigh free flap for penile carcinoma in the Philippines

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An absent or inadequate penis is a devastating condition with significant psychological, sexual, social, and physical impact. Penile carcinoma with invasion of the shaft with an inadequate length is usually treated with total penectomy with perineal urethrostomy. In the Philippines, there is no literature that can trace back the roots of penile reconstructive surgery or even a single case ever performed. This is the first documented case of Total Penile Reconstruction for Penile Carcinoma in the Philippines. This is a case of a 48 year-old Filipino male with Squamous Cell Carcinoma of the penis who underwent Total Penectomy and the first Total Penile Reconstruction using an Anterolateral Thigh Flap in the Philippines. We are presenting our technique of penile reconstruction using an Anterolateral Thigh Flap. Elliptical incision is made around the base of the penis, dissection is commenced in the plane between the tunica albuginea and Buck fascia dorsolateral, and the dorsal vessels are ligated and divided. Corporeal bodies are sharply transected, and the urethra is divided at the same level. The corpora are then closed with interrupted horizontal mattress sutures. The dissection started, identifying the descending branch of the lateral circumflex femoral artery to its origin, and then the lateral cutaneous nerve of the left thigh was identified at the proximal border of the flap and dissected 5 cm in length. During the dissection, two perforators within the flap were identified and maintained. The flap was harvested as an island flap based on both perforating vessels and the pedicle was dissected up to its origin. Urethra and neopenis was constructed using tube over tube technique. Inset of the neopenis was then made thru tunnelling underneath the femoris muscle through an incision in the left groin region. Flap was then sutured to the periosteum of the pubic region. The neourethra was anastomosed to the remaining corpus spongiosum with adequate spatulation using chromic 4-0. Flap donor site closure was done with split thickness skin graft harvested from the hypogastric area. At present patient is able to urinate in a standing position.

Biography

Juan Carlos Bello Marzan has completed his MD from the University of Santo Tomas. He is the current Chief Resident of the Accredited Consortium in Education for Surgery, an accredited General Surgery training program in Naga City, Philippines. In 2015, he was invited as a speaker in the American College of Surgeons Clinical Congress, Chicago, IL, USA on his video on superficial parotidectomy.

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