

## Secondary buried penis reconstruction with split-thickness skin grafting after previous partial amputations for penile cancer – report of a case

Rekonštrukcia sekundárneho „pochovaného penisu“ s použitím dermoepidermálneho štepu po predchádzajúcich parciálnych amputáciách pre karcinóm penisu – kazuistika

Peter Weibl, Ghazal Ameli, Johanna Krauter, Wilhelm Hübner

Department of Urology, Teaching Hospital, Landeskrankenhaus Korneuburg

Došlo: 9. 11. 2020

Přijato: 4. 2. 2021

### Kontaktní adresa:

Assoc. Prof. Peter Weibl, MD, PhD.

Department of Urology, Teaching Hospital – Landeskrankenhaus Korneuburg,  
Wiener Ring 3–5, 2100 Korneuburg, Austria,  
e-mail: pweibl@yahoo.com

**Conflicts of interest:** Authors have no conflicts of interest or any financial competing interests.

**Financial support:** None.

**Contributions:** Substantial contributions to the design of the work, or acquisition of the perioperative figures, analysis or interpretation of data for the work: P. Weibl, G. Ameli, J. Krauter.

Drafting of the manuscript and critical revision for important intellectual content: P. Weibl, W. Hübner.

### SUMMARY

Weibl P, Ameli G, Krauter J, Hübner W. Secondary buried penis reconstruction with split-thickness

skin grafting after previous partial amputations for penile cancer – report of a case.

**Background:** Surgical strategy of buried penis depends on the etiology and quality of affected and surrounding tissues, as well as overall anatomy of the external genitalia.

**Patients and methods:** The authors describe the surgical principle of acquired buried penis reconstruction after previous partial amputations while using principles of split-thickness skin grafting (STSG), pre-pubic lipectomy and scrotoplasty. A 65 yrs old patient after biopsy proven squamous cell carcinoma of the penis, had undergone a glansectomy with neo-glans reconstruction using STSG. A second procedure with neo-glans reconstruction and urethral flap reconfiguration was done, because of local recurrence. Shortly thereafter, due to a secondary infection of the penis shaft tissues, the patient developed a buried penis.

**Results:** The surgical goal should repair voiding/sexual functioning and psychological well being, which have been achieved during short term follow-up.

**Conclusion:** STSG is a valid alternative for advanced cases in patients with already compromised scrotum.