



Fig. 1. A) Total glansectomy and removal of the glandular part of the urethra for biopsy proven squamous cell carcinoma, tips of the corpora cavernosa were left intact (frozen section confirmed negative margins). B) Neo-glans reconstruction with inverted Vicril 4.0 running suture, creating the fish-mouth shape. C) Reconfiguration of the neo-sulcus and placing everting sutures for the urethra using Caprosin 4.0 and 5.0 sutures respectively. D) Split thickness skin graft implantation. E) 7th postoperative day, local application of Vaseline/Baneocin two times daily, permanent catheter was removed. F) 2 weeks after procedure, the successful graft take and complete epithelialisation of the graft. Some of the residual guilting sutures are not completely absorbed. G) 1 month after the surgery, natural and satisfactory cosmetic result

Obr. 1. A) Kompletná amputácia – glans penis a odstránenie glandulárnej časti močovej trubice pre biopsicky verifikovaný skvamocelulárny karcinóm. Distálne konce kavernózných telies boli ponechané (perioperačná histológia potvrdila negatívne okraje). B) Rekonštrukcia „neo-glansu“ s invertovaným pokračovacím stehom Vicril 4,0, ktorý vytvára tvar rybých úst. C) Rekonfigurácia tzv. „neo-sulkusu“ a následné naloženie evertovaných stehov na močovú trubicu s použitím Caprosin 4,0; 5,0 D) Implantácia dermoepidermálneho kožného štepu. E) 7. pooperačný deň, lokálna aplikácia vazelíny/baneocínu 2x denne, odstránenie permanentného močového katétra. F) 2 týždne po zákroku, úspešné primárne zhojenie a kompletná epitelializácia štepu. Niektoré z reziduálnych tzv. ukotvovacích stehov nie sú ešte zrezorbované. G) Mesiac po operácii, bol dosiahnutý prirodzene pôsobiaci a zároveň uspokojivý kozmetický výsledok

specimen was 4x3x2.3 cm. In February 2020 we performed a new biopsy of the neo-glans/neo-meatal region due to a newly formed erythematous lesion 2x4 mm (recurrence of SCC was confirmed) (Fig. 2 A, B). Further diagnostic steps using flexible cystoscopy showed otherwise normal urethra and the CT scan was negative. In the meantime the patient underwent two HPV vaccinations, the last one was planned for June 2020. Because of the covid pandemic the surgery was postponed 7 weeks thereafter (in April 2020). According to the patient's wishes and careful examination of the penile/scrotal anatomy, we decided to perform another organ sparing procedure. A partial penectomy (29x27x10 mm/neo-glans and; 8x5x3 mm/urethral

tissue) with neo-glans reconstruction and coverage of the corpora cavernosa with urethral flap was achieved (Fig. 2). The neo-glans was reconstructed while using the same principles as described by Palminteri et al. previously (3) (Fig. 2F, G, H, I, J). In addition the technique of scrotoplasty followed the concept initially described by Miranda-Sousa et al. (4, 5) (Fig. 2C) The pathology revealed HPV associated PeIN and focal finding of SCC pT1NxL0V1G2R0 in the neo-glans region and PeIN in the urethra, however R0. 10 days later (3 days after the patient's discharge from the hospital) after the definitive procedure the patient suffered from asuperficial penile shaft tissues infection. Despite local and targeted antibiotic treatment, the patient developed ABP (Fig. 2K, L).