

S119**Controversies in penile fracture treatment**

D. Mandic¹, B. Pajovic^{2*}, M. Radovic¹, M. Radunovic³. ¹*Clinical Center of Montenegro, Urology and Nephrology Clinic, Podgorica, Montenegro;* ²*Clinical Centre of Montenegro, Urology and Nephrology Clinic, Podgorica, Montenegro;* ³*Medical School of The University of Montenegro, Department For Surgery, Podgorica, Montenegro*

Introduction and Objectives: Penile fracture presents just a small percent of injuries of male urogenital tract because of penis mobility and its topography. Penile fracture has unusual etiology and if it is not treated adequately can lead to serious consequences. The aim of work is to properly determine early and late complications in patients with penile fracture who treated conservatively because of certain circumstances, or adequately by surgery. The main question is which kind of therapy to apply?

Material and Methods: In last three years in Urology and Nephrology Clinic of Clinical Center of Montenegro were treated 11 patients with penile fracture. Patients were age 24 to 61. Seven patients (64%) came on medical examination 48 hours after injury, or were on conservative therapy, or they didn't come at all because of paramedical reasons. Four patients (36%) came as urgent cases and, after properly implemented diagnostic, has been done surgical intervention

Results: From 11 patients, at 4 (36%) of them who were under surgery, preserved erectile function is detected without presence of penile deformation or plaque in place of rupture. Those patients are advised abstinence from sexual activity for 4 weeks. Rupture on tunica albuginea was always transversal and it was located on the base of penis, or on its middle third. In 6 patients (55%) who were treated conservatively because of certain life circumstances, was registered plaque which in 3 patients was larger than 2 cm in longitudinal diameter and sexual dysfunction was present at all of them. In all patients with erectile dysfunction was found plaque similar to lesion in Peyronie's disease.

Conclusions: It is evident that complications in patients treated conservatively are present in larger percent, in fact, they are always present, and there are no important complications when penile fracture is treated surgically. All presented speaks enough about importance of surgical treatment of penile fracture and that is very important to understand it as urgent urological injury which requests adequate surgical treatment.

S120**Penile fracture – Series of cases**

S. Saidi*, D. Petrovski, S. Dohcev, O. Stankov, M. Penev, S. Stavridis, A. Mickovski, J. Janculev, I. Ognen, L. Lekovski, V. Georgiev, Z. Popov. *University Clinic, Dept. of Urology, Skopje, Macedonia*

Introduction and Objectives: To inform the practitioners about this rare condition of urological emergencies which requires early surgical management.

Material and Methods: Between January 2004th and December 2007th, 21 patients with penile fracture were treated on our department, from them 18 with surgery and 3 with medicaments. Mean age was 39 years (range 26–54). Two cases were attributed to masturbation and 19 to violent sexual intercourse. Hospital admittance varied from one hour to three days. Clinical diagnosis was enough in majority of the case.

Results: The tear was more frequent on the right side (60%), proximal part of penis (60%) and ventral localization (80%). Only in two cases laceration of spongyous urethra was detected and in one with laceration of urethra. The tear size ranged from 3.0–12.0 mm with mean size of 7 mm. Surgical treatment consists of evacuation of the hematoma, identification of the

tunica injury, local debridement if it is necessary and closure of the tunica laceration with an absorbable suture. No operative and perioperative complications from first to third day until discharge from the hospital were present. After two years of follow up, 2 patients had light curvature, 2 with painful erection. Sensory loss, voiding difficulty, skin necrosis were not registered.

Conclusions: The best treatment for penile fracture is early surgery with functional and aesthetic benefit.

S121**Patients with vaginal agenesis (Mayer-Rokitansky-Küster-Hauser syndrome) – their psychosocial and psychosexual aspects after reconstructive surgery**

M. Bizic*, L. Labus, D. Stanojevic, M.L. Djordjevic. *School of Medicine, University of Belgrade, Dept. of Urology, Belgrade, Serbia*

Introduction and Objectives: The main goal in patients with vaginal agenesis (Mayer-Rokitansky-Küster-Hauser syndrome) is creation of a neovagina that will satisfy patient's needs and desire. We evaluated sexual and psychosocial adjustment in patients who underwent rectosigmoid vaginoplasty due to vaginal agenesis.

Material and Methods: We evaluated 22 women, aged 21 to 38 years (mean 26) who underwent rectosigmoid vaginoplasty. Sexual and psychosocial appraisal included the Female Sexual Function Index (FSFI), Beck's Depression Inventory (BDI) and standardized questionnaires about postoperative satisfaction, social and sexual adjustment.

Results: The mean follow-up was 5.3 years (range 5 months to 13 years). Two patients with no sexual intercourse were excluded from the study. Mean FSF Index (FSFI) was 29.4 (range 11.5–35.7) with cut-off score 26.55 for sexual dysfunction. Five (25%) of 20 women, reported sexual dysfunction. Mean Beck Depression Inventory (BDI) was 6.9 (cut-off score 0–9 for non-depression). A 14 women (70%) was without symptoms of depression, 4 (BDI ranged from 10–18) had moderate and two had severe depression (BDI 42). There were significant level ($p < 0.01$) within high satisfaction score in FSFI and low BDI results after completed statistical analysis. That indicates important predictive variable between one FSFI domain and psychological status. An 82% (18/22) of the patients believed that surgery was done at the right time and the most important postoperative support came from their family. A 91% of the patients reported satisfactory femininity with heterosexual orientation. 17 patients (77%) were satisfied with surgery, while 19 considered that this surgery is the best treatment.

Conclusions: Sexual function and psychosocial status of patients who underwent rectosigmoid vaginoplasty is not affected in general and achieved complete recovery. Predictive factor for sexual dysfunction is associated with lower orgasm score, while higher desire directly influences positive sexual function on the FSFI. Lack of depression and presence of sexual function precisely correlate with higher satisfaction. Multidisciplinary approach is essential for successful postoperative outcome and better quality of life.

S122**Feminizing reconstruction of the external genitalia in childhood age**

S. Tshanatshev, G. Minova*, V. Popov, S. Peev, E. Atanasov. *University Hospital Pirogov, Clinic of Pediatric Urology, Sofia, Bulgaria*

Introduction and Objectives: The goal of this report is to show our method for feminizing reconstruction of the external genitalia in different intersexual conditions (hermafroditism).

Material and Methods: For the period of 5 years in the clinic of pediatric urology in the University Hospital Pirogov 12 feminizing reconstructions of the external genitalia were performed in children at the age between 1 and 14. We offer our method of feminizing reconstruction, which consists of:

- resection of the clitoris
- opening of introitus vaginae
- plastic reconstruction of the external genitalia - labii minoris and preputium clitoridis.

According to the size of the clitoris we performed:

- resection with termino-terminal anastomosis of the cavernous body of the clitoris, preserving the neurovascular body in the cases with smaller clitoris
- resection of the body of the clitoris, preserving part of glans clitoridis on a neurovascular body.

Results: we follow up the early and late results by means physical examination and photo documentation. The late results in all operated children are with good cosmetic result and preserved sensitivity of glans clitoridis.

Conclusions: we recommend our organ sparing method of choice for operation and tactic of treatment for the feminizing reconstruction in children.

S123

One stage metoidioplasty in female to male transgender patients: the role of genital flaps for urethral reconstruction

M. Bizic*, M. Majstorovic, V. Kojovic, D. Stanojevic, G. Korac, B. Stojanovic, M.L. Djordjevic. *Belgrade Gender Dysphoria Team, Dept. of Urology, Belgrade, Serbia*

Introduction and Objectives: Urethral reconstruction presents one of the most complex surgical procedures in metoidioplasty. We appraised the role of local vascularized genital flaps (vaginal wall, clitoral and labial skin) in urethral reconstruction as a part of one stage metoidioplasty.

Material and Methods: Total of 112 patients underwent metoidioplasty from August 2003 to February 2009. Urethral reconstruction consists of two parts: (I) creation of proximal part of the neourethra by joining of the flap formed from anterior vaginal wall and proximal part of divided urethral plate, (II) reconstruction of distal part of neourethra using different genital local flaps; in 21 cases longitudinal island clitoral skin flap was button-holed ventrally and tubularized (group 1); combined buccal mucosa graft and dorsal island skin flap was used in 33 patients (group 2), while in remaining 58 patients combined buccal mucosa graft and labia minora skin flap was used for urethral reconstruction (group 3). One stage metoidioplasty was done as previously reported.

Results: The mean follow up was 37.5 months (range 4-71 months). All patients reported voiding while standing. Comparing these different types of urethral reconstruction, better results are achieved in groups with combined buccal mucosa graft and vascularized genital flaps, especially labia minora flap, where success rate was 92%. In this group of patients fistula occurred in 4 patients and was resolved three months later by minor surgical procedure. One patient had distal urethral stricture which was resolved by simple dilatation.

Conclusions: Urethral reconstruction in female to male transsexuals, undergoing metoidioplasty as one stage surgical procedure, relies on appropriate and versatile use of different genital flaps. Permanent improvement in technique and results are needed for minimal complication rate. Combination of buccal mucosa graft and labia minora skin flap presents the most successful alternative for urethral reconstruction in these patients.

S124

Combined total phalloplasty and metoidioplasty as a single stage procedure in female to male gender reassignment surgery

V. Kojovic*, M. Bizic, M. Majstorovic, S. Kojic, D. Stanojevic, G. Korac, M. Djordjevic. *University of Belgrade, School of Medicine, Belgrade, Serbia*

Introduction and Objectives: Total phalloplasty includes creation of neophallus from an extragenital tissue, large enough to enable insertion of penile prosthesis and penetration during sexual intercourse. Urethroplasty, which enables voiding in standing position, is performed later on, in separate stages. Metoidioplasty presents creation of small phallus, from hormonally enlarged clitoris, which enables voiding in standing position, but without possibility for sexual intercourse. We evaluated advantages of combining phalloplasty and metoidioplasty as one stage procedure.

Material and Methods: Between May 2007 and June 2008, five female transsexuals, aged 26-42 years (mean 35 years) underwent one stage phalloplasty combined with metoidioplasty. Surgery included: removal of internal/external female genitalia, creation of neophallus using microvascular latissimus dorsi free flap, clitoral incorporation into the neophallus, urethral lengthening and insertion of testicle prosthesis into the scrotum created from joined labia majora. Penile prosthesis insertion is planned for the next stage.

Results: Follow-up was from 11 to 21 months (mean 15 months). The length of neophallus ranged from 14-17 cm with circumference from 12-15 cm. There was no partial or total necrosis of the phallus. All patients obtained voiding in standing position. Urethral fistula occurred in one case and repaired 3 months later.

Conclusions: Combined total phalloplasty and metoidioplasty is feasible and safe surgical procedure. The main advantage is complete reconstruction of neophallus that avoids multi-staged gender reassignment procedures in female to male transsexuals. Our results confirmed successful outcome.

S125

Functional and esthetic reduction of hypertrophied labia minora

M. Bizic*, V. Kojovic, M. Majstorovic, G. Korac, M.L. Djordjevic. *School of Medicine, University of Belgrade, Dept. of Urology, Belgrade, Serbia*

Introduction and Objectives: Hypertrophied labia minora can be functional or psychosexual problem. Local irritation, hygiene problems, difficulties during sexual intercourse as well as aesthetical appearance are generally accepted as indications for surgical correction. We present our results in the reconstruction of hypertrophied labia minora.

Material and Methods: Between May 2004 and January 2009, 19 women, aged 18 to 36 years (median 21) underwent surgical correction of hypertrophied labia minora. The majority of the patients (17/19) were dissatisfied with the appearance of their labia. Two patients presented pseudo incontinence due to urinary retention in vulvar and vaginal space. Excessive parts of both labia minora are removed including part of the clitoral hood to reach better esthetical appearance. The desired length of the labia minora is preoperatively discussed with the patient and the difference between the levels of the labia minora and labia majora is kept to be no less than 1 cm. The wound is sutured using running 6-0 resorbable suture. Compression dressing is applied for the first week to prevent swelling and haematoma.

Results: Follow-up ranged from 6-61 months (median 28 months). Good esthetic results with symmetrical reduced labia are achieved in all patients. In two patients with