



# MBGEU: 80% success in primary versus 60% in secondary strictures.

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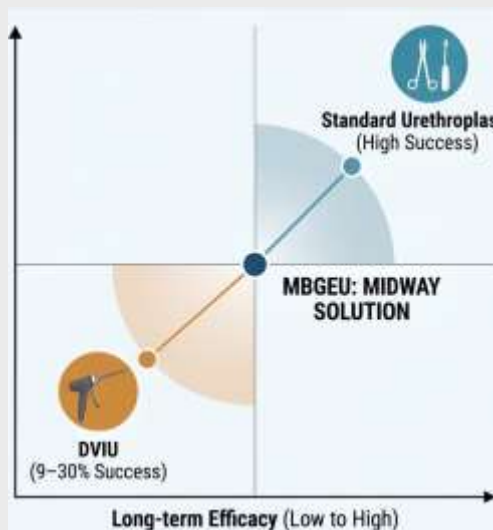
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## Modified Minced Buccal Mucosal Graft Endo-urethroplasty: Outcomes in Primary versus Secondary Bulbar Urethral Strictures

Modified Minced Buccal Urethral Endo urethroplasty: Comparative Analysis Between Primary and Secondary Strictures

### THE CLINICAL GAP & STUDY FOUNDATION



### DEFINING SUCCESS VS. FAILURE

Success Criteria: AUA Score <7, Qmax >12 ml/sec, PVR <100 ml

Failure: Symptom recurrence, need for intervention, or narrowing on cystoscopy

### STUDY PARAMETERS

Prospective observational study, 34 male patients (18–65 years), bulbar urethral strictures, ≥1 year follow-up (Started Oct 2022)

### CLINICAL CONCLUSIONS

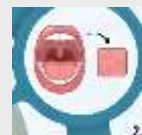
MBGEU is significantly better for primary strictures, feasible for secondary ones, and acts as a promising bridge technique for bulbar stricture management.

### THE 6-STEP MBGEU SURGICAL TECHNIQUE



#### 1. DVIU INCISION

Standard internal urethrotomy incision at the 12 o'clock position.



#### 2. BUCCAL GRAFT HARVEST

Smell 1x1 cm buccal mucosal graft eviracted from inner shoek.



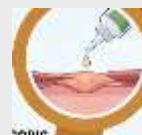
#### 3. MINCED PREPARATION

Graft is minced and centrifuged to prepare tissue for delivery.



#### 4. FIBRIN SCAFFOLDING

The minced tissue is mixed with fibrin glue to create a stable biological scaffold.



#### 5. ENDOSCOPIC DELIVERY

Mixture instilled endoscopically under direct vision into stricture site.



#### 6. THROMBIN ACTIVATION

Thrombin activates glue, securing minced graft to promote epithelialisation.

### COMPARATIVE ANALYSIS: PRIMARY VS. SECONDARY

#### PRIMARY STRICTURES

##### STRICTURE MORPHOLOGY



Length <2 cm  
No prior surgical history  
Minimal fibrosis

#### SECONDARY STRICTURES



Length 2–4 cm  
Prior failed intervention  
Moderate to severe fibrosis

### CLINICAL OUTCOMES



80% (18/24) N=24  
AUA <7; Qmax >12;  
PVR <100



60% (6/10) N=10  
AUA <7; Qmax >12; PVR  
<100

### FAILURE MANAGEMENT PROTOCOL (9 failures)



3 Urethroplasty  
2 Observation

3 Repeat DVIU  
1 Self-dilatation

### HISTOPATHOLOGICAL EVIDENCE



Microscopy: Squamous Epithelium  
Biopxise post-MBGEU confirm a healthy stratified squamous epithelial lining with moderate subepithelial fibrosis.

Minimally Invasive “Bridge” Solution