

SHORT SEGMENT BULBAR URETHRAL STRICTURE MANAGEMENT WITH BUCCAL MUCOSA GRAFT URETHROPLASTY

Introduction

A 56 year old male patient presented with a history of idiopathic bulbar urethral stricture disease. He had symptoms of intermittency, slow stream and dysuria for two years. He had a history of urethral dilatations for three times in the past. He does not have any comorbidities and he was not on any medications. The physical examination demonstrated normal vital signs, normal external male genitalia and prostate. Urinalysis, prostate-specific antigen levels and creatinine levels were within normal limits. Maximum flow rate was found 4 ml/min and 210 ml post-void residual urine was determined. Retrograde urethrogram demonstrated 1cm stricture at bulbar urethral segment. The patient underwent dorsal buccal mucosa graft urethroplasty.

Design

This video presentation shows the details and surgical steps of the operation.

Results

The patient was successfully treated with this surgery. Peroperative and postoperative complications was not observed. The patient was discharged three days after surgery. After three weeks urethral catheter was removed. Maximum flow rate was found 30 ml/min and post void residual urine was not determined. Three months after surgery there was no recurrence or sexual dysfunction.

Conclusion

Bulbar urethra is the most common site of anterior urethral stricture. The stricture develops secondary to idiopathic (40%), iatrogenic (35%), inflammatory (10%), and traumatic (15%) causes. The most common treatment for urethral stricture was urethral dilatation and direct vision internal urethrotomy but the efficacy of these treatments were relatively low. Various surgical techniques and approaches with or without buccal mucosal graft have been defined for bulbar urethroplasty. Buccal mucosal graft urethroplasty (BMGU) was found to be equally effective as the end to end anastomosis (EEAU) technique with minimal complications. In terms of sexual dysfunction rate, BMGU has more superior success rate than EEAU whereas EEAU has better success rate than BMGU based on stricture recurrence rate in short bulbar urethral stricture (≤ 3 cm) management (1).

References

1. Yuri, P., I. Wahyudi, and A. Rodjani, Comparison Between End-to-end Anastomosis and Buccal Mucosa Graft in Short Segment Bulbar Urethral Stricture: a Meta-analysis Study. Acta Med Indones, 2016. 48(1): p. 17-27.

Disclosures

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