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European Association of Urology

Letter to the Editor

Re: Dan Wood, Andrew Baird, Luca Carmignani, et al. Lifelong Congenital Urology: The Challenges for Patients and Surgeons. Eur Urol 2019;75:1001–7

The review by Wood et al [1] on lifelong congenital urology provided much valuable information for urologists. As plastic surgeons, we would like to make some comments on this topic. Since our medical team treats patients without age limits, we are among the first generation of urogenital plastic and reconstructive surgeons to see the long-term implications of congenital urogenital anomalies and the consequences of reconstructive surgery [2,3]. We would like to share some thoughts on lifelong congenital urology.

First, sexual function is much more important than appearance for adult patients. For patients with micropenis caused by complete androgen insensitivity syndrome or HP, phalloplasty is suggested at the age of 21 yr and the most suitable phalloplasty method should be chosen for each individual patient [4,5]. Sexual and reproduction functions are mostly achieved via phallus reconstruction [3]. Thus, over long-term follow-up, we mostly focus on function, including sensation and sex [6].

Second, it is not only congenital anomalies of the genitourinary system that require lifelong follow-up and care; some acquired urogenital anomalies require the same clinical attention. Urethral reconstruction can involve complications such as urethral stricture, fistula, and difficulty in urination, even after more than 10 yr, in some adult patients.

Finally, validated tools for standardized measures are needed for both surgeons and patients. A multidisciplinary team including urological surgery, plastic and reconstructive surgery, gynecology, and endocrinology specialties is suggested when treating congenital urogenital anomalies. In the future, some lifelong challenges could be solved via regenerative medicine and tissue engineering.

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