

The use of haemostatic agents in the setting of glans resurfacing and restoration for localized lesions of the penis

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Introduction & Objectives: The authors describe the initial experience and early outcomes of partial glans resurfacing while using different haemostatic agents.

Materials & Methods: Between May 2016 and January 2019 – 16 patients underwent organ sparing surgery for localized disease. Partial glans excision of the epithelium and subepithelium and resurfacing with haemostatic patch (9pts Veriset/Medtronic; 3pts TachoSil/Nycomed-Austria); and fibrin glue (4pts Tisseel/Baxter-Austria) was performed. Each patient underwent preoperative biopsy. All pts with benign pathology failed previous multiple topical treatments. Concurrent circumcision was performed in all cases of high grade P1eN and squamous cell carcinoma (SCC). The short-term postoperative outcomes as well as patient's satisfaction rates with regard to their quality of life (QoL), postoperative pain perception (VAS) and sexual status (IIEF-5) were evaluated prospectively.

Results: The median duration of follow up and lesion size was [11 weeks (range 9-19); 13mm (range 8-22)] respectively. In total 4 patients had benign lesions (chronic balanoposthitis, verucca vulgaris); 4 patients penile intraepithelial neoplasia low grade (P1eN) and in remaining 10 was either P1eN high grade or squamous cell carcinoma (SCC) histologically confirmed. Overall 2 patients underwent organ-sparing redo-surgery because of positive focal margins on the final histology. In general, all patients experienced satisfactory cosmetic outcomes, and 17 patients would undergo and recommend the procedure to the others. In addition 15 patients considered their final cosmetic appearance as excellent, only two as satisfactory. 15 sexually active patients maintained their function. The postoperative pain perception was surprisingly minimal and did not compromise the patient's or interfere with the basic daily activities (median VAS score 1.3 – range 0-3; at postoperative day 1 and 7, VAS score 0.0 at day 21st). The IIEF 5 scores (median did not change preoperatively and postoperatively, (range 17-25, median 21).

Conclusions: According to our preliminary, short term results using haemostatic agents for glans-resurfacing proved to be safe and effective. The cosmetic and functional results were very acceptable. However, it is of utmost importance to indicate such a technique in well selected, compliant and motivated patients. In such cases partial penectomy can be avoided. To our knowledge this is the first report on the use of different types of haemostatic agents for partial glans resurfacing.