CONCLUSION

For select patients with focal traumatic strictures involving the penile urethra, EPA urethroplasty appears to be effective without significant impairment of erectile function or risk of chordee.

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EDITORIAL COMMENT

Obliterative stricture disease of the pendulous urethra presents a unique technical challenge given the potential for iatrogenic penile curvature if the scarred segment is completely excised. The authors of the manuscript "Excision and primary anastomosis reconstruction for traumatic stricture of the pendulous urethra," should be commended for challenging the dictum that anastomotic repairs are contraindicated for penile urethra strictures.[1] The authors hypothesized that for short strictures in the penile urethra, anastomotic repair would be a safe, feasible alternative to 1- or 2-stage substitution urethroplasty.

The authors' report high success rates using an anastomotic repair in the penile urethra when performed for highly select patients with traumatic or iatrogenic pendulous urethra strictures. The authors stress appropriate patient selection, including adequate stretched penile length and stricture location in the penile urethra, and technical considerations, including a 2-layer closure, when considering the use of an anastomotic repair in the penile urethra. We hope that the importance of these criteria can be further evaluated and defined in future research. However, we agree that the success of the operation likely hinges on the distal advancement of the bulbar urethra in order to limit the possibility for post-operative penile curvature. Thus, this technique should be considered with caution in all but those patients with short strictures limited to the proximal pendulous urethra. Similarly, a failure in 1 of 2 (50%) patients with hypospadias-related stricture warrants caution as a 2-stage approach may be better suited when obliteration of the urethral plate is identified.[2]

The limited applicability of excision and primary anastomosis for pendulous urethral strictures is underlined by the author's utilization in only 0.7% of patients in their contemporary urethroplasty database. However, the authors have demonstrated the feasibility of this technique in appropriately selected patients. Further studies in the future with undoubtedly provide greater detail about appropriate patient selection for the use of anastomotic repairs in the penile urethra.

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