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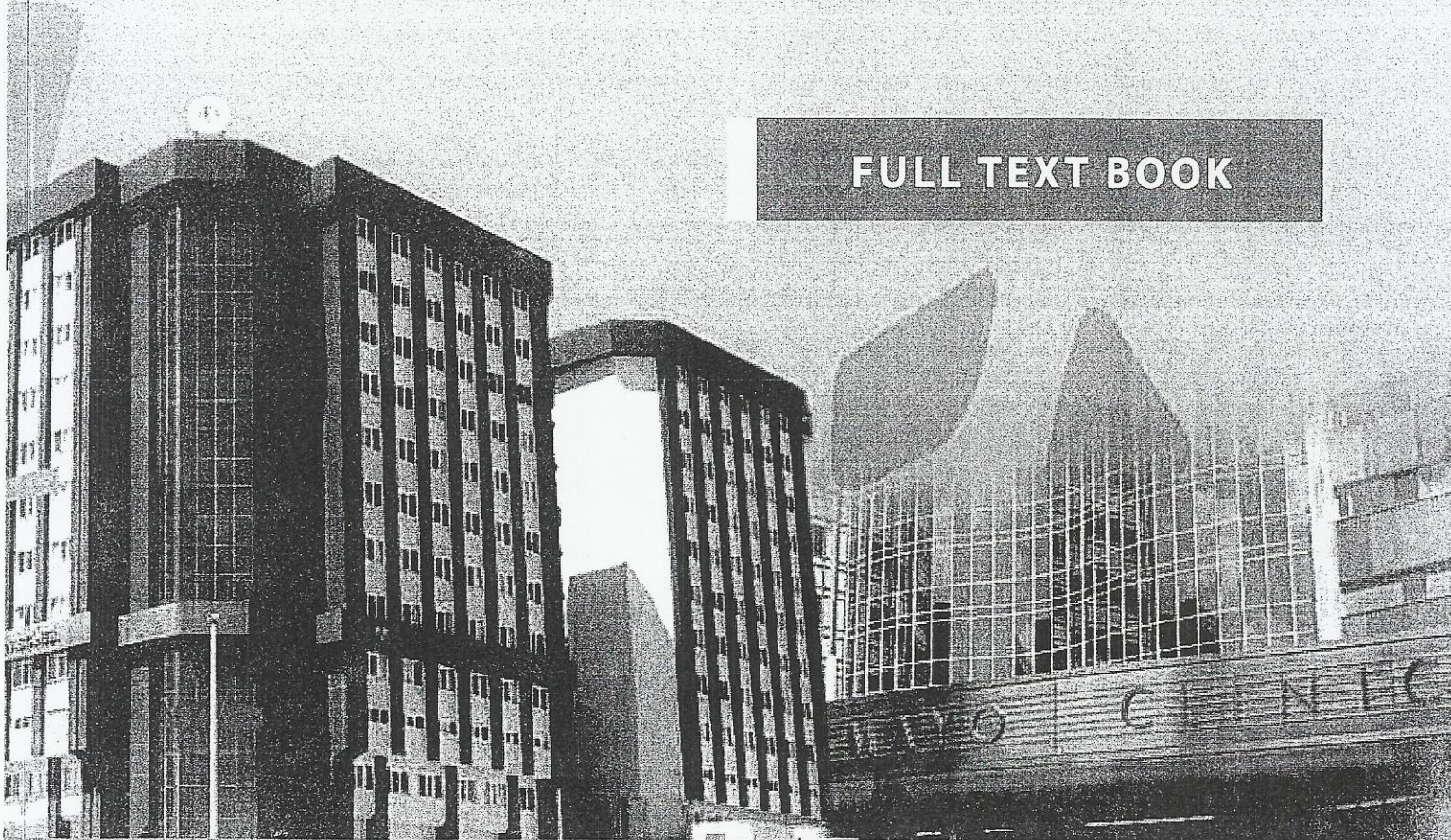
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*Dedicated to 50th Anniversary of
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FULL TEXT BOOK



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- 112 | A RARE REPLANTATION: PENIS

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Introduction

Penile genital amputations are seen mostly as self amputation of the penis. (1) It is an unfrequent injury. According to the literature; the most common cause of injury is genital self-mutilation with psychiatric disorders and the less frequent cause is the trauma. In the traumatic causes, the most common cause is the unsuccessful circumcision. In this study, a case who had subtotal traumatic amputation of the penis and our experience with its replantation by using micro-surgical technique, were presented.

Case report

A twenty six-year-old male patient was admitted to the emergency department. His penis was cut by his wife with a knife from the root part of it while sleeping at night. There was an insision at patient's dorsal penile shaft. We saw that both of the cavernous bodies were cut and the spongios body and urethra were intact. The circulation of the penis and glans was hipoperfused. The time between occurrence of the event and revascularization was 6 hours. After the patient was evaluated with the urology clinic, he underwent the operation in which corpus cavernosums were repaired with 3 / 0 PDS suture by passing the buck fascia and then, the dorsal penile arter and two dorsal penile veins were paired by microsurgical technique with 10/0 prolene suture. Dermal and epidermal tissues were sutured in the usual manner and operation was finished. There was no problem in the postoperative period. The patient was discharged at 7. day. Intervention resulted in successful erection. Sensation of the glans and dorsal penile skin was returned completely in 6 months. Most frequently occurring complications of total penile amputations such as urethral stricture and fistula were not seen due to the intact urethra.

Discussion

We couldn't repair cavernose arter because of bleeding. Although the cavernose artery is the main source of the arterial blood flow of the penis which is necessary for the erection (2) of it, the patient had a successful erection. If this presented case was left untreated, we are sure that sexual, social and psychological discrepancies would be lived. The patient's penis was replanted successfully by using microsurgical technique we discouraged this state.

References

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Tables and Figures

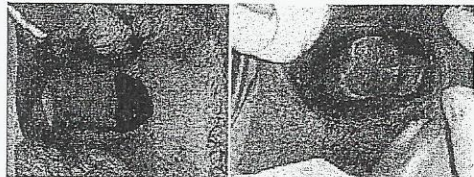


Figure 1. A: preoperative view B: corpus cavernosums' view



Figure 2. A: postanastomosis view B: postoperative early view



Figure 3. postoperative 3.th month view

