

**Case Report / Olgu Sunusu**

**Late reconstruction of traumatic penile glans loss performed with due to Complication  
of circumcision: A Case report**

**Sünnet Komplikasyonuna Bağlı Travmatik Glans Penis Kaybının Geç rekonstrüksiyonu:  
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**ÖZET**

Sünnet tüm dünyada yapılan en yaygın cerrahi işlemlerden biridir. Sünnet çok basit bir işlemdir. Fakat bu işlem eğer deyimsiz kişiler tarafından yapılırsa glans kaybı gibi çok ciddi komplikasyonları olabilir. Sünnet sonrası oluşan bir glans kaybı olgusunu sunduk.

**Anahtar kelimeler:** Sünnet, glans penis kaybı, erkek çocuk

**ABSTRACT**

Circumcision is one of the most common surgery procedures performed on male children through the world. It is very simple surgery procedure. However, it could give rise to serious complications such as penile glans loss if it is performed by unexperience hands. We report a case with traumatic glans loss performed after circumcision

**Key Words:** Circumcision- penile glans loss- male children

### Introduction

Circumcision is one of the most common surgery procedures performed especially Muslims and Jewish. Although it is technically simple, it is not completely free of complications. Operation must not be performed by anyone devoid of appropriate medical training. Major complications associated with circumcision may include hemorrhage, sepsis, fistula, meatal stenosis, removal of excessive skin, and penile loss (1). Penile loss is the most serious complication of circumcision and isolated amputation of the noncarcinogenic penile glans is an extremely rare event. Here we report a case with traumatic glans loss due to complication of circumcision and its reconstruction with penile advancement. Child circumcision by medical providers tended to be associated with more complications than infants and neonates (2).

### Case Report

A 18 -year-old male presented with minimal penile residual and normal scrotal tissue. Past medical history revealed that glans penis was lost as a complication of a circumcision. He had been circumcised when 4 years old by a traditional drummer. There was well-healed meatal scar within the residual penile shaft. A nubbin of erectile tissue and both testes were palpable (Fig. 1).



Figure 1. Preoperative photo of the deformity

A Z-plasty incision was made at the penopubic junction on the dorsal surface of

the penis to release the penoscrotal web. The incision at the penoscrotal junction provided good access to the suspensory ligament. The residual erectile tissue was exposed after incising through the scarred perineum. This residual tissue was mobilized circumferentially from the surrounding scar to the level of the suspensory ligaments of the penis, which were divided. An artificial erection performed during the operation (Penile length was measured from the pubic bone to the tip of the phallus, at 90 degrees to the abdomen) showed a phallic length of 7 cm (Fig. 2).

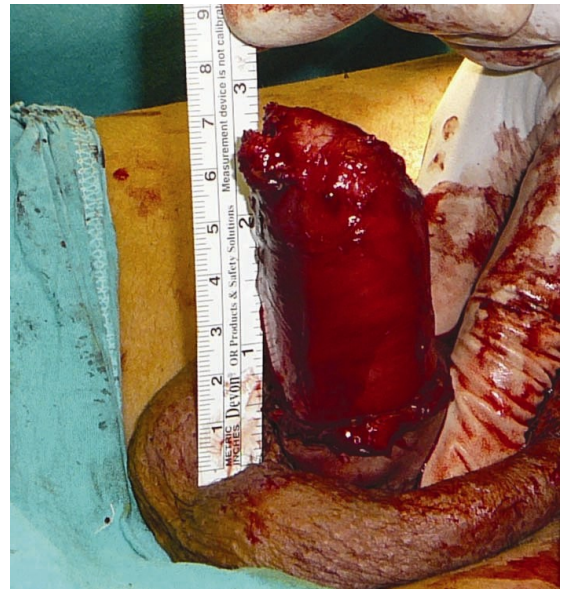


Figure 2. Degloving of erectile tissue and phallic length at the erectile position during operation.

Further penile mobilization gained length for the shaft and urethra. Care was taken to avoid damage of the dorsal neurovascular bundle. The mobilized crura allowed the extra penile portion of the corpus cavernosa to be advanced and contribute to the length of the mobile portion. Synthetic material fillers between the corporal bodies and pubic symphysis were not used and a full-thickness graft was used to cover the distal portion of the lengthened penile shaft to fashion a glans penis. The phallus was dressed with xeroform gauze and covered by a

Styrofoam cup to allow suspension of the penis using the meatal suture. A urethral catheter remained indwelling during the healing period which continued for 10 days. At late follow-up an acceptable penile shaft was obtained (Fig. 3).



Figure3. Late postoperative view.

### Discussion

Circumcision is the oldest surgical procedure performed on male children in Muslims and the United States. It is undertaken for prophylactic, religious or medical reasons. Although it is technically simple, it is not completely free of complications. If circumcisions are performed by traditional circumcisers rather than by doctors. Unfortunately, circumcision complications are more frequently seen. The most serious complication of circumcision is penile amputations.

The most important reason of post-circumcision is not the appropriate technique. This complication creates life-long psychological and sexual problems in the family. Amputation level is very important in directing treatment. Glans and distal penile amputation can be planted as a composite graft again. The more proximal amputations should be done anastomosis with micro-surgical techniques. is more effective improvement can be achieved with hyperbaric oxygen treatment the anastomosis of the tissues. All of these methods is necessary to reach the physician for the implementation of the cut tissue. In our case, anastomosis could not be achieved because the tissue had been lost by circumciser at home. Secondary

reconstruction of the penile glans may be indicated for malignancy, traumatic loss, and self-mutilation. Reported surgical techniques of glanular reconstruction are generally described as part of total phalloplasty (3-6). Average functional length measured 3 months post-operatively significantly increased by 30 mm in the provoked erect state and subjective aesthetic penile length had increased. In our case, we were pleasantly surprised to locate erectile tissue beneath the scarring. The techniques of corpus cavernosum and spongiosum advancement for phalloplasty together with skin grafting techniques allow the fashioning of an erectile and esthetically acceptable phallus in late reconstruction of this type of cases (7).

Patients and their parents were worried about their future sexual performance in these group of patients. Normal erections were reported by the patient. Return of sensation was also excellent. Our experience with the penile advancement and distal penile shaft skin grafting yielded a satisfactory result in the treatment of traumatic glans loss.

### Conclusion

Circumcision is an important surgical procedure. It has life-long effects. Therefore, Circumcision should not be performed by untrained persons.

### References.

1. Williams N, Kapila L. Complications of circumcision. *Br J Surg* 1993; 80:1231– 1236.
2. Weiss HA, Larke N, Halperin D, Schenker I. Complications of circumcision in male neonates, infants and children: a systematic review. *BMC Urol* 2010; 16:10-12.
3. Shaw MBK, Sadove AM, Rink RC. Reconstruction after total penile amputation and emasculation. *Ann Plast Surg* 2003; 50: 321-324.
4. Ochoa B. Trauma of the external genitalia in children: amputation of the penis and emasculation. *J Urol* 1998; 160: 1116– 1119.
5. Park JK, Min JK, Kim HJ. Reimplantation of an amputated penis in prepubertal boys. *J Urol* 2001; 165: 586– 587.
6. Jordan GH, Gilbert DA. Management of amputation injuries of the male genitalia. *Urol Clin North Am* 1989; 16: 350– 357
7. Mokhless IA, Abdeldaeim HM, Rahman A, Zahran M, Safwat A. Penile advancement and lengthening for the management of post-circumcision traumatic short penis in adolescents. *Urology* 2010; 76:1483- 1487.