



Open Access

INVITED COMMENTARY

Commentary on “Nondegloving technique for Peyronie’s disease with penile prosthesis implantation and double dorsal-ventral patch graft”**Gerard D Henry, Kavina Jani***Asian Journal of Andrology* (2018) 20, 212; doi: 10.4103/aja.aja_53_17; published online: 5 December 2017

The authors describe a novel technique utilizing a ventral incision to perform implantation of a penile prosthesis and a double-dorsal patch graft/sliding technique in patients with severe Peyronie’s disease.¹ The clinical impact of utilizing a ventral incision could be a paradigm shift in surgical access to the penile shaft tunica albuginea. In comparison, the traditional subcoronal circumcision incision for degloving the penis has led to many postoperative complications of the distal penis, including glans necrosis. Personally, I will now use this novel technique in similar cases of patients with vascular compromise.

A ventral incision along the median raphe of the pendulous penis should not, theoretically, interfere with nerve or blood supply. In comparison, the traditional subcoronal circumcision incision has a well-defined history of ischemic and lymphatic complications. The glans, being the most distal aspect of the penis, is most susceptible to postoperative circumcision injury. In direct comparison to Dr. Wang’s article using the ventral incision, an article published in *Urology* this month by Wilson *et al.*² discusses 21 patients with glans necrosis after penile prosthesis implantation. For these patients, the “most prevalent intraoperative and postoperative factor was subcoronal incision...”

They conclude that, in the penile implant patient with any signs of glans necrosis, the operating surgeon should offer “...immediate implant removal” as it “may prevent subsequent glans necrosis.” In my personal surgical log, I have had only one patient who lost half of his glans after penile prosthesis, and it caused me to lose sleep and necessitated the involvement of hospital risk management.

The major issue to be resolved is the exposure from the penile ventral incision being presented in this article. Can the operating surgeon get the access and visualization needed/wanted to perform any major type of Peyronie’s or sliding technique procedures? Time will tell. Not many articles change clinical practice, this one could lead to a paradigm shift in surgical access to the penile shaft tunica albuginea – Bravo Dr. Fang and Dr. Wang!

COMPETING INTERESTS

Both authors declare no competing interests.

REFERENCES

- 1 Fang A, Wang R. Nondegloving technique for Peyronie’s disease with penile prosthesis implantation and double dorsal-ventral patch graft. *Asian J Androl* 2017. doi: 10.4103/aja.aja_42_17. [Epub ahead of print].
- 2 Wilson SK, Mora-Estaves C, Egydio P, Ralph D, Habous M, *et al.* Glans necrosis following penile prosthesis implantation: prevention and treatment suggestions. *Urology* 2017; 107: 144–8.

ARKLATEX Urology, Bossier City, LA 71111, USA.
Correspondence: Dr. GD Henry (gdhenry@hotmail.com)

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©The Author(s)(2017)