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ONCOLOGY/RECONSTRUCTION EDITORIAL COMMENT

Re: Repair of pan-urethral stricture: Proximal ventral and distal dorsal onlay technique of buccal mucosal graft urethroplasty. By Subbarao Chodisetti, Yogesh Boddepalli, Malakondareddy Kota



The authors have described their technique for managing panurethral strictures by applying buccal mucosal graft (BMG) dorsally and ventrally in the distal and proximal portions of the stricture, respectively. The merit of this approach, from our perspective, is that it could handle extremely proximal strictures, as these strictures are deeply seated in the pelvis and the ventral approach is more technically feasible in this situation. Nevertheless, two main points should be considered. First, the authors have used two separate incisions to approach the entire anterior urethra, and this could have been avoided by using the penile invagination technique described by Kulkarni et al. [1], and hence, minimising patient morbidity. Second, the use of a single dorsal incision is technically feasible even in proximal urethral strictures and has proven effectiveness [2]. To summarise, although the described approach is potentially feasible, the single dorsal incision with penile invagination should be considered as well.

Conflict of interest

None.

References

- [1] Kulkarni S, Kulkarni J, Surana S, Joshi PM. Management of panurethral stricture. *Urol Clin North Am* 2017;44 2017:67–75.
- [2] Spencer J, Blakely S, Daugherty M, Angulo JC, Martins F, Venkatesan K, et al.. Clinical and patient-reported outcomes of 1sided anterior urethroplasty for long-segment or panurethral strictures. *Urology* 2018;111 2018:208–13.

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