

P62 Recurrent penile paraffinoma treated by split-thickness skin grafting

European Urology Open Science 2023;57 (Suppl 2): S428

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Introduction & Objectives: Penile paraffinoma has severe consequences, such as deformation, ulceration, and necrosis of the penile skin. Its treatment consists of removal of the affected tissue, followed by reconstruction of the penile skin. Repeated paraffin injection under the reconstructed penile skin is uncommon. We present a patient who had penile skin reconstruction with a scrotal skin flap, but after surgery, paraffin was injected into the penile skin again.

Materials & Methods: The 56-year-old otherwise healthy man had undergone a two-stage Cecil penile skin reconstruction for paraffinoma 6 years earlier. The operation was successful, the scrotal skin flap on the penis recovered completely. 2 years later, paraffin was again injected under the reconstructed penile skin to increase the girth of the penis. The resultant sclerosing lipogranuloma caused severe penile swelling, deformity, and inability to have intercourse (Figure 1a). The paraffinoma involved skin was excised and replaced with split-thickness skin graft (STSG) harvested from the right thigh (Figure 1b). Postoperative sexual function was assessed using the International Index of Erectile Function (IIEF-5) questionnaire. Satisfaction with the appearance of the penis was evaluated with a 5-point scale question (How satisfied are you with the appearance of your penis? 1. very dissatisfied, 2. dissatisfied, 3. uncertain, 4. satisfied, 5. very satisfied).

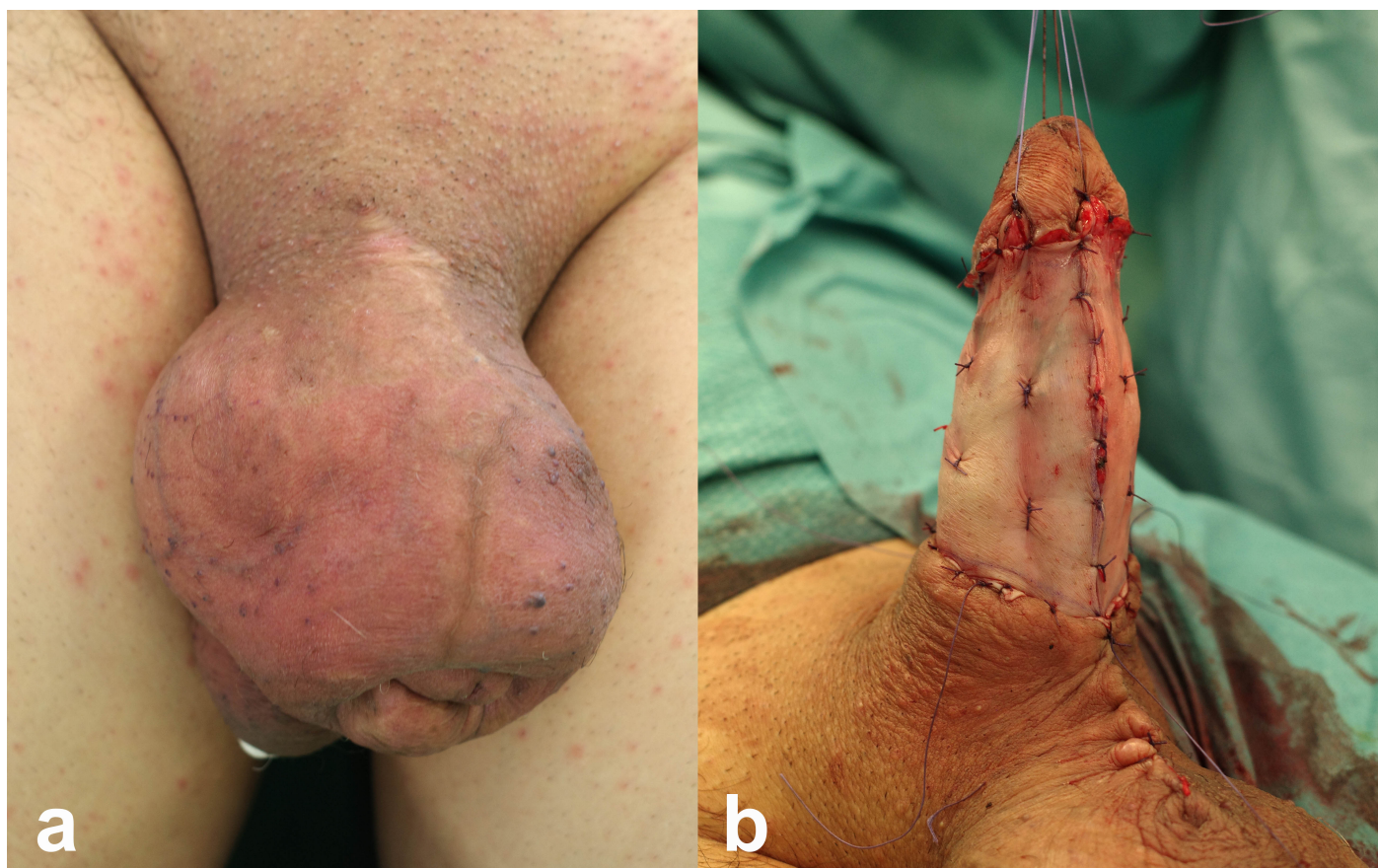


Figure 1: appearance of penis before and after surgery

Results: The operation time was 175 minutes, length of stay after surgery was 5 days. STSG was fully adhered to the penile shaft. 3 months following surgery, the patient was able to have sexual intercourse, his IIEF-5 score was 19, and the question on the appearance of the penis was answered with a 5.

Conclusions: To replace the damaged penile skin due to paraffinoma, the optimal tissue is scrotal skin. Due to its proximity to the penis, it can be used as a local flap, preserving the blood supply and innervation of the flap. In addition, its colour and elasticity are similar to the penile skin. However, the scrotal flap cannot be used if the right size is not available or if it has been used before, as in this case. In such situations, the use of STSG is a reasonable option. STSG has no size limit, a graft can be obtained from the thigh for practically any size penis. Another advantage of STSG over scrotal skin flaps is that no hair grows on the penis after reconstruction.