

## Reconstructive Urology

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### EDITORIAL COMMENT

In the treatment of urethral stricture, Buccal Mucosa Graft (BMG) and reconstruction is applied with different patch techniques. Recently often preferred, this approach is, in bulber urethra strictures of BMG's; by "ventral onley", in pendulous urethra because of thinner spingiosis body, which provides support and nutrition of graft; by means of "dorsal inley" being anastomosis. In the research that Cordon et al. did, they compared conventional BMJ "onley" urethroplast and "pseudo-spongioplasty" which base on periurethral vascular tissues to be nourished by closing onto graft. In repairment of front urethras that spongiosis supportive tissue is insufficient, this method is defined as peripheral dartos [çevre dartos?] and buck's fascia being mobilized and being combined on BMG patch. Between the years 2007 and 2012, assessment of 56 patients with conventional "ventral onley" BMG urethroplast and 46 patients with "pseudo-spongioplasty" were reported to have similar success rates (80% to 84%) in 3.5 year follow-up on average. While 74% of the patients that were applied pseudo-spongioplasty had disease present at distal urethra (pendulous, bulbopendulous), 82% of the patients which were applied conventional onley urethroplast had stricture at proximal (bulber urethra) yet. Also lenght of the stricture at the pseudo-spongioplasty group was longer in a statistically significant way (5.8 cm to 4.7 cm on average,  $p=0.028$ ).

This study which Cordon et al. did, shows that conditions in which conventional sponjiyoplasti is not possible, periurethral vascular tissues are adequate to nourish BMG.

Even it is an important technique in terms of bringing a new point of view to today's practice, data especially about complications that may show up after pseudo-spongioplasty usage on long distal strictures (e.g. appearance of urethral diverticulum) is not reported.

Along with this we think that, providing an oppurtunity to patch directly without urethra mobilization need or extra dissection in the conditions that surgeon has preferred BMG in distal urethra reconstruction, this method will be a valuable alternative in the selected facts.

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In the last few years in urethral defect reconstruction, in-mouth mucosa is considered to be the most important donor tissue. Most frequently used parts for that purpose are mandibular labial alveos and intra mouth mucosa (buccal, BM) even more often. When literature is analysed; BM, which allows to take graft perfectly because of thick epitel and thin lamina, is used succesfully in urethral stricture, lichen sclerosis, hypospadias, epispadias and re-do urethral surgicals. But, discussions about morbidity of the donor part in the buccal mucosa of which graft is taken is still resuming.

In this study, Wang et al. randomised patients into 2 groups on research the effect of closure of donor part after graft is taken. It is stated that graft is taken as 2 cm width, at a length determined according to necessity and in an oviform shape, as astandart. Patients whose graft beds were primarily closed were group 1, and patients that were left to recover without closure were group 2. Results were assessed with visual analog scale at early and late postoperative stages with regards to 5 different features (pain, numbness, tightness, functions of eating and drinking) that will determine morbidity. According to the results of the 34 patients that has completed the study, differences in pain and in functions of eating and drinking were determined at the 1. and 3. days postop, but in the late period until 1 year, non of these criteria showed any differances among the second group. With this study, closure of graft beds' importance in terms of early period pain and oral nutrition has come clear. Randomise controlled study of Wong et al. has done is important because of it's long follow-up, different than the others. The shape and especially the width of the graft being standardised is remarkable. While interpreting the study, it should not be omitted that due to its possibility to create strechness during closure, grafts that are taken wider and square shaped can lead to different results.

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