

postoperatively as objective outcome. The subject outcome was assessed with the patient perception of postoperative penile length. Information regarding complications was obtained during the postoperative hospital stay and at all follow-ups.

Results: The mean increase in SPL was 1.2 ± 1.3 cm (range, -1.0 to 3.0 cm) and it was a statistically significant ($P=0.003$). There was no significant correlation between preoperative curvature and increase in SPL. Eleven of 16 patients (68.8%) was reported a perceived penile length increase after surgery. There was no procedure related complication such as hematoma, infection, and tissue necrosis.

Conclusions: With the simple dissection and detachment of the scrotal septum from penile base, we obtained objective penile elongation and subjective outcomes without complications. We suggest that this is a promising surgical method to compensate the potential penile length loss in patients who undergo plication surgery with Peyronie's disease.

Keywords: Penile elongation; Peyronie's disease; scrotal septum

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AB086. Penile transplantation: a long way to routine clinical practice

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Background: The aim of this review was to discuss the current issues in penile transplantation.

Methods: PubMed, ISI Web of Science and Google Scholar databases (until April 2015) were searched for

relevant publications on penile transplantation.

Results: Patients with penile carcinoma might be ideal possible patients who require transplantation. Penis deficiencies caused by surgery (e.g., traditional circumcision in some countries) might be an important resource for penile transplantation. Although penile reconstruction, penile replantation, and penile lengthening are other available options for penile defects, the following limitations should be considered: (I) no good substitute is available for erectile tissue in reconstructive surgery; (II) no excellent cosmetic result can be achieved in most cases; (III) multiple operations are needed; (IV) limited ischemic time and well-preserved amputated penis are required; and (V) occurrence of nerve/vascular damage.

Conclusions: At present, only two penile transplantations were reported but showed initial success. However, uncertainty of long-term erectile function, immunosuppression-related concerns, ethical issues, and even financial burden have limited the development of penile transplantations. Penile transplantation is still in the exploratory stage, and the operation will be performed only after strict preoperative evaluation, patient selection, full informed consent, and approval of the ethics committee. Only after all the above concerns are solved can penile transplantation be applied in routine practice.

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