

Letter to the Editor

Comment to The “V-I penoscrotal reconfiguration”: A simple technique for the surgical treatment of congenital webbed penis

Dear Editor,

We read with great interest the article titled “The “V-I penoscrotal reconfiguration”: A simple technique for the surgical treatment of congenital webbed penis.”¹ The authors, proposed a very interesting and simple technique to restore a penile shaft reconfiguration for surgical reconstruction of congenital webbed penis (CWP), named “V-I penoscrotal reconfiguration.”

Aesthetical penile appearance is a very important factor for cosmetic, function, and suitable psychosexual development in patients. CWP could be responsible of urinary abnormalities severe psychological distress, high discomfort, functional problems, and sexual dysfunction especially during sexual intercourse; therefore, its correction in childhood is advocated to prevent psychological and sexual issues. The “V-I reconfiguration technique” appears certainly very easy and simple, demonstrating very excellent regarding short-term outcomes. We congratulate with the authors for their interesting technique, and the satisfactory reported cases series, but we have some elements to discuss.

Several techniques have been reported in the present literature for the penile shaft reconstruction. Based on like-to-like principles, scrotal skin, due to its similar color, thickness, pliability, elasticity, and consistency, seems to be the most suitable tissue for penile skin shaft reconstruction. Moreover, it is able to provide a satisfactory amount of tissue to obtain satisfactory outcomes even in the most severe cases. We completely agree with the authors regarding the use of scrotal tissue but, as well known in plastic surgery, the creation of linear scars has a very high risk of retractions, exiting in very unsatisfactory complications, including hypertrophic scars, unsuitable penile curvature and pain, causing discomfort especially during future sexual activity.

For these reasons, although the simplicity of method proposed by the authors’ seems to be very clear, we retain that the simple V-I advancement of scrotal skin flap, should not be considered the first reconstruction option. Younger patients, having a much more exuberant biology, could be particularly prone to this type of complications, and for this reason, further studies, based on much longer follow-ups, would be strongly necessary.

The state-of-the-art shows many different techniques for penile resurfacing and the use of transposition local flaps, harvested from the scrotum, should be considered to avoid complications which could interfere in later life.

The multi-origin vascular system supports the scrotum on each side by four different vessels safely: the anterior and lateral scrotal artery, the lateral branch of the posterior scrotal artery and the septal scrotal artery. These vessels, running through Dartos fascia, allow securely the bilateral harvesting of two axial flaps, to be transposed, tunneled, and employed in the penile shaft reconstruction, avoiding linear scarring.

Due to the vascular network of the scrotum, a large amount of customized tissue can be easily harvested—harvested in a single surgical step, on the vertical axis from the lateral part of the scrotum avoiding unnatural appearance including mismatch disorder and hidden scars. At the same time, the lateral part of the scrotum offers major elastic and pliable tissue to an easier primary closure avoiding any distortion.^{2–4}

Alessandro Innocenti MD , Gaianluca Niccolai MD and
Andrea Pizzo MD

*Plastic and Reconstructive Microsurgery, Careggi University
Hospital, Florence, Italy*
a.innocenti@unifi.it

DOI: 10.1111/iju.15583

AUTHOR CONTRIBUTIONS

Alessandro Innocenti: Conceptualization; validation; supervision; funding acquisition. **Gaianluca Niccolai:** Investigation; software. **Andrea Pizzo:** Writing – original draft; methodology.

CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest, no financial interest, and have not received funding from any organization for this work.

APPROVAL OF THE RESEARCH PROTOCOL BY AN INSTITUTIONAL REVIEWER BOARD

N/A.

INFORMED CONSENT

N/A.

REGISTRY AND THE REGISTRATION NO. OF THE STUDY/TRIAL

N/A.

ANIMAL STUDIES

N/A.

FUNDING INFORMATION

The authors received no financial support for the publication of this article.

REFERENCES

- 1 Bagnara V, Donà A, Berrettini A, Castagnetti M, Paraboschi I, Messina M, et al. The “V-I penoscrotal reconfiguration”: a simple technique for the surgical treatment of congenital webbed penis. *Int J Urol*. 2024;**31**:886–90.
- 2 Innocenti A, Tanini S, Mori F, Melita D, Innocenti M. Scrotal dartos-fascio-myo-cutaneous flaps for penis elongation after catastrophic iatrogenic skin shaft sub-amputation: a case of recovery using an extremely adaptable flap. *Int J Surg Case Rep*. 2016;**28**:300–2.
- 3 Ciancio F, Lo Russo G, Innocenti A, Portincasa A, Parisi D, Mondaini N. Penile length is a very important factor for cosmesis, function and psycho-sexual development in patient affected by hypospadias: results from a long-term longitudinal cohort study. *Int J Immunopathol Pharmacol*. 2015;**28**:421–5.
- 4 Innocenti A, Andreoli AL. Comment to: “Surgical treatment of penile foreign body granuloma: penile shaft reconstruction with single- versus two-stage scrotal flap techniques”. *Int J Urol*. 2024;**31**:185–6.