



SUMMARY AND CONCLUSION

This study was carried out during the period from April 2008 to March 2010. It was conducted upon 27 patients diagnosed as having anterior urethral stricture disease. This study was a conjoint work between urology department of Benha University (16 patients) and urology department of Ain Shams University (11 patients).

The patients were assessed pre-operatively via thorough history taking, general and local examination, radiological assessment and uroflowmetry evaluation.

The buccal mucosal grafts were used as ventral onlay grafts in 13 patients and as dorsal onlay graft in 14 patients.

The age of patients ranged from 20 to 60 years, with mean age (38.9 ± 10.3 years), the chief complaint of patients were obstructive symptoms (55.6%) followed by recurrent urinary tract infection (25.9%) and lastly acute urinary retention in 18.5%.

The pre-operative procedures done were visual internal urethrotomy or dilation or both.

The site of stricture was bulbar in 15 patients, pendulous in 9 patients and bulbopendulous in 3 patients, and the stricture length was ranged from 2.5 to 6 cm (mean was 3.65 ± 0.87) based on intra-operative measurement.

The operative time was (165.7 ± 19.5 minutes) with range of 140 – 210 minutes, the intra-operative blood loss was (181.7 ± 78 ml) with



range of 100 – 400 ml, and the hospital study was 4.3 ± 1.3 days) with the range of 3 – 7 days.

The majority of patients with bulbar and bulbopendulous stricture (60%, 66.7 respectively) underwent ventral onlay graft while the majority of pendulous stricture underwent dorsal onlay graft (77.8%).

As regard late post-operative complications, post – micturition dribbling was the most common (14.8%) followed by erectile dysfunction (11.1%) and finally perineal fistula (3.7%).

Follow up period ranged from 3 – 23 months with mean value of 13.1 ± 6.1 months.

The mean post operative Qavg and Qmax were significantly different from the pre – operative values (10.8 ± 1.1 ml, 17.8 ± 3.2 ml versus 5.4 ± 1.2 ml, 8.4 ± 1.4 ml) respectively.

The overall success rate was 85.2%, (23 patients) and this success rate is not significantly different among different parts of anterior urethra, and also wether dorsal or ventral onlay grafts were used.

The failed cases were 4 patients (14.8%), 2 patients with bulbar urethral stricture, 2 patients with pendulous urethral structure, the failure was due to development of anastomotic stricture ring in 3 patients, and total graft failure in one patient with pendulous stricture disease.



CONCLUSION

In the anterior urethral stricture disease, buccal mucosal onlay grafts provides a satisfactory results. The different position of grafts showed no difference in the success rate. Currently the best technique is probably the one with which the urological reconstructive surgeon is most comfortable. No single technique is appropriate in all situations and the successful surgeon will have a repertoire of methods from which to choose. Further studies with longer follow up periods are necessary to evaluate the outcome of the procedure precisely and to clarify the etiology of disease recurrence to improve the success rate in the future.