Case Report

M-Plasty for Correction of Incomplete Penoscrotal Transposition

KN Manjunath*, MS Venkatesh

Department of Plastic and Reconstructive Surgery, MSRMC, Bengaluru, Karnataka

ABSTRACT

Penoscrotal transposition (PST) is a rare anomaly of the external genitalia that can be complete or incomplete while incomplete type is more common. Various surgical methods are described for correction of incomplete PST. Modified Glenn Anderson's method is commonly used. This method is known to cause major penile lymphoedema following surgery. Various modifications have been described to preserve the dorsal penile skin to reduce this lymphoedema. We present here our experience with M-Plasty, where the dorsal penile skin is cut in the form of V so that it breaks the constricting effect of circumferential incision and prevents lymphoedema.

KEYWORDS

M-Plasty; Penoscrotal transaposition; Lymphoedema

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INTRODUCTION

Penoscrotal transposition (PST) is a rare anomaly of the external genitalia. The argument whether penis is malpositioned or scrotum is yet undecided. It can be either complete or incomplete. Incomplete PST where the penis lies between halves of scrotum is more common. Both forms are usually associated with hypospadiasis and hence require multiple surgeries for total correction. Various methods have been proposed for penoscrotal transposition. Penoscrotal transposition (PST) is a rare anomaly of the external genitalia that can be complete or incomplete while incomplete type is more common.[1] Various surgical methods are described for correction of incomplete PST. Modified Glenn Anderson's method is commonly used. This method is known to cause major penile lymphoedema following surgery. Various modifications have been described to preserve the dorsal penile skin to reduce this lymphoedema.[2] Here we are presenting our experience of 2 cases of incomplete penoscrotal transposition correction.

Case 1: A 23 year old patient presented with incomplete PST along with penile hypospadiasis. Patient had limited chordee. As his transposition was to be corrected, we planned it as stage 1. Hypospadisis correction was planned at later date. (Figure 1).

***Correspondence Author:**
KN Manjunath, MD;
Assistant Professor of Department of Plastic and Reconstructive Surgery, MSRMC, BENGALURU, Karnataka.
Tel: +9535971056
E-mail: drknmanjunath@gmail.com
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