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요도 협착 교정을 위한 맞춤형 구강점막 이식법

(Tailored Methods of Buccal Mucosal Grafting: Autologous material for Urethral Stricture Repair)



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Purpose: In cases of short urethral stricture and mild cavernosal fibrosis, a buccal mucosa graft may be performed. However, clear standards and methods for how to harvest the buccal mucosa and the appropriate amount to harvest remain unclear. This presentation aims to provide a more detailed explanation of the senior author's buccal mucosa graft harvesting technique.

Methods: To harvest buccal mucosa, we mark the area anteriorly 1 cm behind the corner of the mouth, superiorly 5 mm from Stensen's duct, and posteriorly along the pterygomandibular raphe. (Fig. 1)

After injection of local anesthesia, harvesting oral mucosal tissue was performed in an anterior-to-posterior direction within the supra-muscle plane. To enhance engraftment rates, defat the muscle and fat components.

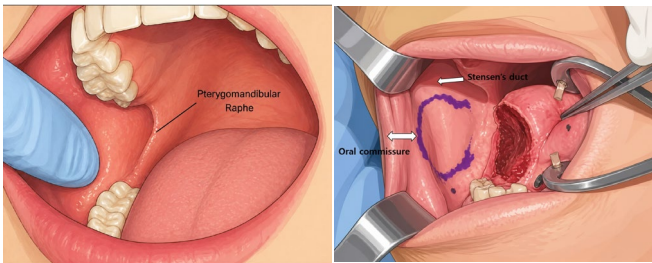


Fig 1. Preoperative design

The harvested buccal mucosa (Fig. 2) was sutured over the urethral stricture site using a vertical incision and dorsal onlay technique. The donor site was sutured watertightly using Vicryl 3-0.



Fig 2. Harvested buccal mucosa graft

Results: A total of 16 buccal mucosa grafts were performed in 12 patients. The average graft size was 5.64 cm². (Tabl 1)

In all patients, buccal mucosa grafts were successfully placed at the stricture site without complications. There were no cases requiring reoperation due to graft failure. Patients may experience initial temporary trismus and pain, which improved over time.

No.	Sex	Age	Diagnosis	Operation	Size	Site
1	M	71	Rectovaginal fistula	Fistulectomy, BMG	2.5×4cm, 2 pieces	Bilateral
2	M	65	Urethra stricture	Urethroplasty, BMG	1.5×2.5cm, 2 pieces	Bilateral
3	M	21	Urethrostricture	Urethroplasty, BMG	1.5×4cm	Unilateral
4	M	73	Urethra stricture	Urethroplasty, BMG	1.5×3cm, 2 pieces	Bilateral
5	F	54	Urethra stricture	Urethroplasty, BMG	2.0×4cm	Unilateral
6	M	75	Urethra stricture	Urethroplasty, BMG	1.5×4cm	Unilateral
7	F	56	Urethra stricture	Urethroplasty, BMG	2×2.5cm	Unilateral
8	F	56	Urethra stricture	Urethroplasty	2×2.5cm, 1×3cm	Bilateral
9	F	64	Urethra stricture	Urethroplasty	1.5×3cm	Unilateral
10	F	70	Urethra stricture	Urethroplasty	2×2.5cm	Unilateral
11	F	55	Urethra stricture	Urethroplasty	1.5×3cm	Unilateral
12	F	60	Urethra stricture	Urethroplasty	1.5×4.5cm	Unilateral
					avg. 5.64cm ²	16 pieces

※ BMG; buccal mucosa graft

Table 1. Patient demographics

Conclusion: The buccal mucosa offers advantages such as ease of harvesting, low donor site complication rates, and abundant vascular supply. It is anticipated to be a useful option for urethral reconstruction following careful patient selection.