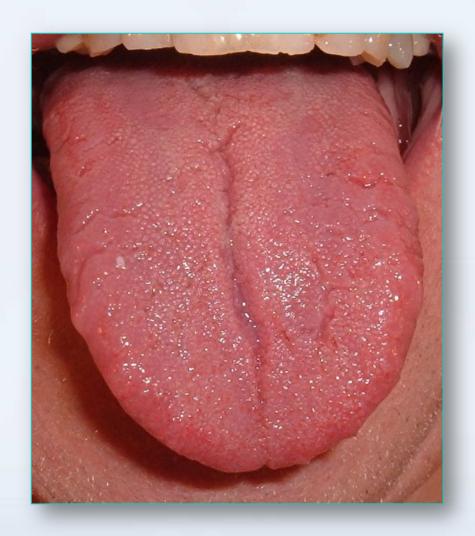
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How to harvest lingual mucosal graft





The Tongue as an Alternative Donor Site for Graft Urethroplasty: A Pilot Study

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Purpose: Urethroplasty with a buccal mucosal graft provides excellent clinical results but it may also cause oral complications in some cases. The mucosa covering the lateral and under surface of the tongue is identical in structure with that lining the rest of the oral cavity. We evaluated LMGs for urethroplasty.

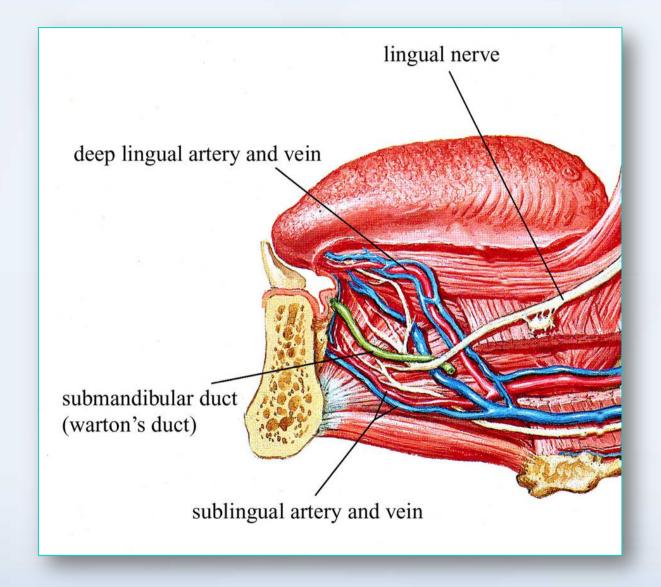
Materials and Methods: From January 2001 to September 2004, 8 men 34 to 65 years old (mean age 46.1) with urethral strictures 1.5 to 4.5 cm long were selected for 1-stage dorsal onlay urethroplasty. The site of the harvest graft was the lateral mucosal lining of the tongue. Postoperatively all patients were followed with urethrography, uroflowmetry, cystourethrography and flexible urethroscopy after 3 and 12 months. Successful reconstruction criteria were peak flow rate greater than 15 ml per second and no need for postoperative urethral dilation.

Results: Median followup was 18 months (mean 22.1, range 3 to 47). Seven cases were successful. One patient had a partial urethral stricture. In successful cases cystourethrography revealed no significant graft contractures or sacculations and at flexible urethroscopy LMG was almost indistinguishable from native urethra. There were no pain, esthetic or functional complications at the donor site.

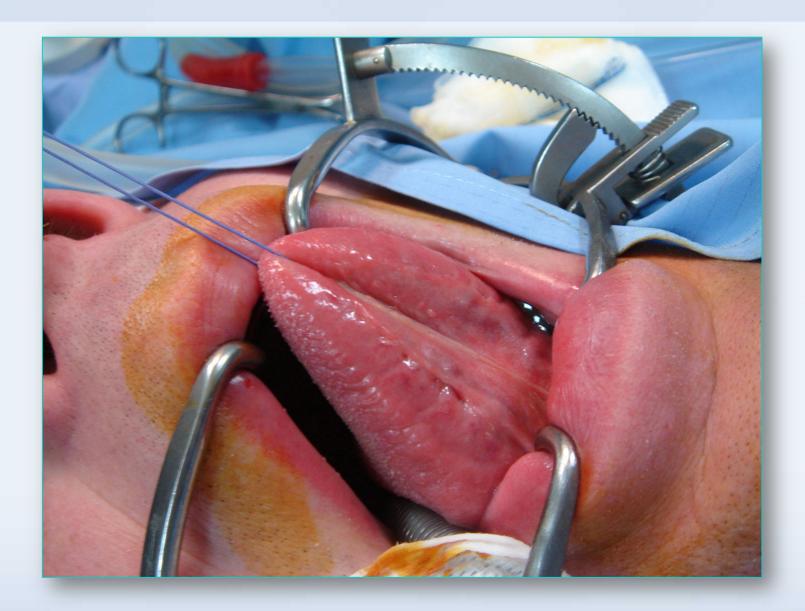
Conclusions: Harvesting the LMG is feasible and easy to perform. Compared with the buccal mucosal graft the LMG seems to be associated with less postoperative pain and a minor risk of donor site complications. These preliminary functional and esthetic data are satisfactory.

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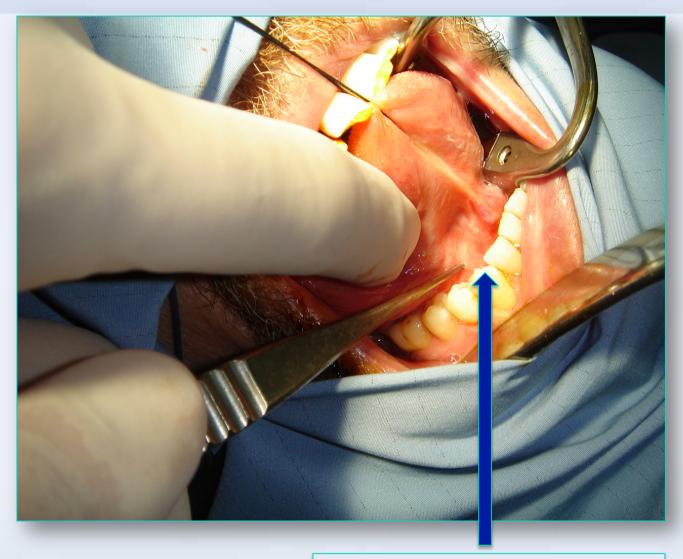






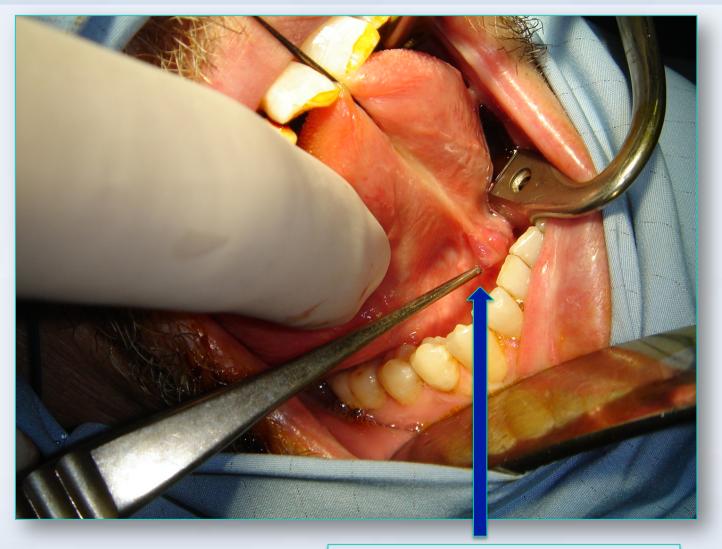






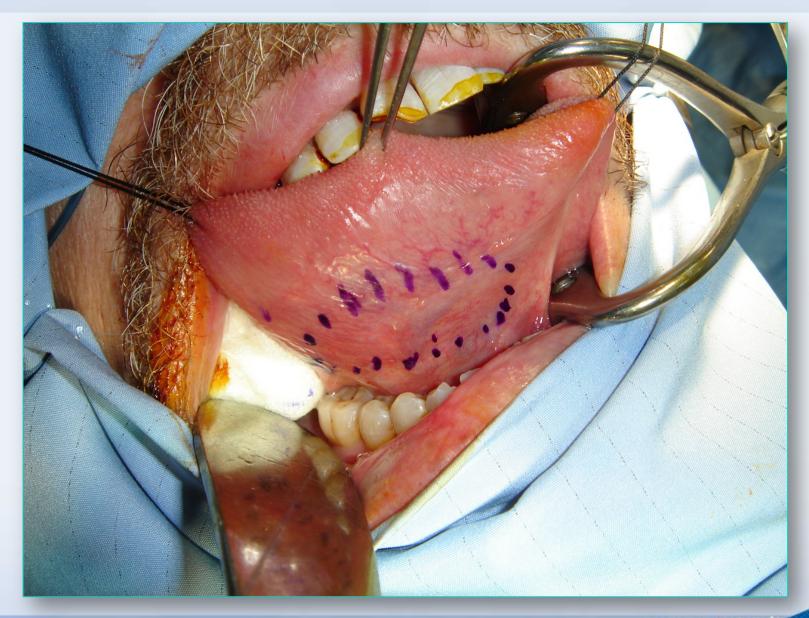
Lingual nerve



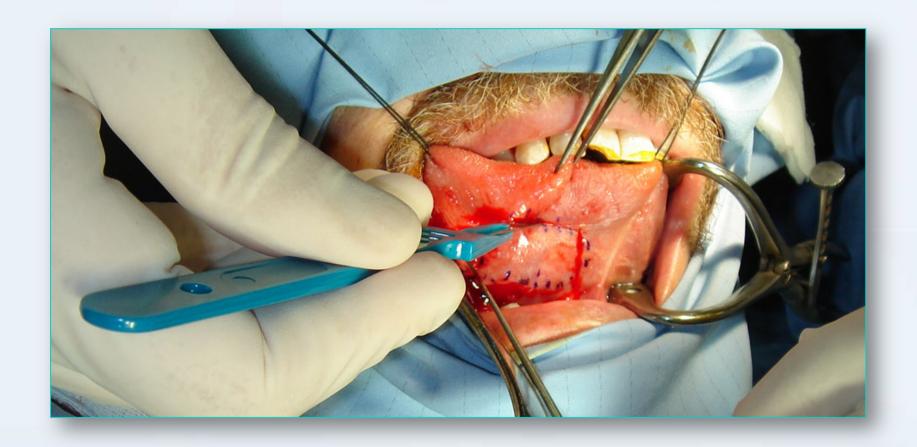


Warton's duct









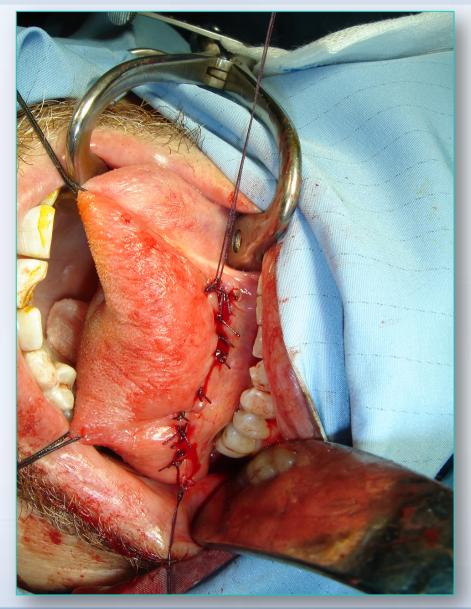












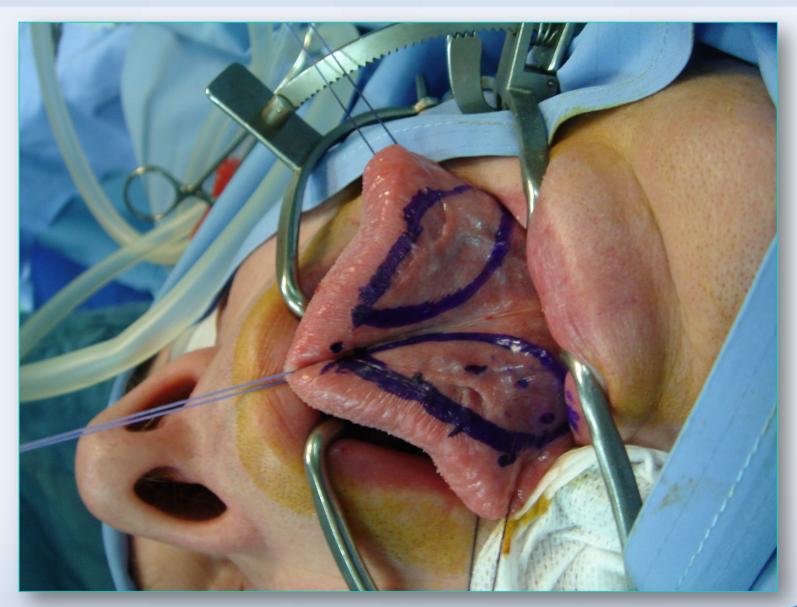


Websites:

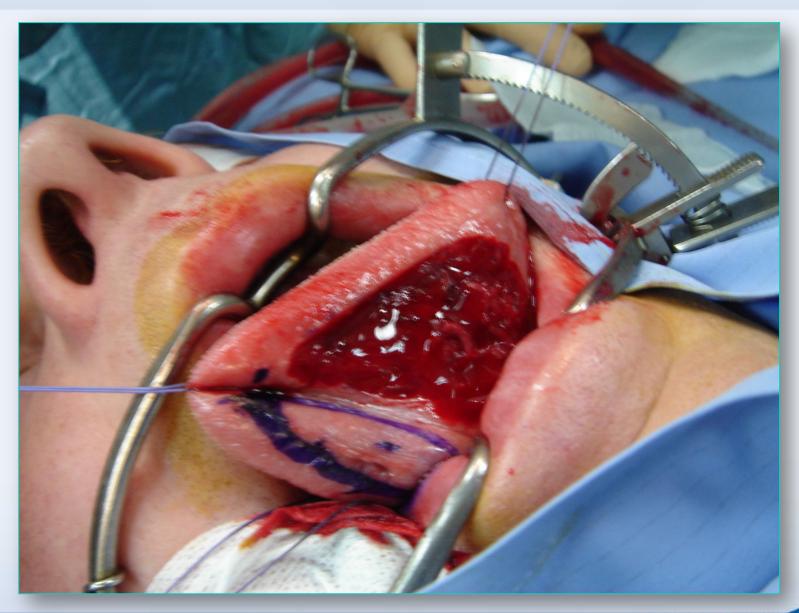
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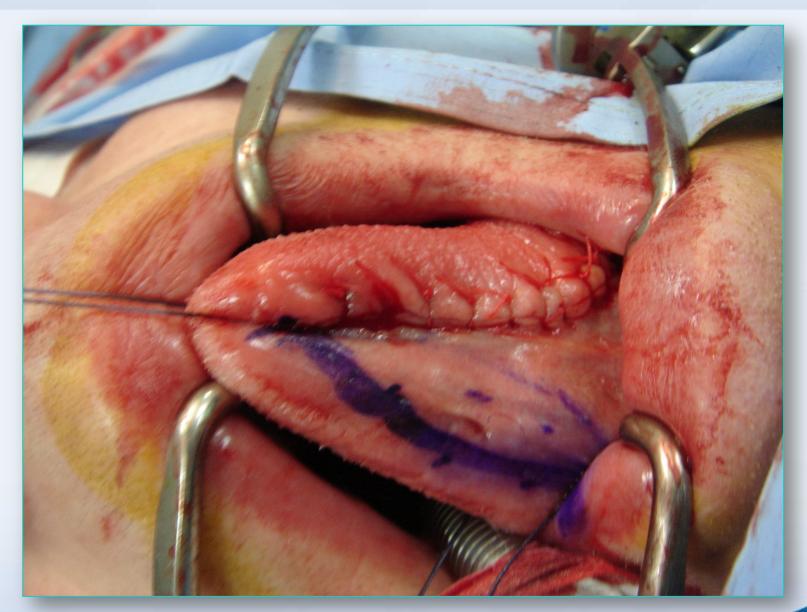




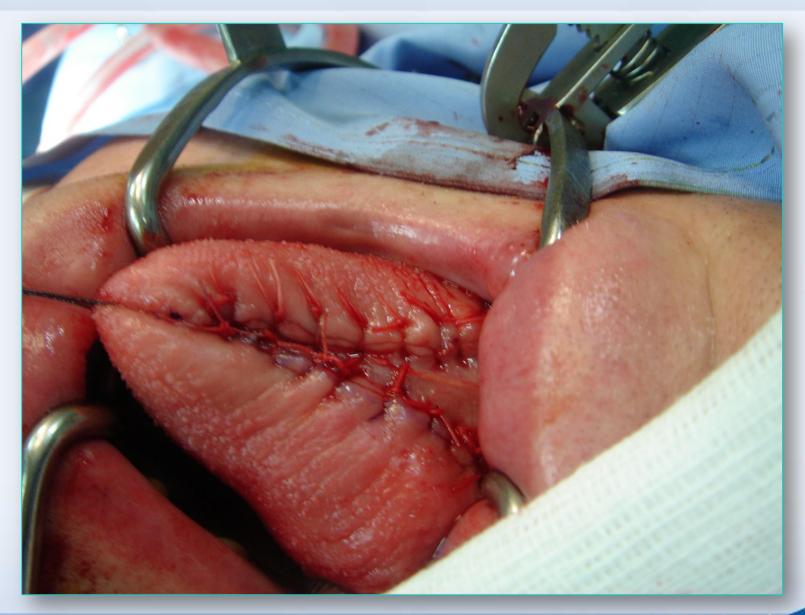




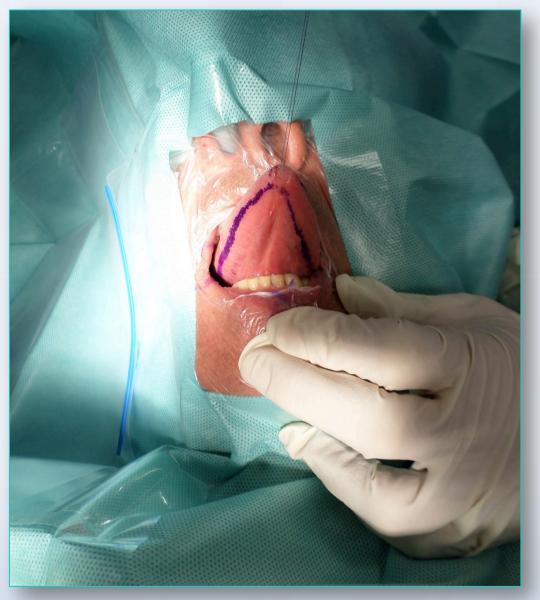






















Tongue vs cheek: advantages

Harvesting: easier, simpler, faster and no special instruments requested

Graft: thinner



Tongue vs cheek: disadvantages

Post-operative course:

- more bothersome
- more painful
- more problems in eating, talking, kissing
- more time for a complete recovery



Tongue vs cheek: when?

Patient who undrewent previous bilateral harvesting from the cheeks.

Patient who require thin and small graft.

Patient with panurethral stricture requiring 2 grafts from the both cheeks and 1 more graft from the tongue.



Conclusions



Urethral surgeon shoud be able to harvest and use oral mucosa from any part of the mouth according to the patient and stricture characteristics.





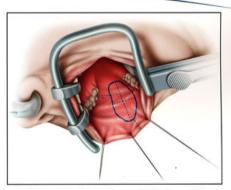
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