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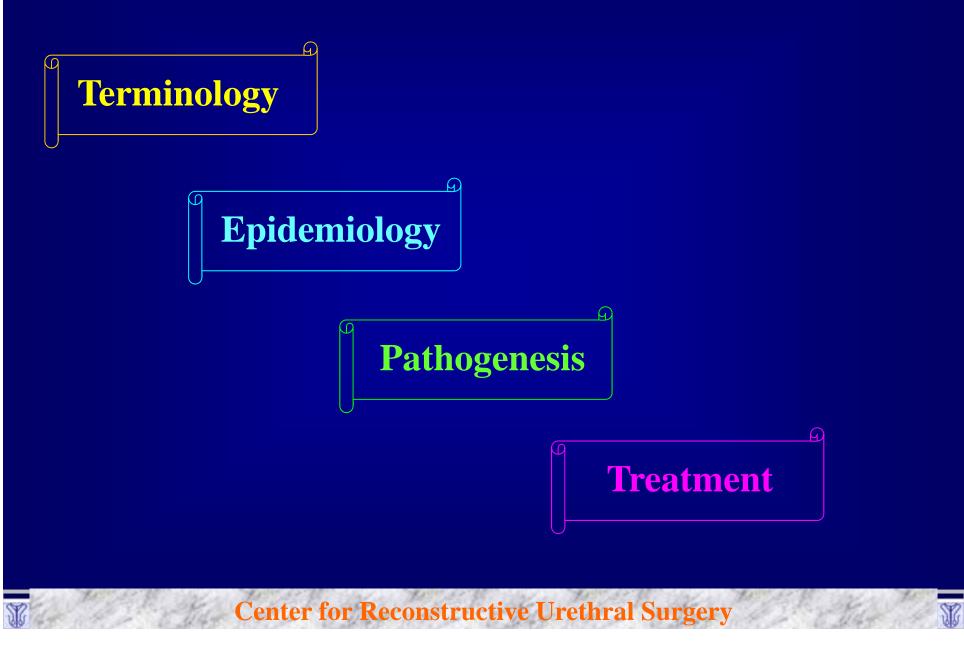
III Simposio Internacional de Cirurgia Urologica Reconstrutora

April 11 - 12, 2008

Rio de Janeiro - Brazil

BXO - Lichen sclerosus

Lichen sclerosus



Lichen sclerosus

Terminology

> Balanitis Xerotica Obliterans

Lichen sclerosus

Lichen sclerosus et atrophicus

Kraurosis vulvae

Balanitis xerotica obliterans (post operationem) und ihre Beziehungen zur "Kraurosis glandis et praeputii penis".



Von A. Stühmer.

Mit 4 Textabbildungen.

(Eingegangen am 14. Mai 1928.)





American Academy of DERMATOLOGY VOLUME 32 NUMBER 3 MARCH 1995

Journal of the

CONTINUING MEDICAL EDUCATION

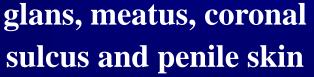
Lichen sclerosus

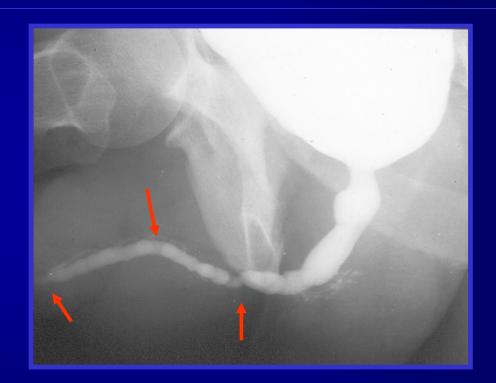
LTC Jeffrey J. Meffert, MC, USAF, COL Brian M. Davis, MC, USAF, and COL Ronald E. Grimwood, MC, USAF Lackland AFB, Texas

In 1995, the American Academy of Dermatology recommended that the terme lichen sclerosus be used in future reports to define the true incidence and the malignant potential of lichen sclerosus

Lichen sclerosus is a complex immunological disorder of the genitalia involving:

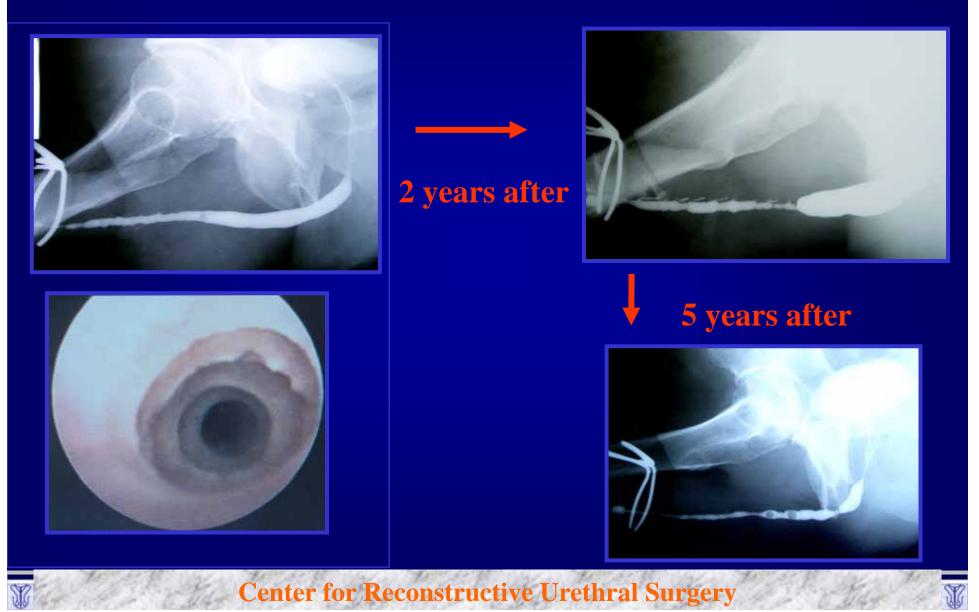






navicularis, penile and bulbar urethra

Lichen sclerosus is a chronic, evolving disease



Lichen sclerosus

Sexual activity

Urinary function

Aesthetic appearance of the genitalia

Association with penile cancer

Poor quality of life

Lichen Sclerosus in 68 Patients With Squamous Cell Carcinoma of the Penis

Frequent Atypias and Correlation With Special Carcinoma Variants Suggests a Precancerous Role

Elsa F. Velazquez, MD, and Antonio L. Cubilla, MD

Lichen sclerosus is a pre-cancerous condition for at least some types of penile cancers, especially those not related to HPV

Am J Surg Pathol, 2003

Penile Carcinoma in Patients With Genital Lichen Sclerosus: A Multicenter Survey

G. Barbagli, E. Palminteri, F. Mirri, G. Guazzoni, D. Turini and M. Lazzeri*

From the Center for Urethral and Genitalia Reconstructive Surgery (GB, EP), Arezzo, Sezione di Anatomia Patologica, Ospedale S. Maria alla Gruccia (FM), Montevarchi, San Raffaele-Vita Salute Hospital and University (GG), Milano and Department of Urology, Santa Chiara Firenze (DT, ML), Florence, Italy

The incidence of neoplastic changes in patients with **lichen sclerosus** ranges from 2.3% to 8.4%

J Urol, 2006

Histopathological findings for diagnosis of lichen sclerosus

- Hyperkeratosis and vacuolar degeneration of the basal layer
- Edema and homogenisation of collagen in the upper dermis
- Band-like inflammatory infiltrate





The name "Balanitis Xerotica Obliterans" given this disease by Stühmer in 1928 is no longer adequate to describe this very serious immunological disorder

Epidemiology

authors	journal, year	patients
Venn et al.	Br J Urol, 1998	28
Barbagli et al.	Lancet, 1999	31
Depasquale et al.	Br J Urol, 2000	128
Andrich et al.	J Urol, 2001	33
Barbagli et al.	Urol Int, 2004	102

Lichen sclerosus is increasing in all Centres specialized in treatment of urethral and genitalia diseases

A.U.A. Annual Meeting 2001, Anaheim - USA

Involvement of the urethra in genital lichen sclerosus appears to be much more common than previously reported

Prior to diagnosis, many patients had symptoms for years, thus encouraging the disease's progression over time

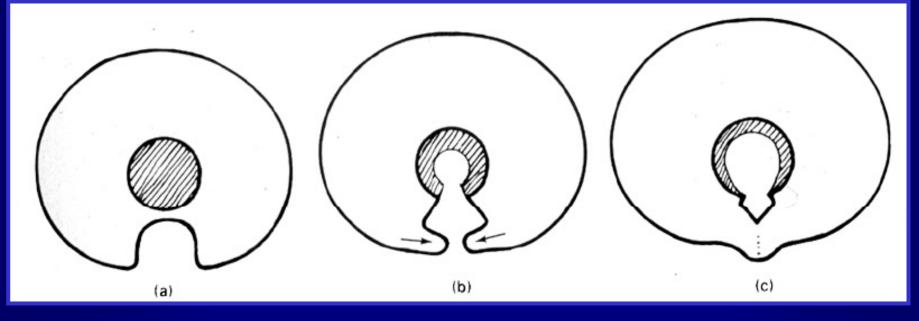
In our experience, when the urethra is involved in the disease, 41% of patients showed panurethral stricture

Barbagli et al., Urol Int, 2004

Pathogenesis

The embriology of the glans may explain the involvement of the external urinary meatus and navicularis tract in lichen sclerosus





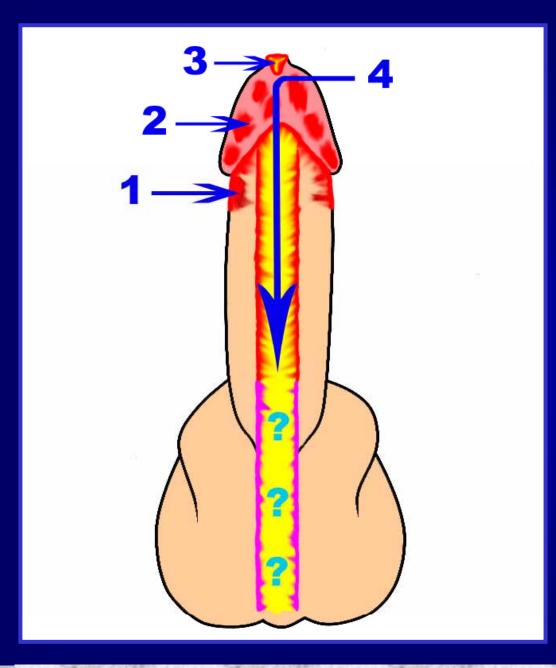
The developing glanural urethra involves the preputial folds that fuse to genital folds

Venn and Mundy suggested that panurethral stricture in patients with lichen sclerosus may be caused by the trauma of repeated dilation or instrumentation

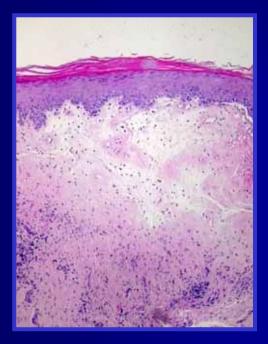
Br J Urol, 1998

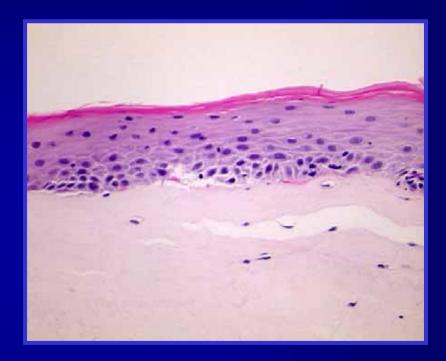
Barbagli et al. showed that lichen sclerosus caused urinary retention or difficulties in 60% of patients who had not undergone previous urethral dilation, instrumentation or surgery

Urol Int, 2004

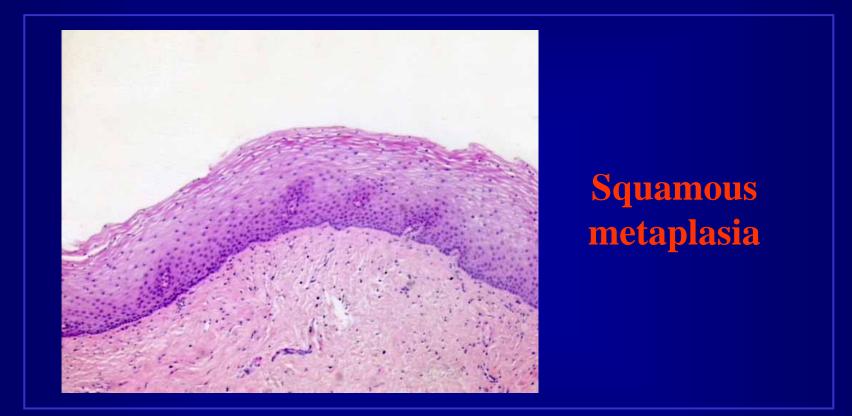


foreskin
 glans
 meatus
 penile urethra
 bulbar urethra

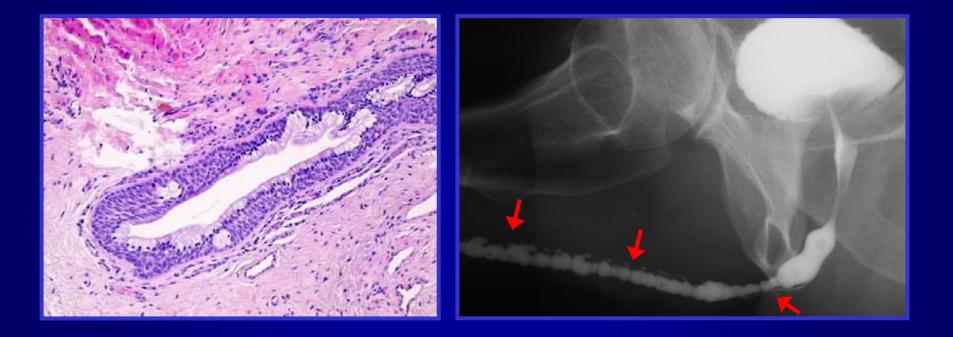




The penile urethra shows the typical histological features of lichen sclerosus disease



The bulbar urethra shows no histological features of lichen sclerosus disease



Squamous metaplasia involves the ductus of the periurethral glands, which becomes rigid and wide open. Thus the retrograde urethrography is able to depict the periurethral glands

Questions to resolve

- Is squamous metaplasia in the bulbar urethra caused by distal obstruction or is it related to histological changes caused by lichen sclerosus?
- What is the role of squamous metaplasia in causing urethral obstruction over time?
- Is squamous metaplasia in the bulbar urethra a typical lesion in patients with lichen sclerous or is it a typical lesion in any patient with bulbar urethral stricture?

My pathologist and I are currently working on resolving these questions, involving a large series of patients in our study



Doctor Francesco Mirri

Treatment

Evaluation of the surgical outcome

Patients with urethral stricture disease due to lichen sclerosus are treated with so many various surgical approaches that it is really impossible to evaluate and standardize the long-term outcome of all these techniques

The literature dealing with this argument is still terribly confused and does not furnish a reliable interpretation of the available data

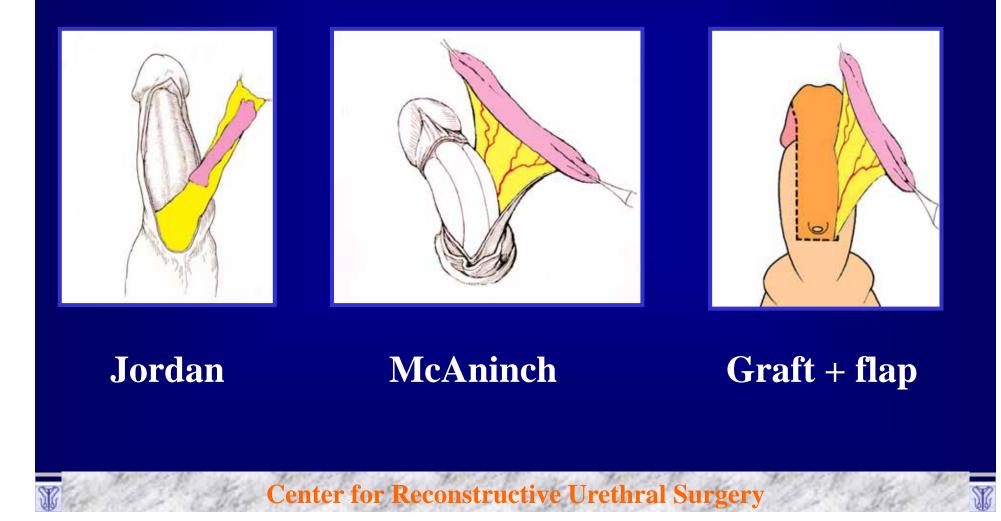
One-stage repair

Penile dartos fascial flap with skin island techniques

> Dorsal inlay buccal mucosal graft urethroplasty

S. Kulkarni urethroplasty

Penile dartos fascial flap with skin island techniques



Penile skin flaps: results

authors	patients	follow-up	success	failure
Venn et al. 2000	12	36	0%	100%
De Pasquale et al. 2000	42		10%	90%
Alsikafi et al. 2004	20	89	55%	45%
Virasoro et al. 2006	12	48		6%
Garcia et al. 2006	22	19	70%	30%

Graft + flap: results

authors	patients	follow-up	success	failure
Brady et al. 1999	10	27	87%	13%
Berglund et al. 2004	18		95%	5%

Caution must be exercised in recommending fasciocutaneous penile skin flaps for long-term treatment of lichen sclerosus strictures

Alsikafi et al., J Urol, 2004

Better understanding of the physiopathology of lichen sclerosus has changed our way of treating fossa navicularis strictures

Virasoro et al., J Urol, 2006

There is a relatively low success rate even when the skin used for the flap appears to be free of lichen sclerosus

Garcia et al., J Urol, 2006

Dorsal inlay buccal mucosal graft urethroplasty

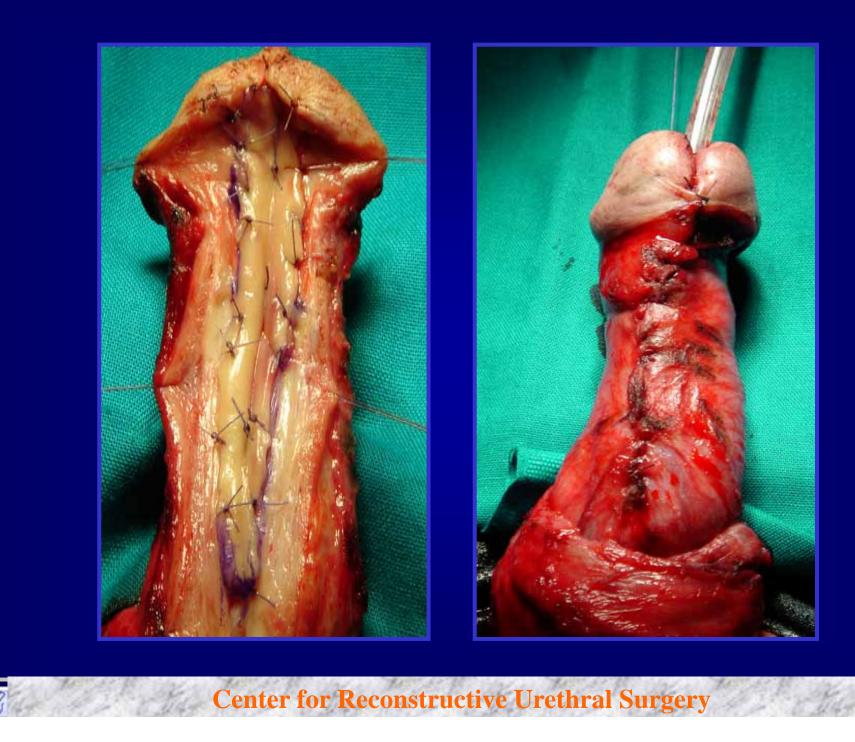








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Results

Small number of patients

Satisfactory short-term results



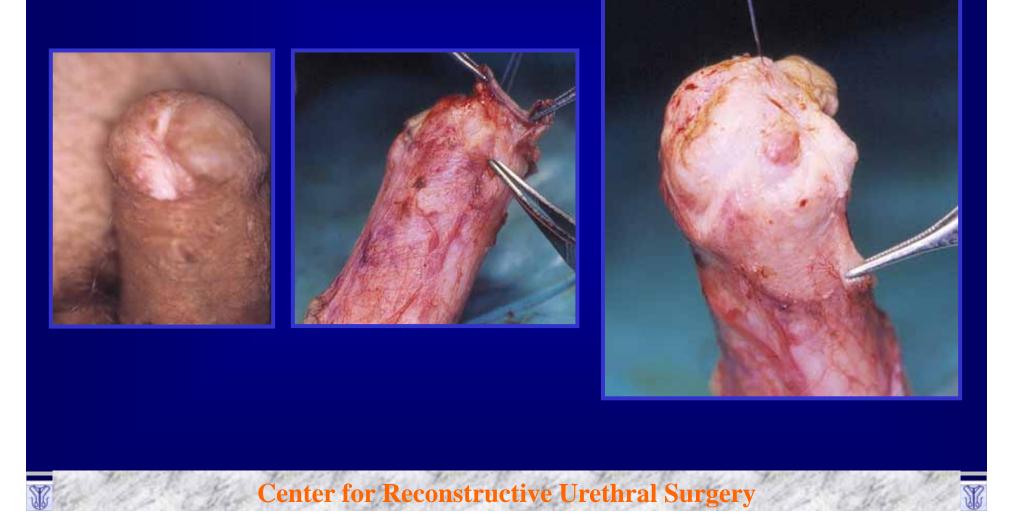
Long-term follow-up not available

Meatal stenosis is a frequent complication



Barbagli 2006, unpublished data

The glans is always deeply involved in the disease

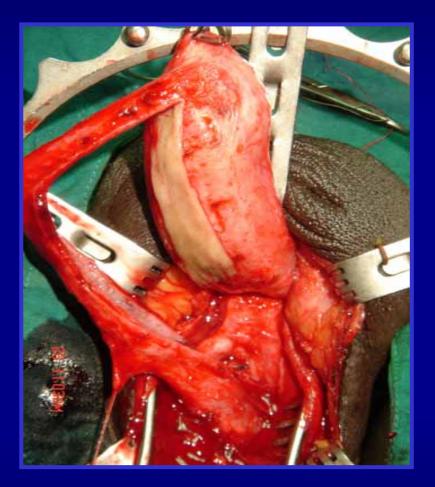


S. Kulkarni urethroplasty

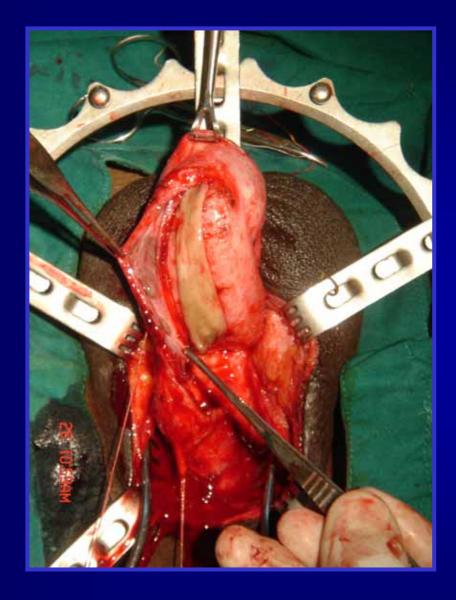


Pune - India

Kulkarni urethroplasty



Full length dorsal buccal mucosal onlay graft urethroplasty





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authors	patients	follow-up	success	failure
Kulkarni et al. 2000	36	12	89%	11%
Dubey et al. 2006	25	33	88%	12%

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Multi-stage repair

> Wide meatotomy

First stage - Johanson procedure

> A. Bracka combined technique

Multi-stage buccal mucosal graft urethroplasty

> Perineal urethrostomy

Wide meatotomy



First stage - Johanson procedure







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Wide meatotomy or first stage - Johanson procedure are selected particularly for patients in which the disease has caused urinary retention due to edema and acute inflammatory changes in the involved tissues



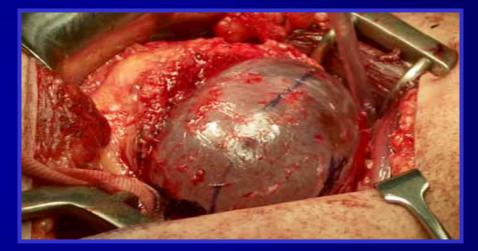
Bracka combined urethroplasty

First stage

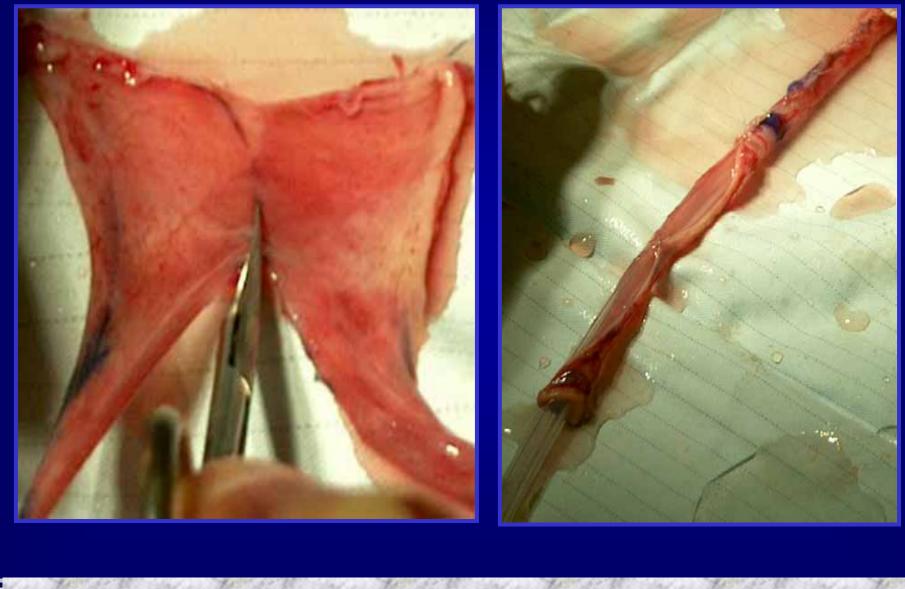




buccal mucosa graft

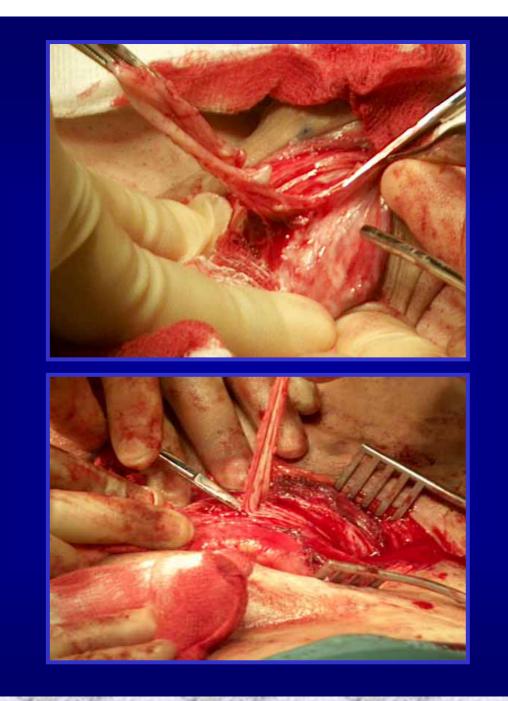


bladder mucosa tube



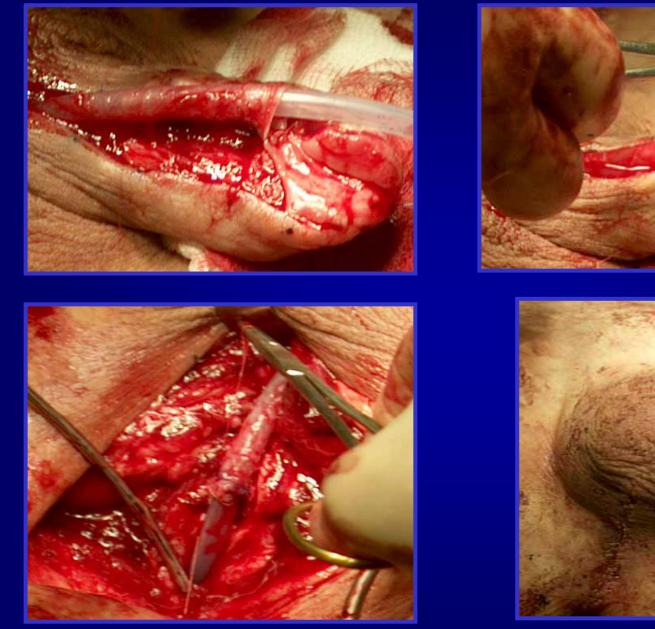
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> Patient requires periodic dilation over a long period

Unpublished results

 A. Bracka reported a satisfactory final outcome (personal communication)

Multi-stage buccal mucosal graft urethroplasty







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Results



28% to 50% of patients require repeated surgical revision of the grafted area before the final urethral closure

Dubey et al., J Urol, 2006











X

Results



18% to 30% of patients showed complications following the second stage of urethroplasty, requiring new surgical revision

Definitive perineal urethrostomy



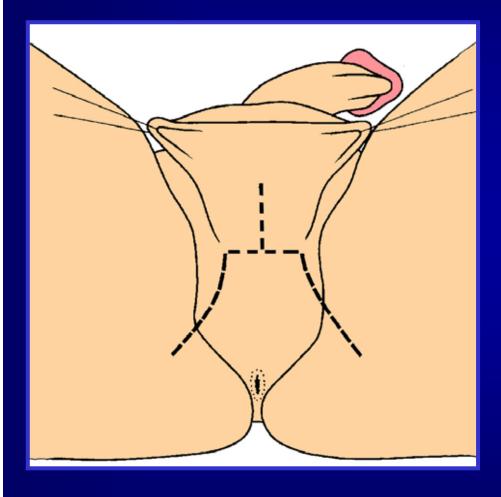
When ?



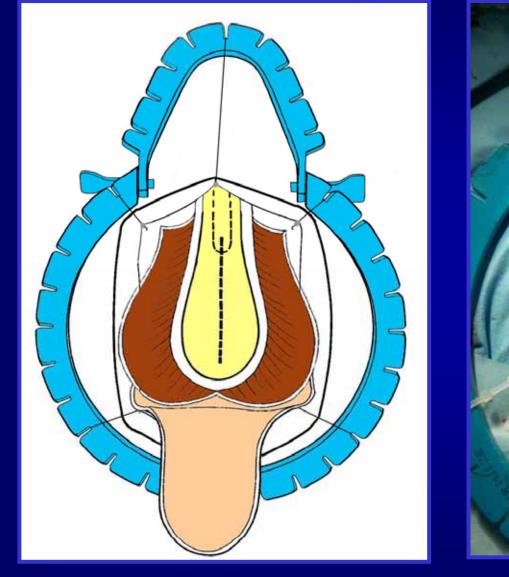


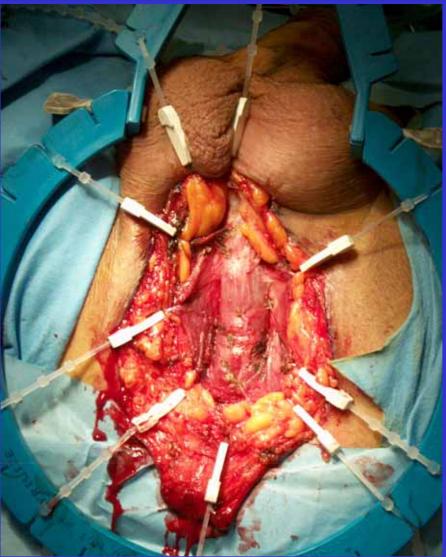
Patient, 68 years old, who underwent 12 previous urethral attempts to repair urethral stricture due to lichen sclerosus

Surgical technique

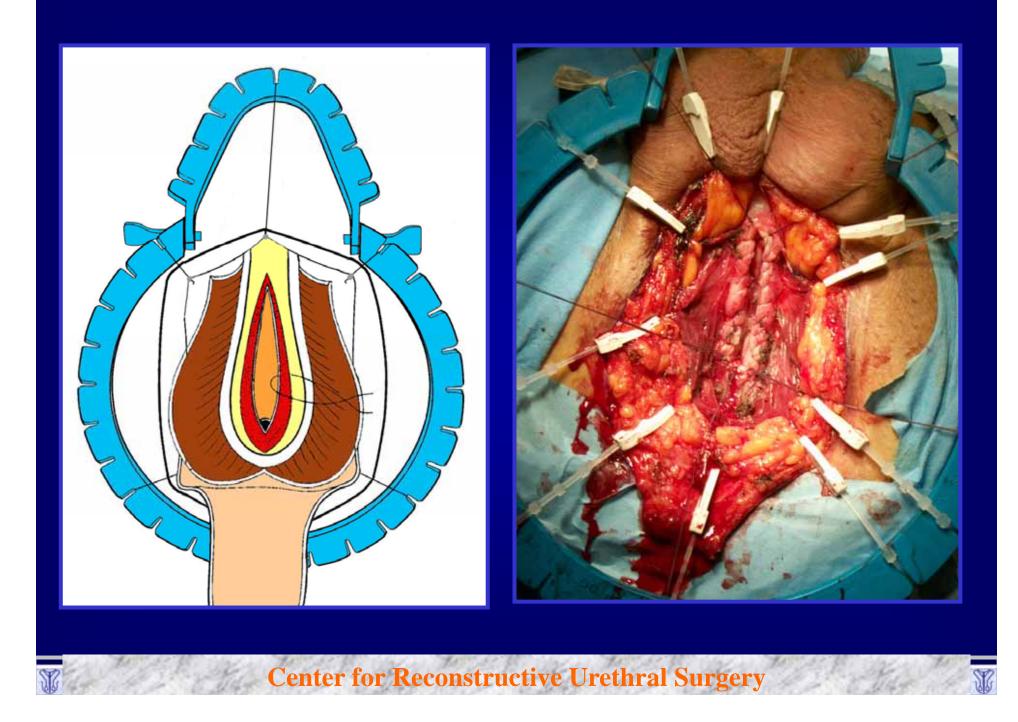


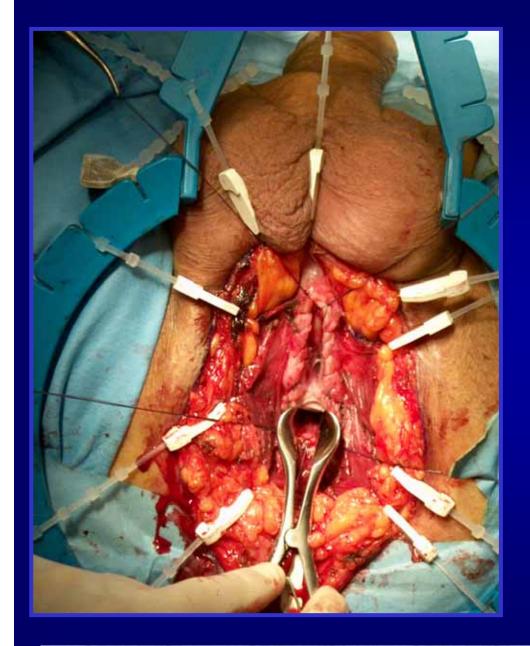


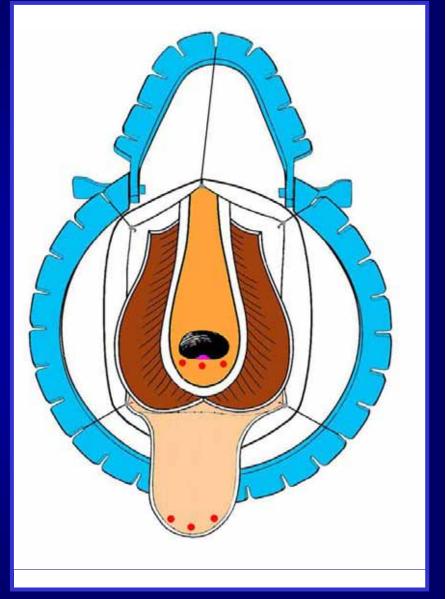




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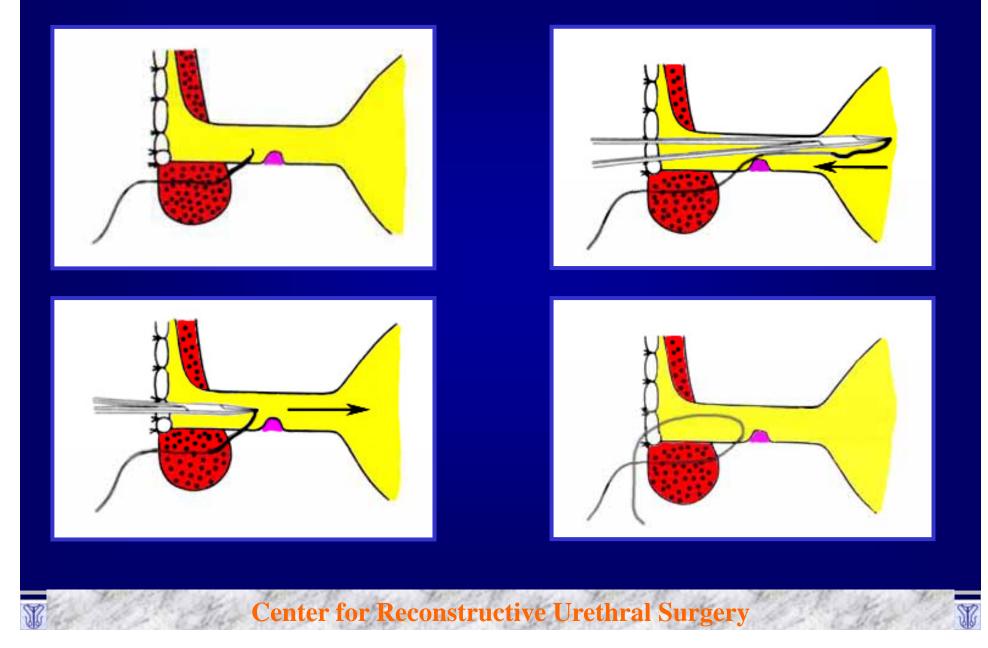
Webster's technique

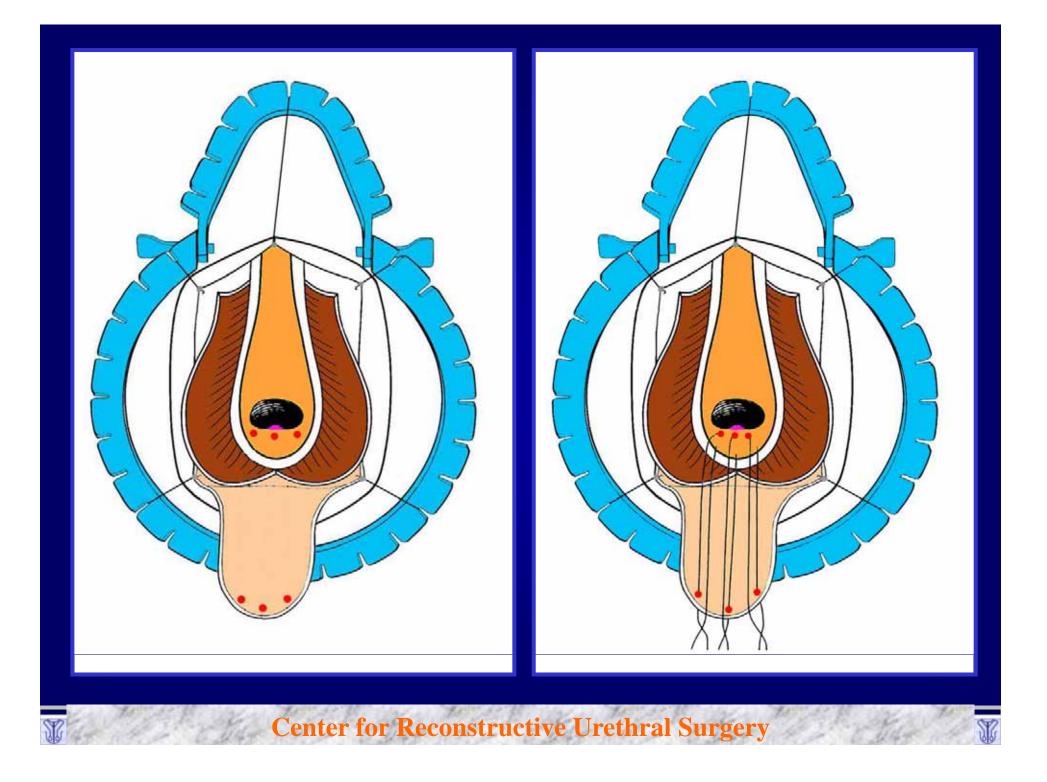


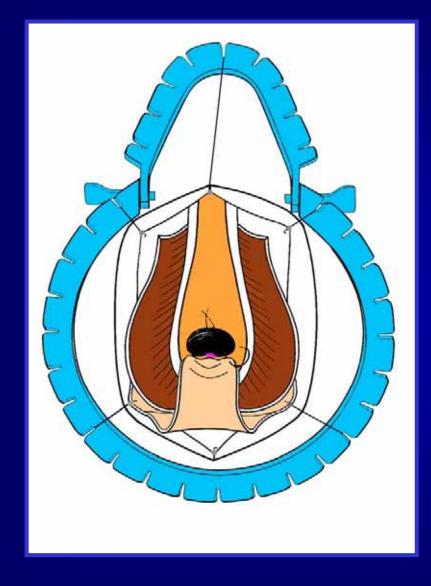




Webster's technique

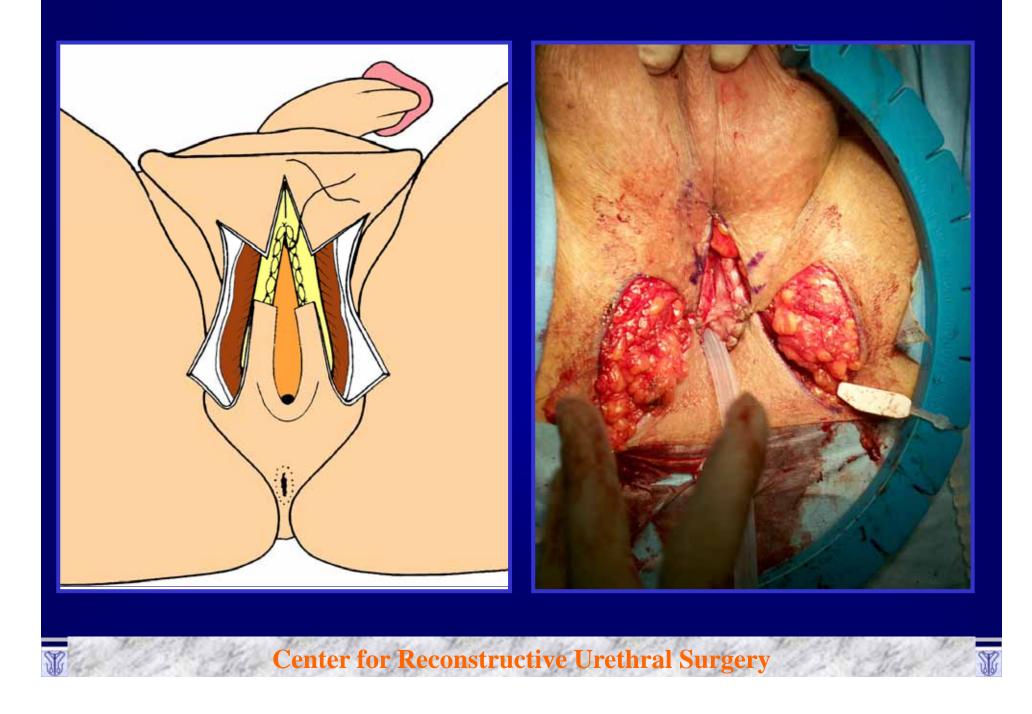


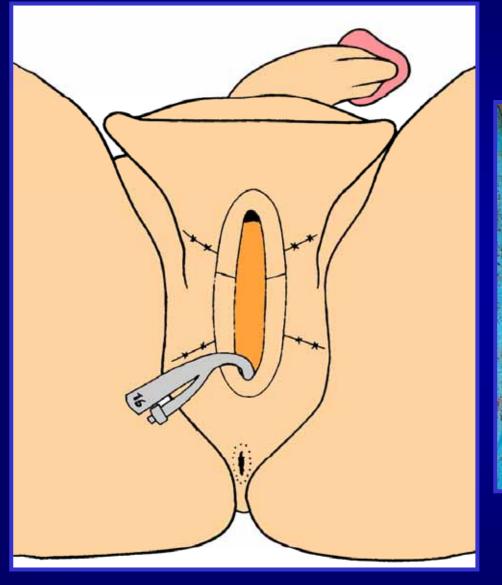






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Heroic measures may not always be justified in extensive urethral stricture due to lichen sclerosus

A C. Peterson, E. Palminteri, M. Lazzeri, G. Guazzoni, G. Barbagli and G. D. Webster

A.U.A. Annual Meeting 2003, Chicago - USA

ELSEVIER

ADULT UROLOGY

HEROIC MEASURES MAY NOT ALWAYS BE JUSTIFIED IN EXTENSIVE URETHRAL STRICTURE DUE TO LICHEN SCLEROSUS (BALANITIS XEROTICA OBLITERANS)

ANDREW C. PETERSON, ENZO PALMINTERI, MASSIMO LAZZERI, GIORGIO GUANZONI, GUIDO BARBAGLI, AND GEORGE D. WEBSTER

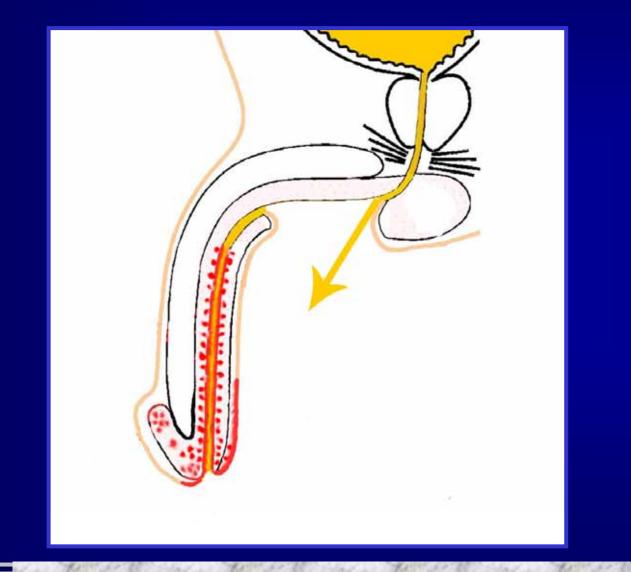
Urology, 2004

Definitive perineal urethrostomy is a reasonable alternative in selected populations

- > low morbidity
- > quick recovery
- satisfies quality of life
- acceptance of seated voiding
- diverts urine from diseased tissue

Peterson et al., A.U.A. Meeting 2003, Chicago - USA

Perineal urethrostomy diverts urine from diseased tissues





One-stage or multi-stage repair ?

	patients	success rate
one-stage	22	88%
multi-stage	14	72%

Dubey et al., J Urol, 2005

One-stage or multi-stage repair ?

When ?

one-stage	multi-stage repair	
young	old	
primary repair	previous failed repair	
decreased urinary flow	 urinary retention UTI catheter or suprapubic tube in place 	
 slight or moderate disease no pre-cancerous lesions 	• severe disease • pre-cancerous changes	
focal involvement of the glans, meatus, penile skin	full involvement of the glans, meatus, penile skin	
viable or salvageable	scarred with focally dense segment	
	young primary repair decreased urinary flow . slight or moderate disease . no pre-cancerous lesions focal involvement of the glans, meatus, penile skin	

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Conclusions

Lichen sclerosus is a devastating disease and the patient must be informed on the likely causes, the course of the disease and the possible association with cancer. Moreover, the patient must be informed that complex and multiple surgical procedures will be necessary to restore urinary function, sexual activity and aesthetic appearance of the genitalia

I showed you what lichen sclerosus is and what stenosis is in a patient affected with genital lichen sclerosus and the current surgical techniques suggested for repair

What appoach to take will be decided by you, your experience, your surgical background and your patient's expectation

There is nothing more I can tell you !

Thank you

www.urethralcenter.it





Next month, this lecture will be fully available in our website

Welcome !