

Quality of life

PPS provides the highest patient satisfaction rate. Patients with a reasonable erection before surgery will continue to have the same. Obviously the ability to have meaningful sexual ability also depends on the penile length left after PPS. Many patients are also able to have a normal urinary stream.

Conflict of interest

The authors declare no conflict of interest.

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LETTER TO THE EDITOR

Penile cosmetic preservation in the management of the invasive penile cancer

Reply by authors to the editorial comment by Kamel and Bissada

The comment by Bissada has focused on the article's main message of penile cosmetic preservation in the management of the invasive penile cancer. However, we wanted to stress the problem about the treatment of some pre-malignant and malignant but superficial and/or limited glandular diseases. The latter represent an uncertain area in the therapy of penile lesions, in which non-resolving solutions such as 'wait and see' by repeated biopsies, laser or other techniques have been proposed. This strategy is dangerous because of the potential unpredictable malignant development of the lesions. Furthermore, a 'tailored' partial excision of the lesion could easily create a disfiguring and dysfunctional scar. In these cases, total glans reconstruction would aim at being a more radical solution, but at the same time a cosmetic solution which also allows functional recovery of the penis. It is unquestionable that penis-sparing procedures were first described by Bissada, but the father of this surgery is Bracka who, through the use

of skin grafts, has given an aesthetic and functional impetus to these techniques. Many urologists are grateful to this plastic surgeon for having translated into the urological field some reconstructive concepts that previously belonged only to the world of plastic surgery [1].

Reference

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