

## CASE REPORT

# Buried Penis Reconstruction With Simple Anchoring Technique And Degloving

Mohammad Riedho Cahya Atazsu<sup>1</sup>, Andi Dwihantoro<sup>2</sup>

<sup>1</sup> General Practitioner Alumnus of Sriwijaya University, 30126, Palembang, Indonesia

<sup>2</sup> Pediatric Surgeon of Dr. Sardjito Hospital, 55284, Yogyakarta, Indonesia

### ABSTRACT

The Buried Penis is a penis with a standard shaft size but hidden in the pubic tissue due to a lack of skin fixation at the base of the penis. Many reconstruction techniques are known from the most complex such as suction lipectomy, which removes and sucks the pubic fat. Then, the most straightforward technique is simply anchoring the penopubic skin to the prepubic deep fascia without degloving. We do a simple degloving with an anchoring technique, which is effective. An obese 12-year-old boy came with complaints of small penis size, and his mom wanted to be circumcised. We degloved the prepuce skin and anchored the suture between the tunica albuginea penis and the prepubic skin. Degloving aims to pull the shaft of the penis to the maximum extent so that the shape of the penis is longer even though this child is still obese. We also perform the circumcision. There were no intra- and postoperative complications from the patient. The results are satisfactory, according to the patient. Degloving prepuce and anchoring the tunica albuginea penis with prepubic skin is a combination of reconstruction techniques that can be used in treating a Buried Penis in a 12 years old boy with an Obese BMI. We recommend this technique for colleagues to apply, and we hope other techniques will develop or be discovered along with the dynamics of pediatric surgery.

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### Corresponding Author:

Mohammad Riedho Cahya Atazsu, S.H.

Email: edhoatazsu@gmail.com

Tel: +6282185009370

### INTRODUCTION

Buried penis is a penis with a standard shaft size but hidden in the pubic tissue due to a lack of skin fixation at the base of the penis (1). This condition can occur in newborns, children, and adults and is generally caused by congenital abnormalities. However, in some situations, there are found to be iatrogenic causes or acquired, especially in adult patients. The cause of a buried penis is generally caused by congenital abnormalities in the form of fibrous tissue that is stiff so that it holds the penis immersed below the pubis. Many surgical techniques are known to have been applied to buried penis cases, from the most difficult to the easiest. The most difficult take a long time called the technique of suction lipectomy, which is the removal and sucking of some of the pubic fat that is suspected of covering the shaft of the penis to make the penis seem to sink. The results of this technique are all satisfactory (2). However, we believe this technique is complex because too many invasive procedures take a long time, and surgery in the pubic area has a high risk of injury to nerves, muscles, or surrounding organs (3).

Then the most straightforward technique is a well-known technique, namely simple anchoring of the penopubic skin to the prepubic deep fascia without degloving the whole penile skin, as proposed by Eun-Hong Jung et al. (2011) (4). In the absence of degloving action, it is less optimal in lengthening the shaft of the penis because in patients who have rigid fibrous tissue abnormalities, the fascia dartos tissue is not elastic, so it requires the release of the tissue to lengthen the shaft of his penis.

### CASE REPORT

A 12-year-old boy came with complaints of small penis size and wanted to be circumcised, there were no complaints at the time of urinating, but this situation had a psychological impact on the child because his penis, according to him, was tiny compared to his peers. Moreover, this patient has an obese body (BMI  $\geq$  30), which is one of the risk factors for a buried penis (3).

Figure 1 indicates that the penis shaft is almost invisible and seems to be immersed in the pubis. Then around the pubic area, groin, and thighs, there are also scabies lesions that have nothing to do with a buried penis but show that this patient has lousy hygiene. So there is likely much dirt in the prepuce that can be at risk of becoming phimosis or balanoposthitis, especially since it will be difficult to clean it because of the short



**Fig 1: The shape of the penis pre and post-surgical**

shaft of the penis. Here we can see a suture node at the base of the penis. After we degloved the prepuce skin, we performed an anchoring suture between the tunica albuginea penis and the prepubic skin. Degloving aims to pull the shaft of the penis to the maximum extent so that the shape of the penis is longer even though this child is still obese.

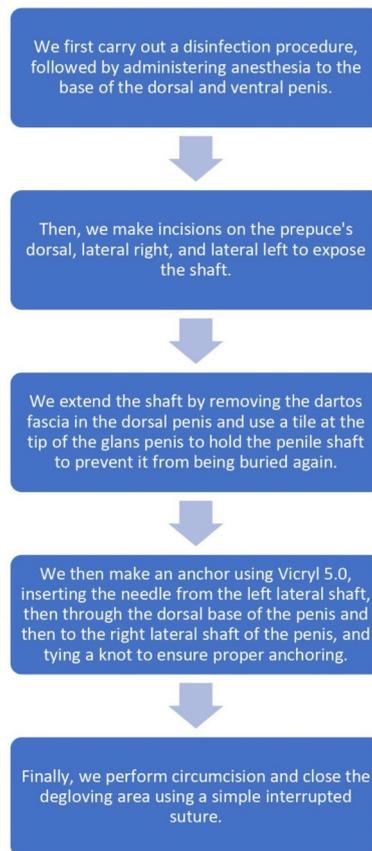
The patient stayed in the hospital only for one day and was prescribed Amoxicillin 750 milligrams (mg) every 8 hours and Paracetamol 750 milligrams (mg) every 8 hours per oral for seven days. We can see the result of the surgery by comparing the difference between pre-surgical and post-surgical. The penis lengths were 0.5 cm preoperatively and 2.4 cm postoperatively. There is still much fat in the pubis, which is expected later after growing up; this child will experience puberty, and penis growth will continue. Hopefully, this child can lose weight to the ideal weight so that the fat accumulating in the pubis can be lost naturally and healthily. There were no complications for the patient, and according to the patient's impression, the patient and family were satisfied with the result of the surgery.

**DISCUSSION**

The terminology of Buried Penis is a case of congenital abnormalities, which is a condition due to poor skin suspension in children and localized adiposity in adolescents. It is pretty rare in our area, especially since we often hear that this case is carried out circumcision by nurses or orderlies in the village; even general practitioners who lack insight also perform circumcision on these patients. Many pediatric surgeons used some techniques that have been proven clinically, resulting in successful outcomes. However, we focus on using more straightforward and efficient techniques with low modification to create a low risk of postoperative complications. At the same time, this patient must be operated on and contraindicated to do circumcision because it can complicate the subsequent surgery and not solve the patient's problem. Moreover, the patient will experience post-pain trauma during circumcision

with local anesthesia, which often occurs in children, which will be very detrimental to the child's future.

As found in our case that the patient is a 12-year-old boy with a buried penis and has an obese body (BMI  $\geq 30$ ) in the early stage of adolescence (10-14 years old). The surgery of the buried penis case in this patient was done when the patient was an adolescent, which reported that the corrections were less successful in adolescents than in toddlers (5). We combine the technique we use, a simple degloving with an anchoring technique, and make a schematic figure for this procedure (Figure 2).



**Fig 2: Schematic figure of the procedure**

Degloving the prepuce of the penis aims to pull the shaft of the penis to extend the shape of the shaft while we do anchoring so that the shaft of the penis is not buried again and held outside the pubis. Degloving make the separation of skin and subcutaneous tissue from the corpus cavernosum, the release of inelastic dartos tissue that pulls the penis, and skin reconstruction afterward (5). As we do to the patient that the degloving can pull the shaft of the penis to extend the shape of the shaft. The anchoring technique anchors the elevated penopubic angle to the prepubic deep fascia and defines the new penopubic angle more downward to the pubic bone (4). As we do in our patient, between the tunica albuginea penis and prepubic skin, we only do simple interrupted sutures and as can be seen in (Figure 1). It shows that the suture knot we made is located outside the prepubic skin. After confirming that our anchoring technique was

successful, then we carried out circumcision as usual.

We educate the patient to lose weight naturally by paying attention to the patient's diet and increasing sports activities, especially before puberty which will be a benefit because penis growth will be helped maximally with hormonal assistance during puberty, remarkably if the patient manages to lose weight so that the fats in the pubis can be reduced which can lengthen the penis as well.

## CONCLUSION

Degloving prepuce to extend the penis shaft and anchoring the tunica albuginea penis with prepubic skin is a combination of reconstruction techniques suitable to use in treating 12 years old boy with a Buried Penis and an obese stage BMI. Because this technique does not take long, there is a low risk of postoperative complications and successful results, so the patient and family are pleased with the outcome. We recommend this technique for colleagues to apply, and we hope other techniques will develop or be discovered along with the dynamics of pediatric surgery.

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