

bilateral scrotal testis. Recurrent orchiepididymitis also occurred.

RESULTS

Sagittal-transanorectal-approach, in prone-knee-chest-position, was first used to divide the rectal-urethra and perform an anoplasty. Turned to supine-lithotomy-position, total phalloplasty was performed using a quadrangular 6 x 6 cm wide abdominal skin flap; complete urethroplasty with a tubularized buccal-mucosa free-graft, 9 cm long, was

performed. The buccal-mucosa-tube was sutured end-to-end to the posterior urethra. Short-term outcome is excellent, with high parental satisfaction.

CONCLUSIONS

The opposite gender should not be assigned to patients affected by aphallia that are better raised according to their male karyotype and hormonal pattern. Definitive forearm micro-vascular phalloplasty has shown good results in adults, but it is generally not performed in pre-pubertal boys. Despite the

absence of corpora cavernosa in the constructed phallus, social and psychological reasons justify early phalloplasty. Pryor described quadrangular lower abdominal skin-flaps in adulthood for both penile and urethral reconstruction. We preferred buccal mucosa graft for the urethral reconstruction. Long term follow-up is needed to evaluate the results of this technique at puberty in patients with aphallia and in other cases of severe deficit of the male external genitalia.

V-5 (V)

A BIOMATRIX (TACHOSYL) FOR HEMOSTASIS IN CHILDREN

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PURPOSE

A biomatrix with coagulation factors can be used for diffuse bleedings in children of which a clinical case is shown in a video demonstrating the practical use in partial nephrectomy.

coagulation factors (Tachosyl) in a stadium V Wilms tumor patient. A middle pole resection of the right kidney is shown as well as practical tips for the application.

closure, partial spleen or liver damage and several other surgical procedures in children.

MATERIAL AND METHODS

The video shows the use of a biodegradable biomatrix with

RESULTS

This collagen biomatrix with coagulation factors can be used for diffuse bleedings in the case of partial nephrectomies, extensive pelvic surgery, bladder neck

CONCLUSIONS

This new biomatrix with coagulating factors needs specific care which will be demonstrated but is readily applicable for surgical procedures in children.

V-6 (V)

LAPAROSCOPIC DISMEMBERED PYELOPLASTY IN CHILDREN: FIVE TIPS FOR THE TRANSMESENTERIC APPROACH

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PURPOSE

Laparoscopic dismembered pyeloplasty is an emerging alternative treatment for ureteropelvic junction obstruction in children. In this video, we present our transmesenteric approach experience that might make the laparoscopic dismembered pyeloplasty easier in children.

RESULTS

There are 5 major tips in this approach. First is the identification of pelvis and ureter at the peritoneum and its relationship with the marginal artery of Drummond on the left side. Second is the opening of mesentery above and below the marginal artery and the dissection of pelvis and proximal ureter at both windows. Third is the preservation of the anterior wall during the incision of ureteropelvic junction. Fourth is the positioning of the fourth trocar at the subcostal level for preoperative double J stent and retraction on the pelvis. Fifth is the suturing steps. First the most dependent suture on the posterior wall is put, and then the highest point of the ureter is sutured to its symmetrical

counterpart on the pelvis and continuous suture is put in between. Secondly the same procedure is done for the anterior border and lastly pelvis is closed. After satisfied with the anastomosis the mesentery is closed. Trocars are removed without leaving a drain. Children are typically discharged following overnight hospitalization on oral paracetamol and anticholinergics. Stent is removed 6 weeks later under a brief anesthesia.

MATERIAL AND METHODS

This is a 7-year-old girl who had a left ureteropelvic junction obstruction and a laparoscopic pyeloplasty was planned. We believed that transmesenteric approach would be easier because of fat-free and almost transparent.

CONCLUSIONS

We believe that laparoscopic transmesenteric pyeloplasty is a very attractive surgical technique due to its straightforwardness when these 5 tips are followed.