

**XXV National Congress of the “Società Polispecialistica Italiana dei Giovani Chirurghi”  
13-15 June 2013, Bari, Italy**

**PARTIAL NEPHRECTOMY IN A PATIENT WITH SEVERE TYPE A HAEMOPHILIA:  
IMPROVEMENT OF HAEMOSTASIS USING HAEMOSTATIC SEALANTS**

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**Objective:** We report a case of partial nephrectomy in a patient with haemophilia A in which haemostatic sealants (Tisseel® ,Flo seal®) were used to prevent bleeding and bolster the collecting system repair.

**Methods:** A 69 year-old man, with severe type A haemophilia, was referred to our Institution for a left renal mass. The contrast-enhanced CT scan showed a middle-lower pole tumour of 3,6cm, without signs of collecting system involvement or extracapsular spread. A partial nephrectomy was proposed. A prophylactic therapy with factor VIII was started 12 hours pre-operatively and then continued every 12 hours for 15 days afterwards at progressively reduced dosages.

**Results:** Partial nephrectomy was performed through a lombotomic incision on the eleventh rib. The resection of the mass was performed using a diathermy knife and cold scissors achieving negative surgical margins after a total ischemia time of 9 minutes. Before the declamp of the segmental arteries, single mattress sutures along the edges were placed and a complete haemostasis was achieved using Tisseel® and Flo seal®. After the declamp, Flo seal® was applied to reduce bleeding: 5ml of product were left in place for 2 minutes, compressed on the resected area with a wet swab and then the exuberant amount was removed with saline solution. The intraoperative blood loss was of 300cc, while the retroperitoneal drainage showed a minimal amount of loss until its removal.

**Conclusions:** Our experience supports the reliability of Flo seal™ and Tisseel™ in patients with haemophilia thanks to the excellent haemostasis, the absence of urinary leak and related complication.

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**“DOUBLE CHEST” CORPOROPLASTY FOR TREATMENT OF CONGENITAL RECURVATUM OF  
THE PENIS**

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**Objective:** Congenital recurvatum, due to an asymmetric development of corpus cavernosum, can give psychological problems during its manifestation in sexual life and in relation with partners. Our aim is to describe a new technical surgery procedure for congenital recurvatum, called “double chest”.

**Methods:** We treated 224 patients from 19 to 45 years old, affected by congenital recurvatum. All patients were treated by the same surgeon.

**Results:** Two of 224 had second revision; one due to an overcorrection of the curvature and the second due to a recurrence of the recurvatum.

**Conclusions:** In our opinion this technique offers more aesthetic and functional outcomes than the traditional technique with low rate of recurrences.

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**TOTAL SEX REASSIGNMENT IN FEMALE-TO-MALE (F TO M) TRANSSEXUAL**

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**Objective:** A multidisciplinary approach is of fundamental importance in the treatment of F to M transsexual. The figures concerned are plastic surgeon, gynecologist, urologist, endocrinologist, psychiatrist and psychologist. The first surgical step is characterized by chest wall contouring and hysterectomy with bilateral salpingo-oophorectomy. In a second surgical step we do the penile reconstruction, with or without urethra.

**Methods:** In the first surgical step the chest wall contouring and the hysterectomy with bilateral salpingo-oophorectomy are performed. The surgical technique is chosen depending on the mammary size and ptosis. The second surgical step provides penile reconstruction using radial forearm free flap or anterolateral thigh flap (ALT), pedicled or free. If we do a functional reconstruction (with neo-urethra) the radial forearm flap is the gold standard, alternatively we perform an ALT to reconstruct the penis and an ulnar flap to reconstruct the neo-urethra.

**Results:** In the treatment of these patients it is essential the involvement of more professionals in order to achieve a good result. The correct surgical procedure planning is crucial and must be based on the physical characteristics and requirements of each individual patient.

**Conclusions:** Reviewing our cases we concluded that the best morphological and functional results are achieved with a two surgical step procedure.

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