Dorsal dartos flap Rotation Versus suturing tunica albuginea to the pubic periosteum for Correction of Penile torsion: A prospective Randomized Study

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Purpose
Congenital rotation of the penis is uncommon. The penis may be rotated upon its long axis is usually in the counterclockwise direction, if the physician is facing the patient, from a few degrees to 90° and even 180°, with the urethral meatal slit directed outward or upward. Some patients with significant rotation may have a defect in the position of the glans penis on the corporeal bodies. The aim of this prospective study is to compare the results and advantage of dorsal dartos flap Rotation versus suturing tunica albuginea to the pubic periosteum for correction of penile torsion.

Patients and Methods
Seventeen patients with penile torsion were evaluated and managed from 2001 to 2010. The direction of rotation was counterclockwise in 15 patients and clockwise in 1 patient. Torsion was repaired in 9 patients by dorsal dartos flap rotation. In 8 patients, the torsion was corrected by suturing tunica albuginea to the pubic periosteum. All of the patients were followed up for 8 to 42 months.

Results
Both dorsal dartos flap rotation and suturing tunica albuginea to the pubic periosteum are effective for correcting penile torsion in all patients. The cosmetic outcome was satisfactory.

Conclusions
Correction of penile torsion by using dorsal dartos flap rotation or by suturing tunica albuginea to the pubic periosteum is satisfactory with good cosmetic result in all patients. However, the former technique is much easier to perform than suturing the corpora to the periosteum of the pubis, which requires much more dissection.