

## One-sheet spiraling full thickness skin graft for penile resurfacing after paraffi noma excision

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### Abstrak

Praktik salah penyuntikan cairan silikon, parafin, atau beragam minyak lain ke berbagai bagian tubuh, diduga masih terus berlangsung dengan hadirnya pasien-pasien yang meminta pertolongan akibat menjadi korban praktik tersebut. Laporan ini menampilkan 3 kasus kerusakan kulit penis akibat silikonoma yang diterapi dengan eksisi kulit dan rekonstruksi dengan full thickness skin graft (FTSG). Eksisi kulit dilakukan dengan prosedur degloving dan defek yang dihasilkan ditutup dengan selembur FTSG yang diaplikasikan menutupi batang penis secara spiral. FTSG dipilih karena lebih tipis daripada flap dan lebih baik daripada split skin graft dalam hal kontraksi sekunder yang dihasilkan. Teknik aplikasi FTSG secara spiral mudah dikerjakan dan menghasilkan luaran estetik dan fungsi yang baik. Ketiga kasus yang dilaporkan tidak disertai dengan problem parut dan tampak relatif normal. Ketiga pasien menyatakan puas dengan kembalinya fungsi seksual mereka.

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<b>Abstract</b><br>

In the midst of on-going non-illicit practice of silicone or paraffin injection to enlarge penis, the author reported 3 cases of surgical treatment to resurface the body of the penis after excision of the destructed penile skin using full thickness skin graft. The skin excision was performed technically through penile body degloving procedure. Full thickness skin graft was then applied as a single sheet donor tissue to cover the denuded penile body spirally. The full thickness graft, which is relatively easy to be performed, is no doubt much thinner than a skin flap, while it also bears a smaller degree of secondary contraction than split skin graft. The color of the skin is considerably matched as it comes from the groin, which is a nearby area of penis. The size and skin sensitization of the penis looks to be natural. The only disadvantage is the common possibility of either spiral or circular junctional scar in between graft edges and between the graft and the penile mucosa and skin to develop hypertrophic scar. However, this possible scar problem applies also to any other surgical scar with any donor tissue. Fortunately, the 3 cases posed no scar problem and normal appearance. All the patients have also regained their normal sexual function.