

*Editorial*

# What Is the Real Buried Penis ?

Chih-Cheng Luo

Chang Gung Children's Hospital, Taoyuan, Taiwan

The inconspicuous penis is of concern to the patient and his family. The number of terms used to describe the concealed or inconspicuous penis reflects the varied etiology of this condition. However, for the sake of management, it is suggested that the term concealed penis should be applied for a relatively common condition in infancy in which the penis is concealed behind a protruberant fold of suprapubic fat. Buried penis is defined as a condition in which the penile shaft is partially or completely buried in the prepubic subcutaneous tissue. In partial cases, the buried proximal half of the shaft gives rise to a stumpy looking penis. In complete cases, the penile shaft, which usually lies obliquely in the suprapubic region, is palpable but not visible, and the prepuce, which hides the glans, is more or less continuous with the abdominal wall above and scrotum below. The etiology of buried penis is a congenital anomaly due to a deficiency of penile shaft skin and abnormal attachment of the dartos fascia and penile skin to Buck's fascia, causing entrapment of the otherwise normal penis within the subcutaneous tissue of the prepubic region.<sup>1</sup>

## Advance of surgical techniques for the buried penis

Various surgical procedures exist for the correction of buried penis.<sup>1-5</sup> Crawford used a multiple Z-plasty procedure to correct six cases of buried penis and had satisfactory results.<sup>1</sup> The preputial unfurling method has also been described, by Donahoe and Keating.<sup>2</sup> It is easy to perform, and the immediate postoperative result is satisfactory. However, with this technique it is not possible to resect any adhesions or chordee between the tunica dartos and Buck's fascia without jeopardizing the blood supply to the preputial skin; also, there is

loose relationship between the penile shaft and unfurled foreskin resumes when edema subsides, particularly in cases with redundant foreskin remaining. In this issue, a modification of this procedure by Chin, *et al.* seems to be getting satisfactory results. Recent some techniques for correction of buried penis<sup>3-6</sup> basically borrow the concept of correction of chordee and transposition of prepuce in the repair of hypospadias, to treat a different condition. Also, to prevent retraction of the penis, it is necessary to anchor the prepuce to the penoscrotal or penopubic junction with nonabsorbable sutures and then the rearranged foreskin snugly adheres to the shaft. The author myself has used this kind of method to correct buried penis.

## Clinical practice

No matter what procedure you use, prompt recognition is important to differentiate the buried penis from other penile anomalies such as concealed penis, micropenis, or penile agenesis, which may require alternative management. The buried penis, in comparison, has a normal phallus that can be palpated beneath a paucity of shaft skin. This defect can be corrected by using the retracted shiny mucous membrane and the outer skin of the prepuce. Performance of a standard circumcision in the buried penis will destroy the epithelial tissue ideal for coverage and therefore must be assiduously avoided.

## References

1. Crawford BS. Buried penis. *Br J Plast Surg* 1977;30:96-9.
2. Donahoe PK, Keating MA. Preputial unfurling to correct the buried penis. *J Pediatr Surg* 1986;21:1055-7.

3. Chung J. Penoplasty for buried penis. *J Pediatr Surg* 1995; 30:1256-7.
4. Joseph VT. A new approach to the surgical correction of buried penis. *J Pediatr Surg* 1995;30:727-9.
5. Cromie WJ, Ritchey MI, Smith RC, Ragaja GP. An anatomical alignment for the correction of buried penis. *J Urol* 1998; 160:1482-4.
6. Boemers TML, De Jong TPVM. The surgical correction of buried penis: a new technique. *J Urol* 1995;154:550-2.