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- J.D. Jiménez Parra*, J.L. Cebrián Lostal, F. Lozano Uruñuel^a and S. Alvarez Bandrés
- Department of Urology, Hospital Virgen del Camino, Pamplona, Spain*
- *Author for correspondence.*
E-mail: jdjimenez@hotmail.es (J.D. Jiménez Parra).

A simple technique for testicular implant insertion and size election: A case report

Una técnica sencilla para el implante testicular con adecuada elección del tamaño: reporte de un caso

Dear Editor,

The lack of a testicle is not only a psychological problem but also a physical or aesthetic concern for patients. This explains the increasing demand for procedures offering improved aesthetic results in which not only the defect is repaired but the evidence of surgery is moreover occulted¹.

In a study of patients subjected to orchiectomy due to testicle cancer, 27% of those interviewed and who carried a testicular prosthesis claimed to be satisfied with its placement, while 37% were not satisfied with the size of the implant, and one-third of the patients were not offered the possibility of an implant².

We present a simple testicle implant technique involving adequate selection of the size of the prosthesis, offering good aesthetic results and patient satisfaction.

The present case corresponds to a 27-year-old patient with prior right-side orchiectomy performed in adolescence due to a lack of testicle descent. After antibiotic treatment, a mid-scrotal line was marked, and a suprascrotal incision was made. The incision was infiltrated with 0.25% bupivacaine with adrenalin 1:200,000. A 2-cm suprascrotal incision was made, and the scrotum was accessed through blunt dissection. For correct placement and choice of the size of the prosthesis, a Foley 16F catheter was inserted in the scrotum (fig. 1). The catheter balloon was gradually filled to a volume of 32 ml, which was when the size was found to be similar to that of the contralateral testicle. Following correct placement of the catheter, and after having measured the size of the implant, immediate scrotal tissue expansion was carried out, filling the balloon to 40 ml. The prosthesis was submerged in

cefazolin, and the catheter was removed after collapsing the balloon. The surgeons changed gloves and washed them with cefazolin, and likewise painted the incision with povidone iodine. The prosthesis was then inserted and affixed to the



Figure 1 – A Foley 16F catheter was inserted in the scrotum for correct placement and measurement of the size of the prosthesis.



Figure 2 – Final result. Correct implant positioning and adequate size and symmetry.

lower portion of the scrotum by digital eversion of the latter and exposure through the incision. An implant measuring 4.5×3×2 cm in size was placed. The incision was sutured with reabsorbable 4/0 suture for the subcutaneous layer, and loose nylon 5/0 stitches were applied for the skin. By affixing the prosthesis with this technique we ensured correct positioning and prevented possible elevation, while also improving the final result obtained (fig. 2).

The use of this technique, combining the suprascrotal incision with the Foley catheter for correct estimation of the implant size, allows us to ensure adequate positioning, size

and symmetry of the testicular prosthesis. Contact between the scar and the prosthesis may result in contamination of the latter. Such contact tends to occur with either an inguinal or a scrotal incision. The aesthetic results of these approaches likewise do not tend to be optimum. However, the suprascrotal approach has the advantage of being hidden by the pubic hair, and leaves the scrotum free of scars. Fixation of the prosthesis to the scrotum prevents its elevation and ensures correct positioning of the implant. The Foley catheter offers a simple and practical system for measurement and ensures correct selection of the implant size - thus resulting in improved patient satisfaction.

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C. Casale*, J. Buendía-Pérez, J. Botellé-Del Hierro, and B. Hontanilla-Calatayud

Department of Plastic Surgery, Clínica Universidad de Navarra, Pamplona, Spain

**Author for correspondence:*

E-mail: drcasale@hotmail.es (C. Casale).

Solitary fibrous tumor of the kidney (a case report)

Tumor fibroso solitario renal (reporte de caso)

Dear Editor,

Solitary fibrous tumors (SFTs) are mesenchymal tumors of probable myofibroblastic nature exhibiting a characteristic ramified hemangiopericytoid vascular pattern, that usually develop at pleural level.

Up to 30% of all cases have been reported in soft tissues and solid organs. Few have been described in the kidney¹⁻⁸.

The present study describes the case of a 39-year-old woman with dysuria and pollakiuria, diagnosed with urinary tract infection. The CAT study revealed a solid, hypodense mass with heterogeneous contrast uptake, measuring 2.3 cm in greater diameter, and infiltrating the adjacent collector system. Left radical nephrectomy and para-aortic lymphadenectomy were performed.

At renal pelvis level a nodular, solid, light brownish lesion with expansive margins and measuring 2.5 cm in greater diameter was identified. The rest of the kidney showed no significant alterations.

Microscopically (fig. 1), the tumor showed a fusocellular pattern, with moderate cellularity, hyaline collagen bands, no nuclear atypia and a low mitotic index. The renal parenchymal was focally affected. The immunohistochemical profile was found to be: CD34(+) (fig. 2), Bcl-2(+), CD99(+), S-100(-), desmin (-), actin (-), HMB-45(-), CD117(-), and with a low proliferative index (Ki67) of 2-3%.

SFTs are mesenchymal tumors described in soft tissues and in different organs. They are primary myofibroblastic mesenchymal lesions with multiple differentiation characteristics⁹. At renal level, their place of origin has been