

Editorial Comment

Editorial Comment to Dorsal onlay (Barbagli technique) versus dorsal inlay (Asopa technique) buccal mucosal graft urethroplasty for anterior urethral stricture: A prospective randomized study

The present study nicely presents the authors' experience in carrying out two different variations on repair of long anterior urethral strictures, a condition that can be difficult to treat.¹ The prospective, randomized design confers credibility to their outcomes. They randomized a reasonable number of patients, and followed their patients for at least a year. Based on the well-defined success rate, both methods resulted in outcomes consistent with other published reports.

The question is whether a dorsal onlay (Barbagli) or dorsal inlay (Asopa) approach is preferable in management of long anterior urethral strictures. Both presented methods are efficacious; thus, the issue becomes weighing the risks and benefits of each.

Although the Barbagli method does decrease the risk of ballooning of the graft, it requires a more extensive urethral mobilization, which can be both difficult (especially in cases of corporal adhesions and spongiofibrosis) and time-consuming. As the present study has shown, operative time and blood loss are significantly longer. The Asopa method indeed preserves blood supply to the urethra, and the case is shorter and simpler. It does require an additional suture line on the urethra, which is also in the area of scar/injury, and could potentially complicate healing. However, reported success rates are acceptable, as in this series. We utilize various methods at our institution, and in cases of very long strictures, we have had success using overlapping dorsal and ventral buccal mucosa grafts, with no cases of ballooning or diverticulae reported, and a success rate of 89%.²

The present article emphasizes that various methods can be successful, and surgeons must be comfortable with different procedures, as anatomical pathology can vary intraoperatively. This study reiterates that both the Barbagli and Asopa methods are equally efficacious, showing that surgeon experience and familiarity with a particular procedure are paramount in surgical planning.

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Conflict of interest

None declared.

References

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- 2 Hudak SJ, Lubahn JD, Kulkarni S, Morey AF. Single-stage reconstruction of complex anterior urethral strictures using overlapping dorsal and ventral buccal mucosal grafts. *BJU Int.* 2012; **110**: 592–6.