Application of the modified Cecil-Culp repair in the treatment of penile amputation during neonatal circumcision

Sameer Mittal¹, Katherine M Fischer², Douglas A Canning¹, Jason Van Batavia¹

¹ Children’s Hospital of Philadelphia, Philadelphia, PA
² University of Pennsylvania, Philadelphia, PA
Initial Presentation

• 7-day-old FT male transferred after glans and penile shaft transection after ritual circumcision
  • Excessive bleeding noted but hemodynamically stable
Emergent Operative Repair

- Urethra was reanastomosed
- Tunica albuginea of each corporal body reapproximated
- Unsuccessful attempt at microscopic dorsal vascular and nerve anastomosis
• Concern for distal penile shaft and skin ischemia

• Cecil-Culp repair performed by circumferentially surrounding the corporal bodies and urethra with well-vascularized scrotal tissue
1 Month Follow-up

- Patient undergoes cystoscopy which confirms a well healed urethral anastomosis
- Undergoes trial of void successfully
Two-stage Cecil release

1st stage: Parallel skin incisions to mature vascularity to skin graft

2nd stage: Skin fitted around the corporal bodies and urethra
35 Month Follow-up

- Continues to do well
- Spontaneous erections
- Straight urinary stream
- Will discuss management of hair-bearing transplanted skin as he approaches puberty
Modified Cecil-Culp repair

• Cecil-Culp technique first described in 1940s to provide a temporary vascular bed for complex hypospadias repair

• Modified Cecil-Culp repair involves take down of the repair in a delayed fashion (9-12 months) to increase vascularity of transferred tissue¹
  – Can be used in a variety of complex cases where vascularity is questionable and penile shaft skin is lacking

• First reported use of Cecil-Culp repair for this indication with good result

Thank You