**ABSTRACT SUMMARY: THE USE OF BUCCAL MUCOSA GRAFT TO SIMULATE GLANS PENIS IN TOTAL GLANS PENIS AMPUTATION.**

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The management of total glans penis amputation following circumcision in the acute phase involves auto transplantation of the properly preserved glanular tissue. In situations where graft take is a problem, buccal mucosa has been used to simulate the coronal sulcus. Skin grafts have also been used to fashion out a neo glans penis after partial penile amputation for penile cancers. However when patients are being seen for the first time, months after total glans amputation with cicatrisation of the distal end and meatal stenosis, the traditional management has been to remove the scar tissue and to bring the penile skin into the urethra to form a urethrostomy. This has its own problems including penile shortening, unacceptable cosmesis for many as the penis looks uncircumcised and meatal stenosis may develop over time.

We are present our experience with the use of buccal mucosal graft in such situations which can guarantee long term urethral opening, acceptable cosmesis and prevent further shortening of the penis.