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MP04-18**THEMATIC ANALYSIS OF LIVED EXPERIENCE IN PATIENTS WITH ADULT ACQUIRED BURIED PENIS**

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INTRODUCTION AND OBJECTIVE: There is a paucity of evidence documenting the lived experience of patients with adult acquired buried penis (AABP) and how this condition is affected by surgical treatment. The purpose of this study is to use patient interview data to describe the lived experience of patients with AABP to heighten clinicians' awareness of the most prominent challenges this population faces and the efficacy of surgery in addressing these.

METHODS: This mixed-methods study utilized validated survey instruments and semi-structured interviews to capture pre- and post-surgical outcomes for men with AABP. Semi-structured interviews were conducted at University of California, San Francisco with open-ended questions to elicit the impact of AABP on a patient's quality of life in several domains including urinary function, sexual function, interpersonal relationships, and mental health. Interviews were conducted in English and were transcribed and independently coded by authors (JH, NR, MS).

RESULTS: Fourteen (14) patients with AABP participated in the study, 10 of whom had undergone surgical treatment for their condition. Semi-structured interview responses were coded into 13 different themes (Table 1). The most common themes were problems with urinary and sexual function (14, 100%), which included urinary stream/spraying issues as well as inability to perform intercourse or achieve an erection; among patients who underwent surgery, the majority discussed improvement in urinary and sexual function (60% and 70% respectively). Most interviewees (79%) reported negative impacts of AABP on social life, primarily involving issues with using public restrooms and avoiding travel. Half of interviewees reported struggles with relationships and mental health, such as avoiding romantic relationships and fear of rejection with concomitant depression and/or anxiety, and issues with access to care.

CONCLUSIONS: Patients living with AABP experience profound negative impacts on quality of life including urinary and sexual function, social life, and mental health. Additionally, many patients face issues with access to care. Providers should be aware that AABP patients have complex needs requiring interdisciplinary management, and that surgery may improve quality of life.

Table 1: Thematic Analysis of Interviews with AABP Patients

Patient-reported themes, no. (%)	Pre-surgical (n=14)	Post-surgical improvement (n=10)
Urinary issues	14 (100)	6 (60)
Sexual function issues	14 (100)	7 (70)
Impacting social life	11 (79)	3 (30)
Contributing Factors		
Worse after weight change	11 (79)	3 (30)
Worse after multiple surgeries	9 (64)	0 (0)
Infection issues	9 (64)	0 (0)
Relationship issues	7 (50)	3 (30)
Poor mental health	7 (50)	4 (40)
Access to care issues	7 (50)	0 (0)
Physical Issues		
Chronic pain	4 (26)	0 (0)
Impaired mobility	2 (14)	1 (10)
Cosmesis issues	3 (29)	0 (0)
Affected employment	3 (21)	0 (0)

Source of Funding: None

MP04-19**PROSTATIC METAPLASIA OF THE VAGINA IN TRANSGENDER MEN**

David Diamond*, Richard Yu, Joseph Borer, Rena Xu, William Anderson, Sara Vargas, Boston, MA

INTRODUCTION AND OBJECTIVE: Gender-affirming surgery (GAS) of the reproductive tract in transgender males includes vaginectomy. In most centers, this is achieved by colpocleisis, with cautery ablation of the vaginal mucosa & suture ablation of the vaginal lumen. Having seen complications due to residual vaginal tissue following colpocleisis, we changed our technique to complete vaginectomy with full-thickness excision of vaginal tissue, allowing its histopathologic examination. Our institution recently reported prostatic metaplasia of vaginal epithelium in the first 6/7 patients treated in this manner. Having accrued 11 additional patients, we extend the analysis of this novel observation.

METHODS: The study was IRB approved. Pathology archives were searched for vaginectomy specimens as part of GAS from 1/1/18-2/15/21. Gross features were reviewed. Hematoxylin-and-eosin-stained slides were examined in all cases. The majority were immunohistochemically stained for NKX3.1, prostate-specific antigen (PSA) and androgen receptor. 3 control cases of vaginal tissue from patients without clinical evidence of androgen supplementation were compared.

RESULTS: 18 patients, ages 20-34, underwent vaginectomy or excision of vaginal remnants. Each had been assigned female gender at birth without history of endocrine or genetic abnormality. All had received long-term testosterone cypionate treatment (range, 26-60 mos). Grossly, there were no mucosal lesions identified at surgical or pathological examination. Microscopically, 17/18 cases demonstrated a patchy intraepithelial glandular proliferation along the basement membrane; the 18th had a nodular collection of prostate-type tissue within subepithelial stroma. Atrophy & transitional metaplasia of squamous epithelium was also seen. The glandular proliferation was positive for NKX3.1 (15/15; 100%), PSA (9/11; 82%), and androgen receptor (8/8; 100%). Control vaginal tissue showed no evidence of prostatic metaplasia or atrophy.

CONCLUSIONS: This study further characterizes the occurrence of prostatic-type tissue in the vagina of transgender men. Prostatic tissue was present in 18/18 transgender men receiving androgen therapy and our findings are consistent with a form of androgen-associated prostatic metaplasia. This finding may have important clinical implications since some transgender men may elect to retain their vaginas, while those who do undergo GAS may have residual tissue left behind, particularly if colpocleisis is performed. Long-term follow-up of this population, with recognition of this entity, is in order.

Source of Funding: N/A

MP04-20**RATES OF PSYCHIATRIC EMERGENCIES BEFORE AND AFTER GENDER AFFIRMING SURGERY**

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INTRODUCTION AND OBJECTIVE: Despite rates of comorbid psychologic illness in cases of gender dysphoria being estimated to be 70% greater than the general population, there is a dearth of literature concerning this topic. In this study we aimed to assess rates of psychiatric emergencies before and after gender affirming surgery in a large population-based cohort.

METHODS: All persons undergoing feminizing (vaginoplasty) and masculinizing (metoidioplasty/ phalloplasty) genital gender affirming surgery were identified in California from 2012-2018 from the Office of Statewide Health Planning and Development datasets using appropriate ICD-9/10 codes. All emergency room and inpatient psychiatric