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Autologous Tunica Vaginalis and Subcapsular Orchiectomy: A Hormonal Therapy for Prostate Cancer

MARTYN A. VICKERS, JR^{*,†}, DONALD P. LAMONTAGNE^{*}, KHURSHID A. GURU[‡],
RAMGOPAL K. SATYANARAYANA[‡], KRISTIN E. VICKERS[§] AND MANI MENON[‡]

From the ^{} Department of Surgery, the Togus VA Medical Center, Togus, Maine; the [†] Division of Urology, the University of Massachusetts Medical School, Worcester, Massachusetts; the [‡] Department of Urology, the Henry Ford Hospital, Detroit, Michigan; and the [§] Department of Psychology, Harvard University, Cambridge, Massachusetts.*

Correspondence to: Dr Martyn A. Vickers Jr, Department of Veterans Affairs, 1 VA Center, Togus, ME 04330 (e-mail: martyn.vickers[at]med.va.gov).

Two novel surgical procedures that combine an autologous tunica vaginalis pedicle graft (TVG) with a subcapsular orchiectomy (SCOT) were evaluated in asymptomatic patients with rising prostate-specific antigen (PSA) values following radiation therapy, a radical retropubic prostatectomy, or a newly diagnosed prostatic cancer with bony metastasis. In the SCOT I procedure, the TVG was secured to the inner wall of the tunica albuginea. In the SCOT II procedure, the TVG was folded and secured to the external wall of the tunica albuginea. Between December 1, 1999, and July 1, 2000, 26 patients were offered hormonal therapy. Twelve patients selected the SCOT I procedure, 12 selected a luteinizing hormone-releasing hormone (LHRH) agonist, and 2 selected a bilateral total orchiectomy (BTO). Because the cosmetic outcome of the SCOT I procedure was less than ideal, this procedure was modified in December 2001. Between December 1, 2001, and July 1, 2002, 28 hormonal candidates were evaluated. Twelve patients selected the SCOT II procedure, 11 selected an LHRH agonist, and 5 selected a BTO. Preoperative measurements of the testicular area and PSA were obtained. During postoperative visits, the total testosterone, PSA, and testicular area were determined, and the Fugl-Meyer questionnaire (FMQ) and SCOT-specific questionnaire (SSQ) were completed. Between March 1, 2000, and December 1, 2002, 10 patients underwent a BTO. This group was the control for the postoperative SCOT total testosterone values. Sixty-three percent of the mean preoperative testicular area was preserved in the SCOT II group vs 43% in the SCOT I group at the 9- to 12-month visit ($P < .01$). The mean postoperative total testosterone values for the SCOT I, SCOT II, and BTO groups were in the castrate range. No statistically significant difference was noted between the preoperative and postoperative FMQ scores among the SCOT I and SCOT II groups. Eighty-three percent of the SCOT II patients experienced no change in masculine identity, and 58% noted no change in testicular size. One hundred percent of the SCOT I patients experienced no change in masculine identity and noted no change in testicular size. The SCOT II procedure preserved a greater testicular area than the SCOT I. Both SCOT procedures achieved castrate levels of total testosterone and maintained masculine identity in 83%–100% of

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