To the editor:
We appreciate the authors for the report about the repairment of iatrogenic distal urethral defect with the help of graft taken from labia minor [1]. The study presents a beneficial treatment option of the distal urethral area defect whereas we have not detailed information on this area in the literature. We would like to comment on some classification and denomination issues about treatment technique.

There appears to be a lot of confusion between these two terms; a flap and a graft. Although a graft or a flap can be made up of the exact same tissue like skin, they are completely different surgical techniques in point of the intrinsic properties. A “skin graft” is the transfer of a portion of the skin without its blood supply to a wound. A “flap” is the transfer of tissue with either its own, original blood supply [2,4].

As we understand from the study; the technique used to cover distal urethral defect is local flap technique. Local flaps are created by freeing a layer of tissue and then advanced or rotated forward to cover the wound. Therefore, if the surgical technique is mentioned as local flap in the article, we think it will prevent further confusion.

As the authors stated and confirmed by their successful outcome, when a defect is faced in distal urethral area, the primary closure of urethra and to use labia minora as a donor site to cover suburethral area is a safe and effective procedure in these cases.

References