Frenulum breve is a common cause of dyspareunia in young males. Most of the patients presented with a torn frenulum after sexual activity. Non-surgical methods using steroid cream and exercise are not very effective. Frenuloplasty is plastic surgery lengthening procedure which relieves pain, chordee and dyspareunia. This study was carried out in fifty patients. Under local anesthesia, a small transverse incision is given on frenulum and sutured longitudinally producing an effective frenulum lengthening. Follow up of all the patients in short duration shows low complication rates and high patient satisfaction rate.

Introduction
The penile frenulum is a small sheath of skin underneath the glans of penis connecting the glans to prepuce called frenulum preputi penis. On erection of penis, if this penile frenulum is short and thick, known as frenulum breve; it causes pain and does allow the prepuce to slide backwards. This leads to frenular chordee. Dyspareunia is the commonest symptom but most of patients approach for tearing of frenulum during sexual activity. This abnormality may continue unnoticed throughout life with suffering from pain during coitus. These men are shy of seeking treatment for this condition. Majority of patients will present with tear and bleed from frenulum during intercourse. These patients do not seek medical advice as they afraid of circumcision. Various modalities of techniques can be used for the treatment of frenulum breve from conservative to surgical methods. Conservative methods require long time is not successful uniformly in all the patients. These young patients cannot afford prolong abstinence; so they prefer to get surgical relief for it. Circumcision is not recommended for this condition. The foreskin saving surgery is recommended for the short frenulum. The frenulum lengthening procedure, called frenuloplasty, is a common plastic surgery technique performed for frenulum breve. Many techniques are used for the lengthening of short frenulum. These techniques are either expensive or need prolong healing time. The pull and burn technique or V-Y plasty are examples of these.

The aim of this study was to see the feasibility of transverse vertical frenuloplasty as a very simple technique producing a quick healing also to confirm the advantages of this technique as per patient satisfaction.

Material and Methods:
The study group consisted of 50 patients presenting with short frenulum. These patients were operated under local anaesthesia. A written consent was taken that patient will be operated under local anaesthesia and frenuloplasty will be done. These patients were operated on outpatient basis. Clinical presentation of these patients was a torn penile frenulum resulting in dyspareunia. None of the patients presented without frenulum being torn. These patients were young males aged between 19 years to 32 years. Ten patients had history of repeated tearing of frenulum. Patients with balanoposthitis, phimosis and meatal abnormalities were excluded from this study.

Procedure:
All the patients who were advised Frenuloplasty were operated under local anaesthesia. These patients were operated on outpatient basis. One ml of local anaesthetic, 2% inj. Lignocaine was given under the frenulum and was pressed for a few minutes for it to spread to nearby tissue plane. Eight mm incision was given in transverse direction over the frenulum [FIG1]. Care was taken not to deepen the incision, thus avoiding injury to the frenular artery. This resulted in formation of the diamond shaped raw area. This transverse incision was stitched longitudinally with 3-0 chromic catgut [FIG2]. Commonly it requires three or four stitches to be placed. Antiseptic dressing was done with betadine ointment. Retraction of prepuce can be started on third day and is continued for three weeks.

Results:
The operative time taken for this procedure is approximately 10 minutes. None of the patients had pain during surgery. After the Frenuloplasty, all the patients walked away to their job without pain. The follow up was done on 7th and 14th postoperative day. Disruption of wound occurred in two patients. The healing of wound in all patients was smooth. All the patients were fully satisfied with the procedure at the end of three weeks.

Discussion:
Frenulum breve is common in men between 15-30 years of age. The incidence is approximately 5% of uncircumcised men. Frenulum breve can be treated conservatively. Application of steroid creams and stretching exercises of frenulum preputi penis may help in a few cases. The steroid cream increases the effect of stretching by producing thinning of skin. The thinned out skin stretches easily but when local application of steroid is stopped, the frenulum gets thick again. The local application of steroid creams can help in healing of ulcer formed; but the frenulum tear in such cases is irregular and healing of ulcer produces fibrosis and contraction of frenulum. The chordee worsens further and is not acceptable to most of newly married young males.

The treatment of choice is surgery. Different surgical techniques are available. The degree of tightness and thickness is different in patients. In a very thin frenulum breve, a small incision can be given over the frenulum. The wound is left open and allowed to heal with dressings.

The first technique is passing a suture through the prepuce and tying a knot around the frenulum. This tight suture will slowly cut and heal the frenulum producing a weak scar. This weak scar will widen producing lengthening of frenulum. Although is minimum invasive but long duration treatment is not acceptable to most patients. The second technique is resection of frenulum or frenectomy. This surgical procedure is combined with circumcision and is most appropriate for frenulum breve associated with phimosis. So this procedure is also not applicable to all the patients. The preputioplasty is another technique for lengthening of frenulum along with preservation of foreskin. The V-Y plasty is performed. A V-shape incision is given to be stitched in the form of Y. The short band of frenulum will lengthen. Alternatively skin graft or laser have been used.

In the event of patient presenting with bleeding, pressure can be applied over the area to stop bleeding. In a few patients having frenular artery tear, immediate repair can be done along
with ligation of frenular artery. A thick frenulum breve will require frenuloplasty, a plastic procedure to lengthen the penile frenulum. The lengthening procedures of frenulum are most appropriate and acceptable to patients as it allows the glans to straighten. This is a short procedure and can be easily performed under local anaesthesia. Local anaesthesia is more acceptable than general anaesthesia to the patients for this surgery. The operative time is 5-10 minutes. The patient can return to work same day. Healing takes place in two weeks. The full function can be achieved in about a month. Hosseini et al found no relation between the frenular web and premature ejaculation; and considered premature ejaculation as combined effect of psychological and neurological factors.7

In this series adequate lengthening of frenulum breve was achieved in all the patients in comparison to Gyftopoulos et al in which only moderate lengthening of penile frenulum could be achieved.2 This technique of Frenuloplasty is easy and quick. The resultant cosmetic and functional results are excellent.

Conclusions:
This Frenuloplasty technique used for lengthening of frenulum can gain 10mm length. This increase in length of frenulum can relieve dyspareunia and repeated tear of frenulum. This technique is rapid with quick healing. The patient satisfaction rate is high with no re-operations.
REFERENCE