

Peer Review File

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Review Comments

Reviewer A

Abstract:

Comment 1: Line 9 does not read well. Should read enhancement of its external aspect.

Reply 1: We divided the sentence into 2 sentences

Changes in the text 1: The present paper aims to describe and discuss the current state of the art regarding male intimate cosmetic surgery. A narrative review of the literature was performed using publications from January 2000 to September 2022.

Introduction:

Comment 2: The definition of micropenis at this point seems odd and doesn't fit with the narrative.

Reply 2: We withdrawn the definition of micropenis, and change the sentence

Changes in the text 2: Since Antiquity, the penile size has been an significant issue for men (1). Some men experience distress either due to having micropenis or even with average-sized penis (2)

Materials and methods:

No comments

Results:

Comment 3: Penile Shaft and Glans augmentation using HA - would like to have some information in the narrative review about the duration of these treatments and what percentage of people are coming back for retreatment if this data is available.

Reply: we added the following information line 137.

Changes in the text:

Our practice consists of injecting five to ten syringes(1 ml) of hyaluronic acid into the penis shaft. For the glans we generally inject 3 syringes (1 ml). The product deploys the full volume in 48 hours and the stability is from 10 to 18 months. It is therefore an injection to be repeated every year.

Comment 4:

- A) Fat Injection: This is only described as the authors experience. Was there any literature on this at all? If so how does this relate to the authors experience.
- B) Line 175 has strike through short or long.

Reply 4:

- A) this reference has been added with a short description fom line 177 to 180: Kang DH, Chung JH, Kim YJ, Lee HN, Cho SH, Chang TH, et al. Efficacy and safety of penile girth enhancement by autologous fat injection for patients with thin penises. Aesthetic Plast Surg. 2012 Aug;36(4):813–8.
- B) “short or long” has been erased

Changes in the text :

- A) A variation of this technique for penile augmentation is described by Kang et al. with a tumescent infiltration a modified Klein’s solution into the lower abdomen or

inner thighs and a purification by a centrifugation (3,000 rpm for 3 min) of the washed fat (16).

- B)

Comment 5: Sliding Elongation: typo in line 196 with s present.

Reply 5: the s was erased

Changes in the text 5: We found two publications describing a surgical method to lengthen the corpora cavernosa by placing circumferential autologous veins or acellular dermal grafts associated with a penile implant stated by the authors, results are limited by the extensibility of the dorsal neurovascular bundle of the penis in a non-shrunked organ

Comment 6: Suspensory ligament release: All of these measurements are done in the flaccid state with numerous variables (temperature, state of arousal, etc.) was there any attempt to standardize any of these variables?

Reply 6: The measurements are reproducible at the medical office (constant room temperature, no change regarding the state of arousal occurs at the office)

Changes in the text: In our study about micropenis augmentation (18), all the measurements were carried out under the same strictly reproducible conditions : same exam room, same light, same temperature. The patient was standing and the measurements were taken after two penile stretching pulls by the patient. We reported a mean lengthening of 3.4 cm (range 1,5 - 7 cm). The main procedure used in the included articles was ligamentolysis. Even though the studies reported the size of the penis pre- and postoperatively, the measurements were made with a heterogeneity in the state of the penis. The reported mean gain ranged from 1.5 to 6 cm.

Foreskin surgery

Comment 7: Line 235 should cite paper for 30% of men circumcised

Reply 7: the following reference has been added.

Changes in the reference: (25) Morris BJ, Wamai RG, Henebeng EB, Tobian AA, Klausner JD, Banerjee J, et al. Estimation of country-specific and global prevalence of male circumcision. Popul Health Metr. 2016 Mar 1;14:4.

Comment 8: Scrotal webbing - could the authors comment on if this is more common in circumcised or uncircumcised men

Reply 8: We added the following sentence line 266 : The penoscrotal webbing occurs regardless the circumcision status.

Changes in the text: The penoscrotal webbing occurs regardless the circumcision status.

Reviewer B

Comment 9: Great job of reviewing. It seems to be only one mistake at the line 238. It probably "postectomy" instead of "prostatectomy".

Reply 9: we corrected for postectomy

Changes in the text: There then persists a foreskin covering only the base of the glans (postectomy).

Comment 10: Maybe you could add a flow chart diagram and your review criteria (like PRISMA criterias) into the material paragraph to be more precise.

Reply 10: we created a flow chart named Figure 1

Changes in the text: Figure 1: PRISMA flowchart

Comment 11: In my practice, it also exists an esthetic demand of scrotal augmentation (with the incorrect non-medical name of Scrotox) consisting in botulinum toxin injection in dartos and cremasteric muscle to enhance the size of the scrotum. Some case report articles exist about this type of intervention and that's probably why your review does not mentioned it.

Reply: Thank you for your comment, we added a paragraph about Scrotox

Changes in the text:

SCROTOX

Scrotox refers to a non-surgical cosmetic treatment of the scrotum with Botox injections. Scrotox involves having Botox injected into the testicles, more specifically injected into the cremaster muscle and Dartos muscles (30,31). This treatment can reduce the sweating, reduce the wrinkles, make the scrotum appear larger by relaxing the muscles, hence enhance the cosmetic appearance. We mention this practice here considering its popularity, even if no article had reached the threshold for inclusion in our narrative review.