

Peer Review File

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Review Comments

There are hundreds of cases of penile fracture, while this case is scarce due to complete urethra injury. The authors should be congratulated for the favourable outcome regarding urethral function, sexual function and adverse events in the two months' follow up. As this is also a literature review, some concerns are listed below.

1. Abstract

Make sure there are 200~350 words. The present version is too short, missing a lot of vital information, including the outcome (urethral function, sexual function, adverse events) and length of follow up. Importantly, as a literature review, takeaway lessons should also include suggestions from review in addition to this single case.

Reply 1: Thank you for the feedback. We have modified the abstract as advised. We have added the outcome information. (See Page 2; line 32-34). We also added the take-away lessons in the Abstract. (See Page 2; lines 34-39). There are 223 words in the Abstract.

Changes in the text: “The patient recovered smoothly and was discharged on the third day after operation. After two months’ follow-up, the patient urinated smoothly and achieved an adequate erection without other complications.” (See Page 2; line 32-34). “In this case, consistent with previous studies, emergency surgery for penile fracture is necessary and can preserve the urethral function and sexual function. In addition, there are two lesions in tunica albuginea in this case, so careful search for the penile shaft during the surgery is important to avoid the missed injuries. This report provides evidence of an uncommon and underreported clinical case.” (See Page 2; lines 34-39).

2. Introduction

What NEW information does this case add to our knowledge? Please highlight this by pointing out previous cases' pitfalls/gaps. Make sure an evidence-based presentation.

Reply 2: Thank you for the feedback. The penile fracture with complete urethral injury was an extremely rare condition which lacked enough understanding. Furthermore, the treatment remained controversial. We have an evidence-base presentation in the Introduction (See Page 2, Lines 46-49, Page 3 Lines 50-58)

Changes in the text: “Penile fracture accompanied with the urethral injury is not common, especially with the complete urethral injury. Concurrent urethral injury is present in 0–38% of cases. Complications of the penile fracture include coital difficulty,

urethral fistula, penile plaque, and erectile dysfunction” (Page 2 Line 46-49). “Controversies are raised regarding the optimal management of penile fracture. For minimal lesion, conservative treatment was advocated. Muentener et al. indicated that conservative therapy restricted to uncomplicated cases led to an equally good outcome compared with the surgery treatment (5). Other opinions advocated that immediate surgical repair was superior to nonoperative treatment in the management of penile fracture (2). However, for the penile fracture with complete urethral injury, previous researches lacked detailed description. This work aimed to assess the incision ways and effects of immediate surgery for the patient of penile fracture with complete urethral injury.” (Page 3, Lines 50-58)

3. Figures

Draw a timeline to outline the whole process.

Reply 3: Thank you for the feedback. Timeline to outline of the whole process was presented in the Figure 4

4. Figures

Provide the ultrasound image and describe the critical findings too.

Reply 4: Thank you for the feedback. The ultrasound image was presented in the Figure 1.

5. Tables

As a literature review, this manuscript failed to do the work. Please DO the literature review, discuss in-depth in the discussion, and conclude vital information in a table. The parameters should include clinical manifestation, imaging features, therapies, time to treat, length of follow up, outcomes etc.

Reply 5: Thank you for the feedback. We have summarized previous literature and conclude vital information include clinical manifestation, imaging features, therapies, time to treat, length of follow up, outcomes (Table 1). And we discussed in-depth in the Discussion. (See Pages 5-6, Lines 118-131).

Changes in the text: “Treatment of penile fractures has always been a controversial issue. In the past, patients were recommended to undergo non-surgical treatment, including bed rest, elastic dressing, indwelling catheter, and ice pack cold compress for 24 to 48 h, and the use of oxyphenbutazone, and diazepam to inhibit erection. However, 10% to 30% patients had erectile function after receiving non-surgical treatment. At present, immediate surgery for the urethral injury in the penile fracture is recommended by most authors. Ahmed et al indicated most patients (91.6%) achieved an adequate erection after immediate surgery except two cases who felt mild erectile dysfunction. Even in the delayed presentation, delayed surgery also showed the satisfactory outcome. For the penile fracture with urethral injury, bilateral corporal rupture should also be

investigated when doing the surgery repair. On the long-term follow-up, most of the patients maintained their normal erectile and voiding functions without complications after reconstruction of both corpora cavernous and urethra”. (Pages 5-6, Lines 118-131).

6. Discussion

Use one paragraph to list both tricks and pitfalls of this manuscript.

Reply 6: Thank you for the feedback. We have added the paragraph of the tricks and pitfalls to the Discussion. (See Pages 6-7, Lines 137-145).