

Peer Review File

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Reviewer A

It is evident that you have put a great deal of effort into this case and I want to praise your efforts. Unfortunately, the manuscript lacks technical robustness as a piece of scientific research, as it lacks comprehensive data and references to substantiate the drawn conclusions. Furthermore, the manuscript does not demonstrate meticulous attention to writing and presentation.

1) Title: Discrepancy Between title, appropriate introduction, and conclusive remarks in the conclusion section.

Reply: I have modified in text.

Changes in the text: I added “speed up recover of” in the title

2) Abstract:

a) Requires thorough revision to enhance comprehension.

Reply: I have modified in text.

Changes in the text: Line 34: after 12 months pharmacological treatment of GYN was no response whose have endocrine disorder

b) “Currently, 45–57% of adult males have GYN.” This incidence is inaccurate. Kindly provide the reference for the same.

Reply: I have modified in text.

Changes in the text: I get the 38% in the reference 2(Fruhstorfer BH, Malata CM (2003) A systematic approach to the surgical treatment of gynaecomastia. Br J Plast Surg 56:237–246)

c) “GYN usually lasts less than 12 months but pharmacological treatment often needs more than 12 months to respond”. This line is unclear and not correct. Kindly revise the text.

Reply: I have modified in text.

Changes in the text: Line 34-35, once patients have endocrine disorder, they could try 12 months pharmacological treatment prior surgical intervention.

d) “Surgical intervention is required when medical treatment is ineffective.” This is a wrong statement need to be corrected.

Reply: I have modified in text.

Changes in the text: We revised the statement mentioned in the previous question.

3) Introduction:

a) The introduction appears outdated and does not align with the title, warranting a complete revision.

Reply: I have modified in text.

Changes in the text: Line 56-80, We have revised part of the introduction.

b) Authors should initiate their introduction by directly presenting the rationale behind this specific case report, avoiding the inclusion of generic information.

Reply: I have modified in text.

Changes in the text: Line 56-59, We revised our statement.

c) "Pharmacological intervention leads to a therapeutic response within 12 months when effective. After this period, surgical intervention is needed if pharmacological intervention is not effective". This statement needs revision. Pharmacological interventions are relevant to the selected cases. Mention the indications for surgery.

Reply: In some cases, pharmacological intervention was effective, so after a period of non-surgical intervention, surgery should be considered. I have modified in text.

Changes in the text: Line 68-69, We revise the statement

5) Case presentation:

a) A considerable amount of non-relevant information. Please rephrase accordingly.

Reply: I have modified in text.

Changes in the text: Line 84-92, we revised the statement.

b)" Postoperative skin ulceration and subcutaneous congestion are common complications of GYN surgery". This line should be part of discussion and include the incidence of it.

Reply: We have it discussion in the paragraph of "Perioperative care for complications"

Changes in the text: From Line 195 to 206

4) Discussion:

a) The writing quality is subpar, containing numerous irrelevant details.

Reply: I made some modification in the text.

b) Statements like these need to be corrected. The postoperative physiotherapy protocol, organized by days, should be in a concise manner. Lines like patient should wash face

after one week of surgery should be omitted. Kindly provide references for these protocols with respect to the gynecomastia surgery.

Reply: Physiotherapy protocol of postoperative I added in the treatment and outcome.

Changes in the text: We organized the nursing protocol and treatment according to the reference (1), postoperatively, and some of the protocol is conclusive nursing protocol from our hospital, it's our routing procedure.

“After learning the basic principles, rehabilitation and exercise methods should be modified for each patient(12). The specific instructions are as follows: (I) moving fingers and wrists: stretching fingers, wrist flexion, internal rotation, external rotation, and fist grip (by squeezing an elastic ball); (II) elbow flexion, forearm extension, and other movements 1 to 3 days after the surgery, then flexion and extension of the shoulder joint; (III) on the 4th and 7th days after surgery”

“The arm can be flexed 3 days after the surgery”

“The patient should wash his face 1 week after the surgery”

Reply: The above protocol of postoperative care was mainly base our center experience and refer to the guideline of gynecomastia.

c) The overall discussion exhibits a high degree of perplexity, marked by irrationality, excessive repetition, and an abundance of extraneous material. The scientific output lacks clarity.

Reply: I made some modifications in the text.

d) Additionally, the discussion is not clear and does not align with the title, further diminishing the overall quality of the work.

Reply: I made some modifications in the text.

Changes in the text: section Surgical nursing and education is mainly align the title with speed up recovery by the nursing care postoperatively.

5) Conclusion:

a) The key messages and conclusion are very poorly explained.

Reply: I made some modifications in the text.

Changes in the text: Line 300-303 revise the indication for surgery and provided the ref.

b) “Indications for surgery include the following: breast diameter more than 4 cm, no shrinkage within 24 months, presence of symptoms, possibility of malignancy”. The surgical approaches for malignancy and gynecomastia different. A revision of the indications is necessary.

Reply: I did further study and search, found most recent guideline of GYN and made a revision of the indication and add reference.

Changes in the text: same as the above question.

Reviewer B

Everything is very well defined, organized and written.

Reviewer C

1. Gynaecomastia is a common complaint of young males and in a large majority of cases no significant investigative abnormalities are revealed. However a few cases maybe due to chromosomal anomalies or endocrine tumours also. Has any hormonal evaluation or chromosomal studies been done for this patient?

Reply: We did a complete endocrinological blood examination prior surgery, it appears normal, otherwise pharmacological management will be considered.

Changes in the text: In Line 91, our patient did a complete endocrinological exam and appeared normal.

2. Wound management is a significant aspect of post operative nursing care. Please explain how this was done in the patient.

Reply: For the mini-invasive surgery for the Endoscopic Gynecomastia Surgery, wound management is needed double check daily to avoid subcutaneous congestion by adjust the chest bandage.

Changes in the text: Line 195, we describe the wound management procedure postoperatively.

3. Do you prescribe compressive bandage/ pressure garments in post operative period to facilitate retraction of loose skin of chest wall following the fat and glandular excision?

Reply: We did use the chest bandage which had function of compressive, it could help retraction of loose skin of chest, but needed to check more often to adjust whether the tightness was appropriate to avoid subcutaneous congestion and bleeding.

Changes in the text: Line 196 to 199, we did explain the question.

4. What are the advantages of this technique over the Liposuction and glandular excision through areolar incision?

Reply: Less invasive, Better visualization Lower risk of visible scarring, which I explain in Line 208 paragraph.