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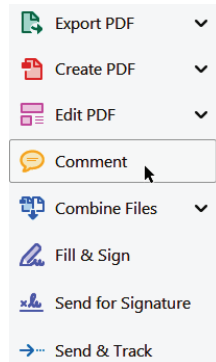
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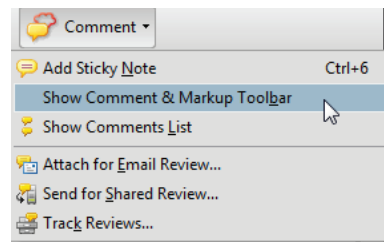


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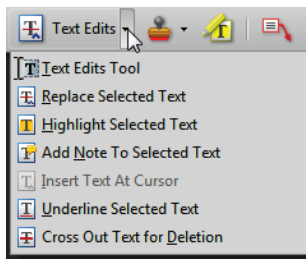


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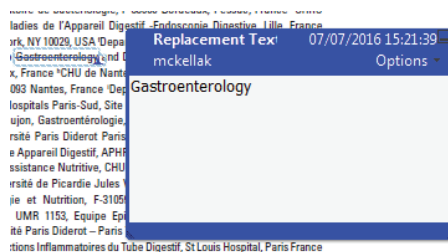
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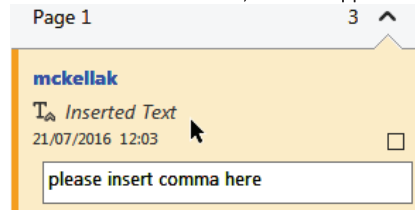


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Response to “Comments on ‘Nonsurgical Medical Penile Girth Augmentation: Experience-Based Recommendations’”

Jayson Oates, FRACS; and Gemma Sharp, PhD

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We thank Dr Solomon¹ for his interest in our article.² We agree that penile augmentation using injectable materials, including hyaluronic acid (HA), does have some disadvantages. HA fillers do slowly reabsorb over time and so are not a permanent solution. However, our in-progress research suggests that the nonpermanency of the procedure is potentially part of the appeal for at least some patients. These men consider a nonpermanent procedure on such an important part of their body, which they closely associate with their sense of masculinity, to be less daunting.

In accordance with other studies,^{3,4} we have not observed “irregular” nodules in “every case” from HA absorption.¹ Hyaluronidase completely dissolves HA fillers. However, as in the face,⁵ granulomas are a possibility in the penis. Without pathological reports provided by Dr Solomon, we wonder if these irregular nodules are potentially HA filler granulomas, which can be treated using injectable steroid, triamcinolone, combined with 5-fluorouracil.⁵ We also note that certain types of HA fillers are more prone to nodule formation and so their usage in the penis is not recommended.⁶ Furthermore, we propose that the injection technique may also have an impact on nodule formation. For this reason, we inject the HA into the penis in microthreads² rather than boluses.⁷

As stated in both our paper and by Dr Solomon,^{1,2} no injectable filler has yet been approved by the US Food and Drug Administration for use in the penis. Although data are accumulating for HA,⁸ we encourage clinicians to undertake the controlled clinical studies needed to evaluate the safety and effectiveness of HA in the penis. Currently, HA fillers are approved for deep subcutaneous and supraperiosteal injection in the cheek.⁹ We propose that the plane

between the superficial and deep fascia of the penis is a suitable location for injection of HA filler and HA is naturally found in the intercellular fluid in this glide plane.¹⁰ As we use a blunt cannula for delivery of the filler into this plane,² veins are much less likely to be penetrated/damaged so “disruption” of the blood supply to the skin of the penis¹ is unlikely.

As Dr Solomon states, although surgical penile augmentation is permanent, complications do occur.¹ The literature suggests that penile disfigurement and dysfunction are not uncommon,^{11,12} and this surgery is still considered to be “experimental.”¹³ The recent death of a patient after autologous fat transfer combined with suspensory ligation division¹⁴ is highly concerning.

With men increasingly seeking penile augmentation procedures to address psychological and physical/sexual concerns around their penis size, we strongly encourage further research into safe and effective treatments, both medical and psychological, to assist these men.

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The authors made an equal contribution to this work as co-first authors.

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Disclosures

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