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AUTHOR REPLY

Re: Commentary on “A modified fixation technique for the cure of buried penis in children”**Xu Cui^{1,*}, Bing-Jing Gao^{2,*}, Liu Chen¹, Wen-Hua Huang¹, Chao-Ming Zhou¹***Asian Journal of Andrology* (2023) 25, 146; doi: 10.4103/aja202229; published online: 17 May 2022

In this article, we respond to the comments by Gereta *et al.*¹ on our modified fixation method for congenital buried penis of children.

Buried penis is not only associated with the shape and exposed length of the penis, but it is much more important that it may lead to serious psychological problems of children, for example self-confidence, self-esteem, and gender awareness. When it has been diagnosed, pediatric urologist should do the operation for these children and make the improvement on cosmetic of the penis.

We present an evaluation of the short-term improvement of our modified fixation method after penile surgery. Most literature has a range of follow-up time. For example, Murakami *et al.*² set postoperative follow-up time as 0.1–17.5 years. In addition, according to our observed results, the period from 6 months to 1 year after surgery is the period with high incidence of postoperative penile retraction and cicatricial contraction. The selecting of this period is meaningful for the evaluation of postoperative short-term complications. We have been working on the assessment of long-term outcomes and complications and found that the modified fixation method is still superior to the traditional fixation method over longer follow-up periods. We have carried out this work for longer than 4 years. Until now, there is no erectile pain, length

problems, or penile trapping phenomenon observed in the group of the modified method.

Indeed, the penile and foreskin conditions of children with buried penis vary from person to person, and there is no absolute “gold standard” surgical approach to solve all problems. However, most forms of buried penis of children can be cured by our relatively simple fixation method. Our clinical experience and data can be used to confirm our theory.

AUTHOR CONTRIBUTIONS

All authors participated in the writing, critical revision, and final approval of the reply.

COMPETING INTERESTS

All authors declare no competing interests.

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¹Department of Pediatric Surgery, Fujian Maternity and Child Health Hospital, Affiliated Hospital of Fujian Medical University, Fuzhou 350001, China; ²Central Sterile Supply Department, Fujian Provincial Hospital South Branch, Fuzhou 350001, China.

*These authors contributed equally to this work.

Correspondence: Dr. CM Zhou (sfyzhouchaoming@163.com)

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