

## Peer Review File

Article information: <http://dx.doi.org/10.21037/tau-21-228>.

### **Reviewer A:**

Comment 1: The reason for revision is the lack of a systematic search and the essential missing literature in this article.

Reply 1: Although the reviewer suggests that a systematic search should be reserved for a “full systematic review” style/format article, the initial purpose of this TAU Special Issue would be a collection of Review Articles according to Narrative Review patterns and guidelines. I would rather leave a Full Systematic Review on this topic for a future issue with TAU. However, I have changed the manuscript of this article and have improved it by adding some more relevant and essential literature.

Comment 2: The reason for revision is the conclusion of “scarcely reported in the scientific literature” cannot be made on a narrative review lacking the setup of a systematic review, especially when essential literature is not included. The narrative review is well written and a good read.

Reply 2: The sentence in question has been removed. (Lines 236 and 237 in the manuscript)

Comment 3: The table lacks literature and should be saved for a systematic review.

Reply 3: We agree with the reviewer that a more detailed table should be reserved for a systematic review. However, as a result, some more articles with  $\geq 5$  patients have been included as a solid addition to value critical surgical outcomes as well as other pertinent issues related to penile paraffinoma. We hope this inclusion will help bridge the gap caused by the missing literature as kindly pointed out by the reviewer.

Comment 4: For peer-reviewing, this could be rewritten into a systematic review, including all relevant literature.

I wish both the authors and editors the best of luck. And heads up, this would be much better as a full systematic review, and the missing literature would also give more ground to the conclusion.

Reply 4: Although replied in 3) we believe that the inclusion of a Table with relevant

papers with  $\geq 5$  patients would further strengthen the article. Nonetheless, the authors would be open and willing to produce such a SR on this topic in a future issue of the TAU journal, should the Editorial Board find it useful.

**Reviewer B:**

Comment: The topic is very interesting and of growing interest in an era of genital esthetic medicine and surgery outbreak. Any new paper in this domain is welcomed and of an additional value.

Reply: The authors would like to thank the Reviewer for finding this article and topic of growing interest and of additional value in an era of genital aesthetic medicine and surgery outbreak.

**Reviewer C:**

Good review of important topic as injection therapy is on the increase.

Comment 1: You need to proof the manuscript better. For example, the title on my version is "Slerosing" not "Sclerosing".

Reply 1: The word “**Slerosing**” has been corrected to “**Sclerosing**”! Many thanks for detecting the misspelling. (In Title line)

Comment 2: Also, it is worth mentioning that injectable silicone is often impure and unsterile, adding to the difficulty in management (see Granick, M.S., Solomon, M.P., Mosely, L.H., McGrath, M.H.: Devastating Granulomata of the Lower Extremities Secondary to Cosmetic Injection of Adulterated Liquid Silicone. *Plast. Reconstr. Surg.*, 94:536-539, 1994). Silicone is well known to cause a foreign body reaction with giant cells as part of its pathology.

Reply 2: We have highlighted this point in the manuscript and have given it the emphasis it deserves in the manuscript text. People who undergo these injections are exposing themselves to these unknown and unstudied substances with potentially dangerous risks including death, and in most countries injection of these substances is still illegal. The reference cited by the reviewer was added to the manuscript reference list as ref. 14.

Comment 3: I think that the use of a strategic approach to management of these issues that depends upon the quantity and location of injected material as you describe is worthy of greater emphasis in the manuscript. I find this is the greatest value of this paper.

Reply 3: Again, we agree with the reviewer and have increased the emphasis of this point raised by the reviewer (ref. 14). Actually, in our opinion the injection of impure, unsterile non-medically approved substances in significant quantities and in extensive areas are the critical factors behind this illegal, useless and unproven procedure surrounded by dangerous risks to human health.