

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 16133

Title: Reconstructive surgery in Peyronie Disease: What's new ?

Reviewer code: 00505681

Science editor: Fang-Fang Ji

Date sent for review: 2014-12-29 08:19

Date reviewed: 2014-12-30 18:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The review is trying to cover the management of Peyronie's disease, but unfortunately it needs more details about the techniques used in the Peyronie's surgery. It has lots of grammar problems that need to be solved.

The paper has been sent for revision to native-language translator as requested to remove grammar problems. According to your suggestions we added some technical surgical details for some of the surgical techniques we included in the editorial

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 16133

Title: Reconstructive surgery in Peyronie Disease: What's new ?

Reviewer code: 02897104

Science editor: Fang-Fang Ji

Date sent for review: 2014-12-29 08:19

Date reviewed: 2014-12-31 01:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear author, compliments for your editorial. The main aspect of your topic have been discussed. However I would try to implement the debate on the surgical techniques. Lengthening procedure has been recently discussed (I would add for example the circular incision as an alternative to the sliding technique which you correctly cited). The grammar has to be improved (mabe you should refer to a native-language translator). Best regards

We thank the reviewer for his comments. The paper has been sent for revision to native-language translator as requested and we hope the grammar is improved.

We add this paper: Egydio PH, Kuehhas FE and Sansalone S. Penile length and girth restoration in severe Peyronie ' s disease using circular and longitudinal grafting. BJU Int. 2013 Apr; 111(4 Pt B):E213-9 and the description of the technique is in the text

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 16133

Title: Reconstructive surgery in Peyronie Disease: What's new ?

Reviewer code: 02045100

Science editor: Fang-Fang Ji

Date sent for review: 2014-12-29 08:19

Date reviewed: 2015-01-08 19:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

We thank the reviewer for his comments that improved the paper. You can find the modifications you requested in the text and in the reply to each question

We can not say to patients with PD that you will length the penis. It is perilous. But you should talk about straightening.

We changed sentence : "...to straight the shaft of the penis, and to restore penetrative and coital capacity".

The cosmetic results of shortening procedures are goods. The problem is shortening.

We changed the sentence as: "The cosmetic results are good but not completely satisfactory because of shortening of the shaft of the penis, related to pre-existing degree of curvature, and which often creates notable psychological problems in the patients".

The Egidyo technique is not extremely complex... Any urologist that manages with Peyronie's disease could employ this kind of technique that is not new, as reported. This technique employ knowledge obtained from the previous techniques published. And the kind of the graft is chosen by the urologist.

We agree with your comment and we removed the term "extremely" but we believe that it is difficult and it needs more time than other corporoplasty techniques.



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Austoni technique: special silicone axial support IS a penile prosthesis. This alternative is only indicated for patients with PD and ED....Not for all.

We wrote : *"...The Austoni's technique is simpler and it is reserved to PD patients with curvature and a slight ED".*

Virilis I is not real prostheses because it helps the residual erectile function of the patients; literally the term "prosthesis" indicates something that performs a function completely missing !

This is the reason of our statement

And any surgical technique should permit the identification of the point of maximum curvature, otherwise, the patch is not appropriate.

You completely agree.

I do not know the meaning of ... This is as a sign of successful ...

We removed this sentence.