Reviewer's report

Title: Sutureless prepuceplasty with wound healing by second invention: An alternative surgical approach in children's phimosis treatment

Version: 1 Date: 28 October 2007

Reviewer: Michael Rauchenwald

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The manuscript presented describes a technique of preputioplasty similar to the dorsal slit and triple incision, respectively, without suturing the defect. The incision is left for healing by second intention while the width of the preputial opening is secured by daily postoperative retention of the foreskin.

Basically, the technique derived from dorsal slit for incarcerated paraphimosis is new for scheduled preputioplasty. The author claims the technique to provide "excellent cosmetic results". Unfortunately, the only picture is blurred and of insufficient quality. No responses from patients or parents are quoted. Moreover, this statement should not be made in the introduction already, but rather in the results section.

Material & Methods:

Although mentioned by the author in the discussion section that “the surgeon should select patients with real problem of phimotic prepuce and not pseudophimosis”, indication was also the “difficult retractile” foreskin which would primarily deserve a conservative therapeutic approach. Did any patients have a conservative treatment trial before surgery?

What means “tree partial sutured circumcisions”? Unfortunately, the language is not very understandable. A professional translation would be most helpful, especially in the description of the technique. For instance, the wound healing is most likely supposed to be by second “intention”, not “invention”!? This make the paper difficult to read and understand.

As far as the procedure is concerned, at what time after the operation is the foreskin retraction started. In my own experience, retraction within the first 48 hours postoperatively is most unpleasant for the little boys.

What are “dorsal elongated incisions of prepuce in hypospadiac surgery”? “Automatic disruption of the prepuce in a case of nephrotic syndrome with elongated wounds had also excellent further alike healing” is not a very clear statement either.
What are “cicatrizing” creams? Are these creams which inhibit scar formation?

What means “which is constricted by a scalpel”?

“A caudal longitudinal incision in the stenotic ring of the prepuce till the cyclic print in the foreskin circumference will disappear” is not quite understandable either.

The accompanying figures, especially figure 1, are not clear enough with this description to replicate the probably important details of the operative technique.

“Surgical changes of the trauma should be performed daily” - does this mean, that the wound dressing should be changed daily? What kind of dressing is used?

A “width of the prepuce stenotic ring” of “1.2 to 3mm” does not seem to be enough for non-violent retraction!? 

“Pulling backwards the foreskin you can see a white cyclic banding tha causes the malformation of the penis. After the local anesthesia an incision is performed.” Is this another incision?

Discussion:

What is a “prepunoplasty”?

“Initially the healing in SLP by second invention is retarded, because it’s under of anti-inflammatory action of topical steroids cream for 10 days, in order to prevent the formation of adhesions. This is following by a faster stage of directed healing, using cicatrizing creams topically.” Only within the discussion one could draw the conclusion that there is a sequential topical application of different creams. This should clearly be stated in the material & methods section since it is a critical part of the treatment procedure.

Finally, I doubt that leaving a wound open should give a better cosmetic result than precise alignment of wound edges with fine suture material. It is basic surgical knowledge that tension on a wound will induce scar formation. The application of topical steroid cream to reduce this effect will prolong wound healing which would be a disadvantage in the treatment of little children causing prolonged retraction exercise.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'