Reviewer’s report

Title: Traumatic penile amputation: A case report

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Reviewer: Matthias D Hofer

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The authors describe a case report of reanastomosis of a traumatically amputated penis in a boy. They emphasize that instillation of papaverine, which they claim helped perform the vascular anastomosis. Microvascular anastomosis failed to most extent with the distal two-thirds of the penis becoming gangrenous after days.

This is an interesting report and somewhat novel as penile amputation is not very common. However, there are some concerns with this manuscript:

1) The conclusion part of the abstract is poorly written. The use of papaverine injection should be mentioned in the case summary if mentioned here. Also, the advantage of this procedure should be mentioned.

2) The reanastomosis procedure should be described in more detail as this is the novelty the authors claim:

- What size were the sutures for the urethral and corporal anastomosis?
- What material and size were the sutures of the vascular anastomosis?
- During anastomosis, was there any evidence of tissue necrosis already?
- The authors state that successful anastomosis of the dorsal vein and one artery was confirmed on the table - how was this done?
- Was the distal penis evaluated by pathology once it was lost (and supposedly removed)? The results of such an exam would be necessary to establish the etiology of the failed reanastomosis or at least a better hypothesis of the etiology. Was it a distal vascular obstruction due to a thrombus? The anastomosis appears to have worked, at least of some extent, as one-third of the transplanted penis survived.
3) The Discussion needs to be expanded:

- Loupes were used, not a microscope, and the authors should discuss whether the use of a microscope as described in the current literature would have been more successful in this case.

- The authors should come up with an overall hypotheses why the reanastomosis failed. The authors name a few causes of failure and briefly state that factors such as debris and diameter of vessels may have contributed. This needs to be expanded: Was it the fact that the severed organ was not stored on ice but arrived at the hospital in tap water (hence, was there necrosis at time of the anastomosis? Is this the debris they are mentioning?)? Was it failure of the vascular anastomosis or an obstruction further distal to that?

- Similarly, the authors need to expand the discussion of the use of papaverine. It can be assumed that vasodilatation was desired but that should be stated. Also, it would be anticipated that this was done to improve blood flow following the reanastomosis of the severed organ or was there any additional anticipated benefit?

4) The Conclusions need to be revised to address the changes suggested above.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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