

Penile Filling Performed by Non-Medical Professionals

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Orofacial Harmonization or simply Facial Harmonization has been widely spread in recent years. In Brazil, since 2020, it has been recognized by the Federal Council of Dentistry as a dental specialty. This fact has influenced other non-medical health professions - such as Biomedicine, Nursing, and Pharmacy - to qualify as a specialty, and the performance of aesthetic facial and body procedures. Unfortunately, the projection of Brazil culminated and influenced other countries to adopt the specialty, in South America and Europe. The formation and professional qualification derives from specializations, with moderate workload. However, many professionals have their training from immersion courses of short duration (weekends).

Subsequently, the incidence of local and systemic complications has also been increasing [1-15]. In the case of Orofacial Harmonization and specifically the filling with hyaluronic acid, necrosis, asymmetry, blindness and even death of patients submitted to such procedures have been reported [1-11].

Recently, in Brazil, the technique of penile filling has been disseminated, with the aim of increasing the volume of the penis [16-18]. In professional websites of clinics that offer the procedure, several proposals are presented that show some inconsistencies, allowing the emergence of controversies and questions, also with regard to the ethical and professional care. As an example, we can reflect on the offering of the procedure in several pages found on Internet sites, described below:

The values of the procedure are disclosed according to the quantity. On another tab of the site, the professional herself states that the ideal amount of filler (hyaluronic acid) is 6ml. Based on this information, she highlights and limits the minimum amount to be applied in order to obtain a satisfactory result. However, the professional discloses the cost of 1ml, which shows the duality of the information. We also emphasize the idea that each case must be particularized, and that pre-protocol quantities should not be determined. And we also question: who decides the diagnosis itself: the professional's "look" or the patient's "taste"?

In this context, professional websites that flout good clinical practice seem subversive. It is widely reported that "applications are addictive". Information such as the above can induce patients to sometimes unbridled and unnecessary consumerism. Additionally, it is also presented the idea that filling can be done even for those who are "satisfied" with the size of their penis.

Regarding the search for bibliographic references that support the technique, when crossing the terms “penis filling” and “penile filling” on the Pubmed Medline site (<https://pubmed.ncbi.nlm.nih.gov/>), the results were 740 and 851 articles, respectively. However, crossing the terms “penis filling hyaluronic acid” and “penile filling hyaluronic acid” results in only 4 and 5 articles, respectively. The terms “hyaluronic acid” were used precisely because it is the most used material nowadays. However, only 2 of the 5 studies refer to penile cosmetics, contesting the technique.

Unfortunately, applications are carried out by other non-medical healthcare professionals [2]. This may predict about possible difficulties in the management and treatment of complications arising from procedures. Considering analogously the tissue necrosis caused by hyaluronic acid resulting from Facial Harmonization procedures, who will treat possible complications in the penile region? The urologist? The general surgeon? The plastic surgeon? One must consider a possible clash between health professionals! And worse: one must consider possible ethical-legal and judicial problems between patients and professionals [8-10, 19-22].

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