of time, although we used well standardized partial glans excision technique (2, 3).

Our report has several limitations worth noting: a) small subset of patients, b) limited follow up, and c) we did not quantify the satisfactory and sexual outcome according to the appropriate measurements and validated questionnaires. Having said so, we are fully aware that the statement – „the procedure is safe and effective" is in the meantime preliminary. With respect to our results, the described procedure has promising potential especially in the setting of partial glans resurfacing for smaller lesions involving less than a half surface of the glans. At this time there was no comparison with the „standard of care" control group analysed. The patch itself, does not help to recreate the initial anatomy of the glans. However, according to our previous observations, the natural healing process of the glans tissues after succesful hemostasis only, has the potential to rebuild the comparable and satisfactory appearance, without any further reconstructive principles (8). This initial report should encourage urologists to conduct a well designed study to prove the efficacy of this surgical principle.

Last but not least, it is of utmost importance to indicate such a technique in a well selected compliant and motivated patient population.

Abbreviations: PeIN – penile intraepithelial neoplasia; SCC – squamous cell carcinoma; STSG – split-thickness skin graft

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