

Penile Volume Augmentation With Hyaluronic Acid Fillers: Ultrasound Observation

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Summary: Penile volumization using hyaluronic acid fillers has emerged as a minimally invasive alternative for men seeking aesthetic enhancement of penile girth. Hyaluronic acid fillers have emerged as a nonsurgical option for penile girth enhancement, with studies reporting favorable safety profiles. This case report details the treatment of a 35-year-old man, outlining procedural steps, patient outcomes, and safety considerations. The patient had normal endocrine function with no history of endocrine disorders. A supplementary video documenting the injection technique has been included. Ultrasound image guidance was used to confirm accurate placement of the filler (e.p.t.q.® Lidocaine S 300, JETEMA Co., Ltd. Korea) within the intended anatomical plane, between the dartos fascia and Buck fascia. Outcomes demonstrated a significant increase in penile circumference, from 12.3 to 13.0 cm, with high patient satisfaction and no major complications. This report described a technical approach using ultrasound guidance and anatomical considerations in a single patient; further research is necessary to evaluate outcomes in a larger cohort. (*Plast Reconstr Surg Glob Open* 2025;13:e7317; doi: [10.1097/GOX.00000000000007317](https://doi.org/10.1097/GOX.00000000000007317); Published online 3 December 2025.)

Penile aesthetics have long been associated with masculinity, self-esteem, and sexual satisfaction. In recent years, the demand for penile enhancement procedures has risen, driven by societal pressures, evolving aesthetic standards, and increasing awareness of available treatments.^{1,2} Traditional surgical methods, such as dermal grafting and fat transfer, are effective but carry significant risks, including scarring, infection, and prolonged recovery periods.¹

Anatomically, the penis consists of the skin, dartos fascia, Buck fascia, and the tunica albuginea enveloping the corpora cavernosa and corpus spongiosum. The superficial and deep dorsal veins, dorsal neurovascular bundle, and urethra are critical structures that must be avoided during filler placement. These anatomical considerations

guide precise injection techniques to ensure safety and efficacy.³⁻⁵ This case report explored the potential of hyaluronic acid (HA) fillers as an alternative to traditional surgical methods, particularly focusing on their application for penile volumization.

CASE PRESENTATION

A 35-year-old man presented with concerns about perceived inadequate penile girth. His dissatisfaction with penile aesthetics negatively impacted his self-confidence and sexual satisfaction. The patient had no history of genital surgery or previous augmentation procedures. His medical history was unremarkable, with no significant psychiatric or medical comorbidities, and he was not on any regular medications. He denied any history of erectile dysfunction, and his sexual history was normal, with no issues related to sexual performance or satisfaction. Counseling ruled out penile dysmorphic disorder, and the patient's expectations were determined to be realistic.

Physical examination revealed a normal body mass index of 24.5 kg/m², with no evidence of excess pubic fat or a protruding abdomen, which could potentially interfere with the procedure. Additionally, there was no family history of

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Received for publication January 7, 2025; accepted October 7, 2025.

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DOI: [10.1097/GOX.00000000000007317](https://doi.org/10.1097/GOX.00000000000007317)

Disclosure statements are at the end of this article, following the correspondence information.

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conditions related to penile size or morphology, and no genetic predisposition was noted among other male family members. This further confirmed that the patient's concerns were primarily aesthetic rather than being influenced by hereditary factors. Given his realistic expectations and the absence of any contraindications, the patient was deemed suitable for HA filler-based penile volumization.

The procedure was performed under dental lidocaine anesthesia to ensure comfort during the injection. A total of 5 mL of cross-linked HA filler (e.p.t.q.® Lidocaine S 300, JETEMA Co., Ltd. Korea) was injected using a 22G cannula. Two entry points were created at the base of the penile shaft at the 10 o'clock and 2 o'clock positions. The filler was deposited within the plane between the dartos fascia and Buck fascia, avoiding critical structures such as the dorsal neurovascular bundle and the urethra. Ultrasound guidance (Fig. 1) was used to ensure accurate placement, and a fanning technique was used to ensure even distribution of the filler. A fanning technique ensured even distribution, and manual molding was performed postinjection to optimize filler placement and contour (Fig. 2). The injection technique is documented in the supplementary video. (See Video [online], which demonstrates the injection technique, including cannula placement and filler distribution within the penile shaft. Ultrasound was used for preassessment and posttreatment evaluation.)

Postprocedure, the patient was instructed to avoid sexual activity for 1 week and to monitor for any signs of complications. Follow-up visits were scheduled at 2 weeks and 1 month. At the 1-month follow-up, the patient demonstrated an increase in penile girth, with the midshaft circumference increasing from 12.3 to 13.0 cm, as measured in a flaccid state (Fig. 3). At 1 month, no residual edema or

nodularity was present on examination, and the patient reported no discomfort or adverse symptoms. The patient reported improved self-confidence and high satisfaction with the aesthetic outcome. Minor adverse events, including transient edema and subcutaneous bruising, resolved without intervention. Further follow-up and long-term results will be presented in future studies.

DISCUSSION

The resorbable nature of HA, along with its capacity for enzymatic degradation by hyaluronidase, enhances its appeal in aesthetic procedures where precision and reversibility are paramount. Penile volumization using HA fillers has gained popularity as a minimally invasive alternative to traditional surgical approaches for penile enhancement.⁶ In this case, the use of e.p.t.q.® Lidocaine S 300 (JETEMA Co., Ltd. Korea), known for its high hyaluronic acid concentration that provides optimal volumizing and smoothness, was suitable for penile augmentation. The filler's low residual cross-linking agent (BDDE) further reduces the risk of adverse effects, making it an ideal choice for delicate and high-precision applications such as penile volumization. Additionally, its high cohesivity promotes smooth and even results with reduced migration, allowing the filler to maintain its shape and contour over time.

The results in this case, an increase in girth of 0.7 cm at the midshaft, are consistent with other studies that support HA fillers as a safe and effective option for penile enhancement. Compared with other materials used in penile volumization, such as autologous fat grafting or silicone implants, HA fillers offer several advantages, including a lower risk of complications, reversibility, and the ability to achieve a more

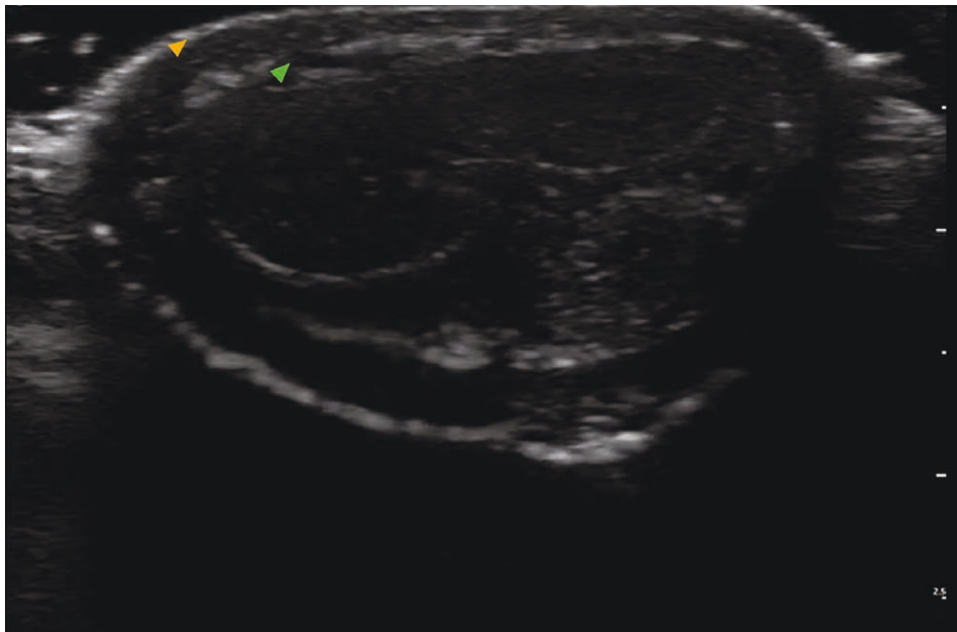


Fig. 1. Ultrasound image showing the anatomical plane between the dartos fascia (orange arrow) and Buck fascia (green arrow). The image confirms proper positioning for HA filler placement.

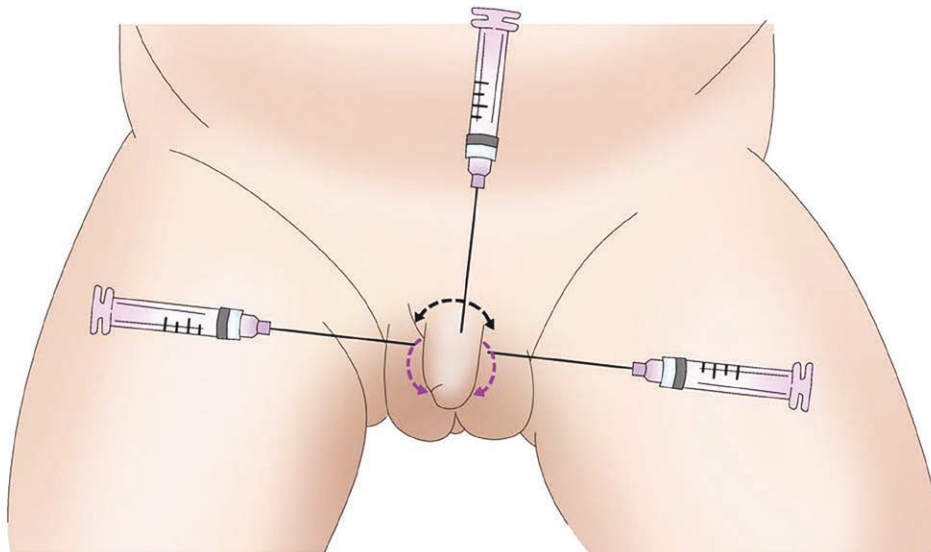


Fig. 2. Schematic diagram of the injection pattern for penile volumization using a 22G cannula. The filler was distributed evenly between the dartos fascia and Buck fascia to ensure symmetry and maintain natural contours.

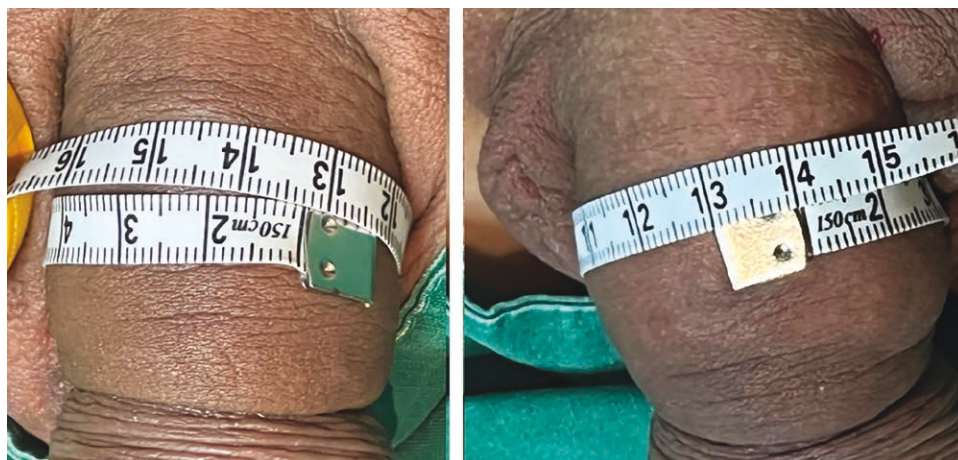


Fig. 3. Pre- and 1-month postprocedure images showing an increase in penile girth from 12.3 cm to 13.0 cm at the midshaft. Volume enhancement is evident with smooth contours and no visible complications.

natural-feeling outcome.⁷ Although autologous fat grafting may require longer recovery times and carry the risk of fat absorption, HA fillers provide a quicker recovery and more predictable long-term results.⁸ Furthermore, silicone implants, though effective for permanent volumization, carry greater risks of infection, capsule formation, and need for surgical revision.⁹ HA fillers, by contrast, offer a nonsurgical solution that can be adjusted or reversed if necessary.⁶

The expected longevity of the HA filler enhancement is approximately 12–18 months. This varies depending on factors such as the patient's lifestyle, metabolism, and the amount of physical activity or pressure on the area. HA

fillers naturally break down over time, but their effect is often long-lasting compared with other injectable treatments. This durability, combined with the safety and reversibility of HA fillers, makes them a highly attractive option for penile volumization. However, regular touch-ups may be required to maintain the desired aesthetic outcome, especially in patients who engage in vigorous physical activity or sexual activity that may accelerate filler degradation.⁶

CONCLUSIONS

Overall, e.p.t.q.® Lidocaine S 300 shows considerable promise for penile augmentation, offering a noninvasive,

reversible solution with excellent aesthetic results. However, as with any injectable treatment, it is essential to consider both the immediate benefits and the potential long-term effects, including migration, in patient management and treatment planning.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

PATIENT CONSENT

Informed consent was obtained from all participants, with full disclosure of the study's purpose, risks, and confidentiality.

ACKNOWLEDGMENT

The authors thank the patient for providing consent for the use of clinical photographs and video documentation for academic purposes.

ETHICAL APPROVAL

Informed consent was obtained from all individual participants included in the study, ensuring their rights and welfare were safeguarded throughout the research.

DECLARATION OF HELSINKI

This study was conducted in compliance with the principles set forth in the Declaration of Helsinki.

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