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MALE INTIMATE AESTHETICS: PRACTICAL SOLUTIONS FOR EVERYDAY CLINICAL PRACTICE

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In contemporary urological practice, aesthetic interventions are no longer an outlier or a niche curiosity—they have become a natural extension of personalized, quality-of-life-oriented medicine. Male patients today are increasingly proactive about their health, appearance, and psychosocial well-being, including the appearance of their intimate zones. Urologists are responding to these evolving needs by integrating aesthetic procedures into routine outpatient care. International professional societies such as the European Association of Urology (EAU), the International Society of Aesthetic Plastic Surgery (ISAPS), and the European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS) increasingly recognize the intersection between reconstructive, functional, and aesthetic approaches in male genital management.

Beyond cosmetic goals, procedures in the male intimate area may also provide therapeutic relief in functional and neuropathic conditions. Chronic scrotal dysesthesia and red scrotum syndrome, for example, remain underdiagnosed yet highly disabling. In pharmacoresistant cases, intradermal botulinum toxin may offer symptomatic relief by modulating peripheral nociceptive pathways and reducing hypersensitivity.

This paper summarizes practical approaches to male intimate aesthetics based on real-world outpatient experience, with a focus on three commonly requested and clinically relevant procedures.

Botulinum toxin injections into the scrotum

Also known as “scrotox,” this intervention addresses both functional and aesthetic indications, including scrotal hyperhidrosis, cremasteric overactivity, and excessive wrinkling or asymmetry. It is administered on an outpatient basis, typically

in doses of 50–75 units, and is generally well-tolerated. Patients report improved comfort, reduced irritation, and enhanced confidence. However, botulinum toxin may affect thermoregulation by inhibiting dartos and cremasteric muscle activity. While clinical data in humans remain limited, animal studies suggest potential adverse effects on spermatogenesis due to elevated intrascrotal temperature. Consequently, this procedure is not recommended for men planning conception in the near future. Thorough patient selection and informed consent are critical. The use of psychometric tools such as the Index of Male Genital Image (IMGI) may help evaluate body image satisfaction and guide aesthetic decision-making.

Testicular implants

Initially developed for post-orchiectomy reconstruction, testicular prostheses are now increasingly requested for aesthetic and gender-affirming purposes. Indications include scrotal asymmetry, post-traumatic loss, and dissatisfaction with genital appearance. Current options include gel-filled and silicone implants, with surgical access via scrotal or inguinal approaches. Outcomes are generally favorable, with high rates of patient-reported satisfaction when individualized planning is emphasized.

Minimally invasive dermatologic procedures in the genital area

Benign lesions such as fibromas, angiokeratomas, xanthelasma-like plaques, and localized hyperpigmentation can negatively affect genital self-image. These may be effectively treated using laser ablation, radiofrequency excision, or electrocoagulation in an outpatient setting. Genital papillomas—often HPV-related—are particularly common and frequently underestimated. While technically simple to remove, they tend to recur and may cause considerable physical and psychological discomfort, especially during periods of stress or immunosuppression.

Conclusion

Male intimate aesthetics should not be regarded as a superficial trend but as part of the broader shift toward individualized, body-conscious, and psychologically informed medicine. The integration of aesthetic procedures into urological care reflects

an evidence-based response to real patient concerns. Urologists are uniquely positioned to contribute to this evolving field by combining anatomical expertise, aesthetic sensibility, and clinical empathy.