

Re: Shah R. Twenty five years of the low cost, non-inflatable, Shah Indian prosthesis: The history of its evolution. Indian Journal of Urology 2021;37:113-5

We read with great admiration the article by Rupin Shah titled, "Twenty five years of the low cost, non-inflatable, Shah Indian prosthesis: The history of its evolution." The Shah's penile prosthesis has undoubtedly stood the test of time by being in clinical use for 25 years. This is amply shown by the sales figures over the years.^[1] India has not seen another penile prosthesis developed during this period. The device evolved to become increasingly versatile, making one wonder as to how a pair of silicone rods could be developed into four models of differing lengths of the anterior stiff zone. Chung, in his review of penile prosthesis, has described the Shah implant as a nonmalleable device with four zones of stiffness: a soft distal tip followed by a stiff segment for shaft rigidity, next a soft zone that can hinge, and finally a narrow stiff proximal zone, underscoring the unique design of the implant, appropriately referred to as differential rigidity implant.^[2]

The first published report of its use was in a reconstructed phallus using radial forearm flap.^[3] In a series of 78 men who underwent implantation of semirigid penile prosthesis, Patil *et al.* have documented high level of satisfaction in the patients as well as their partners. The most common type of penile prosthesis implanted in these patients was the Shah prosthesis followed by AMS 650.^[4] However, the authors have not revealed the exact numbers of patients who received each of these.

Garber and Lim in a retrospective analysis of a series of men with severe intracorporal fibrosis who underwent inflatable penile prosthesis (IPP) observed that IPP insertion into scarred corpora is not only difficult but at times impossible.^[5] The original nonhinged model (OH01) should come to implanter's rescue under such circumstances.

Given the company's sales figures and the virtues of the device, there should have been large published series on its use and utility. Patwardhan *et al.* in their series of ten recipients of the Shah prosthesis have justified its use for cost-effectiveness.^[6] While the author richly deserves to be congratulated for the invention and its improvisation, we hope that more users of this implant will come forward to share their experience. Finally,

we are curious to know about patient-reported outcome as to their satisfaction with concealment, especially when the hinged version of the device is deployed.

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