

Peyronie's disease - latest treatment options

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1. Introduction:

Until recently, there has been little option for men who suffer from Peyronie's disease. Wendy Hurn considers this innovative device as a method to change the way these men have been treated until now with remarkable results.

In clinical practice, we observe a considerable number of men with penile curvature due to Peyronie's plaques. Peyronie's disease is a condition in which a plaque, or hard lump, builds on the penis in form of a fibrotic scar that develops within the tunica albuginea of the corpora cavernosa and may cause a curvature of the erect penis.

There is a variety of opinions, but a recent study seems to put the percentage rate of his incidence as high as 3,2%. However, it is difficult to estimate the exact number of men suffering from this disease, since many of them do not seek a doctor because they feel embarrassed or ashamed.

This area of scarring, or plaque, typically develops on the dorsal surface of the penis (dorsum), although it may also develop on the ventral side or on the lateral side of the penis. It may progress to calcification in approximately 30 % of the patients and that indicates that the scar is mature.

Peyronie's plaques can cause embarrassment and discomfort or even pain to the partner during sexual intercourse. If not treated, the disease may be a cause of serious erectile dysfunction and even produce a breakdown in the relationship.

2. Treatment options:

Initially, the first line of treatment was to "watch and wait" in order to find out if the curvature resolved itself and, in case it became worse, to give the patient a high dose of vitamin E daily. A vitamin E treatment is normally a long-term treatment of usually almost a year and may not produce any positive results.

In recent years, this treatment has been considered unsafe because of its side effects on blood pressure, leading in some cases to stroke and cardiac events. A recent Heart Outcomes Prevention Evaluation (HOPE) Study suggests such a conclusion, while many other studies continues to emphasize the overall benefits of vitamin E for the cardiovascular system. There are surgical options available, such as the Nesbit's procedure (placation procedure) or the Lue procedure (venous graft); however, given the existence of side effects and risks, this may not always be the most appropriate way.

The innovative **Andropenis[®]** traction device represents an alternative method to surgery and demonstrated very positive results.

The device is placed by the patient himself after being carefully instructed about how to use it effectively. The device is small, robust and discreet and shall be worn during daytime. It cannot be worn during sleep due to nocturnal tumescence. It takes just a few moments to apply and should be worn for a period of time gradually building up to approximately 6-8 hours a day to produce the optimum effect.

It works by gently stretching the penis and elongating the plaque, which in turn breaks it down. If worn as instructed, the first results should be recognized within 3-4 weeks, while full results will show up after approximately 3-6 months.



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Currently there are 25 patients receiving therapy with the **Andropenis**® at the Bristol Royal Infirmary's Andrology clinic, one of several busy clinics which Urology Department is offering to men suffering from Peyronie's disease both conventional surgical procedures and penile prosthetics.

The patients show different degrees of deviation; most of them having been submitted to daily treatment with the penile extender for three months or more and wearing the device during the waking hours. There has been a marked decrease of about 30-45% in degree of angulation, with a sensible reduction of discomfort and the possibility to resume sexual intercourse in most cases. The patients continue wearing the device and the evolution will be checked after six months of treatment. Two case studies will be described.

Case study 1

Patient C is a 51-year-old man who three years back developed an area of fibrosis on the dorsal part of his penis. Having unsuccessfully tried vitamin E treatment, he did not wish to undergo surgery. His marriage broke up due to his incapability to perform penetrative sex intercourse for over a year.

He underwent medical examination at the Clinic and an injection of Alprostadil revealed a penile deviation of approximately 70° with a fibrotic thickening that could be easily identified.

A daily application of the **Andropenis**® device was prescribed and the patient used it as instructed. C underwent a check-up after three months and the fibrotic plaque had lengthened and decreased in width, while the penis itself had lengthened approximately 1.2 cms.

The patient reported that the curvature had decreased approximately 20°. He underwent an examination again after six months and improvements were confirmed with a further increase in length of 1.52 cms, plus a decrease in the size of the plaque. An Alprostadil injection revealed a 25-30° curvature without discomfort or difficulty in penetration. He will continue wearing the device for a further two months and then underwent a new review.

Case study 2

Patient F is a 62-year-old man who three years back suffered a radical prostatectomy for carcinoma of the prostate gland. He suffered no long-term consequences but noticed that his penis had retracted and showed a curvature of 45° during erection.

The use of the **Andropenis**® was prescribed for a period of 4 months, with the advice to wear it for at least 4 hours a day. Initially, the penis length was 5.5 cms and a 3 mm fibrotic area showed up on the dorsal surface of the penis.

After 4 month the review evidenced that the penis now measured 6.86 cms and that the plaque had reduced in size about 2 mm.

The patient reported a correction of 50% of the penis deviation and confirmed to be extremely pleased with the results. He continues wearing the device until his next review.

3. Conclusion:

The election of the treatment method of the Peyronie's disease will be discussed between patient and specialist. For those patients who cannot or don't want to choose the surgical option, the **Andropenis**® represents a real alternative.

It gives the patients autonomy and allows them to take some control over the situation, while getting positive results. As patient and doctor discuss the possible treatment options, it is extremely important to exhaustively inform the patient that the treatment with the **Andropenis**® has to be considered an overall effective and viable treatment, and the physicians themselves will appreciate the potential benefits of this device after seeing the positive effects that their patients can achieve by using it.

