

Peyronies disease: latest treatment options



Until recently there has been little option for men who have developed Peyronies plaques. Wendy Hurn looks at an innovative device that has changed the way these men are treated with remarkable results

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In clinical practice we are seeing more men present with curvature of the penis due to Peyronies plaques. Peyronies disease is a condition in which a fibrotic scar develops within the tunica albuginea of the corpora cavernosa, and may result in curvature of the erect penis. There are varying results as to its prevalence. It is generally accepted that it affects between 0.5–1% of the male population, although a recent study puts it as high as 3.2%.¹ However, the total number of those affected is not clear as many men never seek treatment or advice through embarrassment or fear of malignancy.

The scar most commonly involves the dorsal aspect of the penis, although it can extend laterally or occur on the ventrum in some cases. Calcification is present in approximately 30% of patients and indicates that the scar is mature. These plaques can cause discomfort, embarrassment to the man and often pain to his partner when sexual intercourse is attempted. This in turn may result in erectile dysfunction and relationship breakdown if the problem is not resolved.

Treatment options

Previously, the first line of treatment was to “watch and wait” to see if the curve resolved itself or, if it became worse, a daily high dose vitamin E may be given. Treatment with vitamin E would be a long-term treatment, usually given over the course of almost a year, but may not provide any positive results. In recent years this treatment is now thought to be unsafe due to its effect on blood pressure and lead, in some cases, to stroke and cardiac events. A HOPE study has identified this issue, although there are conflicting studies that state the overall benefit of regular vitamin E on the cardiovascular system.²

Surgical options, such as Nesbitts procedure (placation procedure) or the Lue procedure (venous graft), to remedy the condition are available; however, given the potential risks and side effects, these may not always be the most appropriate option.

The innovative Andro-Penis (AndroMedical) is an alternative to these treatments and is proving to have positive results. This device is applied by the patient after being carefully instructed on how to use it effectively. The apparatus is small, robust and discreet, and should be worn during daytime. It cannot be worn at night 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 around 6–8 hours 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 initial results should be seen within 3–4 weeks, with full results taking 3–6 months.

Currently there are 25 patients using the Andro-Penis who have been seen in the Bristol Royal Infirmary's Andrology clinic, which is one of several extremely busy clinics within the hospital's urology department. These clinics offer conventional surgical procedures for this condition as well as penile prosthetics. Patients have varying degrees of deviation, and most are three months or more into the treatment and are wearing the device during waking hours daily. There has been a marked improvement of between 30–45% in the degree of angulation, with reduction in discomfort and the ability to resume sexual intercourse in most cases. The patients are continuing to wear the device and will be reviewed at six months of treatment. Two case studies are presented.

Case study 1

Patient C is a 51 year old who developed an area of fibrosis on the dorsal aspect of his penis three

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years ago. Having unsuccessfully tried vitamin E treatment, he did not wish to have surgery. His marriage failed after he was unable to have penetrative intercourse for over a year. He was seen in clinic and an injection of alprostadil revealed a penile deviation of approximately 70° with a fibrotic thickening easily identified.

An Andro-Penis was fitted and used daily as instructed. C was seen in clinic after three months and the fibrotic plaque had lengthened and decreased in width, while the penis itself had lengthened by approximately 1.2cm. The patient reported that the curvature had decreased by approximately 20°. He was seen again at six months and improvements had continued with a further increase in length of 1.52cm, 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 to wear the device for a further two months and be seen for review.

Case study 2

Patient F is a 62 year old man who suffered a radical prostatectomy for carcinoma of the prostate gland three years ago. He suffered no long-term issues following this but had noticed that his penis had retracted and when he did get an erection it had a 45° bend.

The Andro-Penis was used for a period of four months wearing the device four hours per day. Penile length on commencement was 5.5cm and a 3mm fibrotic area was felt on the dorsal aspect of the penis. At a four month review the penis measured 6.86cm and the plaque was reduced to 2mm. The patient reported that the deviation was 50% improved and he was extremely pleased with the results. He continues to wear the device until next his next review.

Conclusion

The treatment of Peyronies disease will be one of choice between the patient and the specialist. For those who cannot or will not undergo the surgical option, the Andro-Penis is a real alternative. It gives the patient autonomy and allows them to take some control of the situation, while getting positive results. It is extremely important when discussing the options that this is considered an effective and viable treatment, and the practitioner will themselves realise the potential of this device after seeing the positive effects that it can have on their patients. ●

References

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2. Lonn E, et al. Effects of long-term vitamin E supplementation on cardiovascular events and cancer: a randomized controlled trial. *JAMA* 2005;293:1338-47.