



# UROLOGY, P.C.

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## PEYRONIE'S DISEASE

Peyronies disease is an inflammation of the erectile bodies in the penis, otherwise known as the corpora cavernosa. Peyronies Disease is more common than people think, occurring most often in men between the ages of 40-60, but can occur at any age. The cause of Peyronies Disease is unknown. In fact, since the description by the French surgeon, Francois Peyronie, in 1743, not a great deal of progress has been made in understanding the reasons and progression of Peyronies disease. Peyronies Disease probably represents a phlebitis or inflammation of the veins that are in the corpora cavernosa or 'erectile bodies' or channels in the penis. Occasionally, infection or trauma can cause Peyronie's, but for the most part, its reason for starting is unknown. Peyronies Disease is most common in men in their forties to sixties, but can be seen as early as the twenties and thirties. The disease usually presents with one of three problems. Most common is pain on erection; secondly is curvature of the penis with erection; and lastly, difficult having erections, or impotence. All of these may lead to inability to have satisfactory intercourse.

The usual findings of a patient with Peyronies Disease, is a lump in the penis that is usually felt when the penis is soft. This is usually the area where the discomfort occurs in those patients that do have discomfort with erections. In many cases, Peyronies Disease will present with mild aching or uneasiness in a specific area of the penis well before any lump or "plaque" can be felt. As time progresses, the plaquing may spread causing more irregularity, bending or discomfort. In most patients, however, only a single lesion is felt.

Because we are not certain of the reason for Peyronies Disease, it is difficult to plan any treatment that is universally effective. There is no definite cure for Peyronies Disease. Spontaneous regression and disappearance of Peyronies Disease and all of the symptoms does occur in some patients, and therefore, therapy which is not particularly risky or aggressive is justified.

Two medical therapies include vitamin E and POTABA. Occasionally these drugs will soften the plaque and relieve the symptoms. Vitamin E is safer and cheaper and has no side effects. It is far and away the most common initial treatment plan. We usually use 400-500 units two times a day. Failure to resolve the symptoms in twelve months usually means that this treatment will not be effective. Treatments that have been recommended or tried in the past include the steroid injections into the plaque, ultrasound and radiation therapy. None of these treatments have been uniformly effective.

In patients where discomfort is a significant problem, some form of anti-inflammatory drug such as ibuprofen (Advil) can be used or some other similar drug.

Other treatments depend on the extent of the disease and the amount of symptoms. In certain cases, injections of steroids into the plaque might soften it. In most cases, however, a period of observation between four to twelve months is given before any aggressive therapy should be undertaken.

In patients where the bend is so severe that intercourse is impossible, or impotence has all ready developed, surgical treatment is probably the only reasonable option. The scarring plaque that is causing the bend may need to be removed or incised (cut) and to straighten out the penis, which usually impairs the quality of erections. Therefore, a penile prosthesis is often placed at the same time to make certain that a good erection that lasts long enough to have penetration and normal sexual relationships occurs.

Other medical therapy includes oral potaba, plaque injections with steroids (cortisone), ultrasound and with radiation therapy to the penile plaque.

Surgical options include incision of the plaque and replacement of the defect that results with some form of graft using another part of the body or even a foreign substance. While the derma-grafting allows straightening of the penis, substitution of the disease scar tissue by the graft does have complications include recurrence of the deformity because of scarring or difficulty maintaining an erection. The option that we prefer, if surgery is needed after other options have been tried, is to make simple incisions into the plaque to allow straightening to occur. Then to keep the penis straight we place a penile prosthesis that will also allow for a good erection postoperatively.

If you have more questions or concerns, please don't hesitate to ask.