

Peyronie's Disease

Peyronie's disease, a condition of uncertain cause, is characterized by a plaque (a hard lump) that forms on the penis. The plaque develops on the corpora, which are the erectile chambers in the penis. It usually begins as a localized inflammation and subsequently develop into a hardened scar. The condition is benign, or non-cancerous. Peyronie's disease occurs in about 1 percent of men. About 30 percent of people with Peyronie's disease develop fibrosis (hardened cells) in other elastic tissues of the body, such as on the hand or foot. A common example is a condition known as Dupuytren's contracture of the hand.

Peyronie's disease often occurs in a mild form that deserves no treatment. Because the scar prevents expansion of the erectile chamber, in severe cases, the hardened plaque can cause pain and force the penis to bend or arc during erection. It can also cause indentation and shortening of the penis. Pain, bending, and emotional distress, prohibit sexual intercourse.

Men with Peyronie's disease usually seek medical attention because of painful erections and difficulty with intercourse. Since the cause of the disease and its development are not well understood, doctors treat the disease empirically; that is, they prescribe and continue methods that seem to help. The goal of therapy is to keep the Peyronie's patient sexually active. Providing education about the disease and its course often is all that is required. No strong evidence shows that any treatment other than surgery is effective. Experts usually recommend surgery only in long-term cases in which the disease is stabilized and the deformity prevents intercourse.

A French surgeon, François de la Peyronie, first described Peyronie's disease in 1743. The problem was noted in print as early as 1687. Early writers classified it as a form of impotence. Peyronie's disease can be associated with impotence; however, experts now recognize impotence as one factor associated with the disease—a factor that is not always present. No specific cause of the disease is known. Most common speculative cause is repeat trauma to the penis during sex.

Treatment

Peyronie's disease often is self-limiting without treatment. In most cases, waiting 1 to 2 years or longer before attempting to correct it surgically is prudent. Initial treatments may include Vitamin E 400mg twice a day (can be obtained over the counter) and lubricant use during intercourse.

Researchers have injected chemical agents such as collagenase, dimethyl sulfoxide, steroids, and calcium channel blockers directly into the plaques. None of these has produced convincing results.

Peyronie's disease has been treated with some success by surgery. The two most common surgical methods are:

- Removal or expansion of the plaque followed by placement of a patch of skin or artificial material, and
- Removal or pinching of tissue from the side of the penis opposite the plaque, which cancels out the bending effect.

The first method can involve partial loss of erectile function, especially rigidity. The second method, known as the Nesbit procedure, causes a shortening of the erect penis.

Some men choose to receive an implanted device that increases rigidity of the penis. In some cases, an implant alone will straighten the penis adequately. In other cases, implantation is combined with a technique of incisions and grafting or plication (pinching or folding the skin) if the implant alone does not straighten the penis.

Most types of surgery produce positive results. But because complications can occur, and because many of the phenomena associated with Peyronie's disease (for example, shortening of the penis) are not corrected by surgery, most doctors prefer to perform surgery only on the small number of men with curvature so severe that it prevents sexual intercourse.