

Porterbrook Clinic

Sexual and Reproductive Health Care Directorate

Andrology Service

Peyronie's Disease

Information for Users of our Service

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Introduction.

Peyronie's disease, a condition of uncertain cause, is characterised by a plaque, or hard lump, that forms within the penis. The plaque develops on the upper or lower side of the penis in layers containing erectile tissue. It begins as a localised inflammation and can develop into a hardened scar.

Cases of Peyronie's disease range from mild to severe. Symptoms may develop slowly or appear overnight. In severe cases, the hardened plaque reduces flexibility, causing pain and forcing the penis to bend or arc during erection. In many cases, the pain decreases over time, but the bend in the penis may remain a problem, making sexual intercourse difficult. The sexual problems that result can disrupt a couple's physical and emotional relationship and lead to lowered self-esteem in the man. In a small percentage of patients with the milder form of the disease, inflammation may resolve without causing significant pain or permanent bending.

The plaque itself is benign (noncancerous). A plaque on the top of the shaft (most common) causes the penis to bend upward; a plaque on the underside causes it to bend downward. In some cases, the plaque develops on both top and bottom, leading to indentation and shortening of the penis and can also cause the penile tip to lose rigidity at erection.. At times, pain, bending, lack of firmness and emotional distress prohibit sexual intercourse.

Whilst the disease occurs mostly in middle-aged men, younger and older men can acquire it. 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. In some cases, men who are related by blood tend to develop Peyronie's disease, which suggests that familial factors might make a man vulnerable to the disease.

Men with Peyronie's disease usually seek medical attention because of painful or poor erections and difficulty with intercourse. A French surgeon, Franois 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 erectile dysfunction (impotence); however, experts now recognise erectile dysfunction as only one factor associated with the disease—a factor that is not always present.

Course of the Disease

Many researchers believe the plaque of Peyronie's disease develops following trauma (hitting or bending) that causes localised bleeding inside the penis. A chamber (actually two chambers known as the corpora cavernosa) runs the length of the penis. The inner-surface membrane of the chamber is a sheath of elastic fibers. A connecting tissue, called a septum, runs along the centre of the chamber and attaches at the top and bottom.

If the penis is abnormally bumped or bent, an area where the septum attaches to the elastic fibers may stretch beyond a limit, injuring the lining of the erectile chamber and, for example, rupturing small blood vessels. As a result of aging, diminished elasticity near the point of attachment of the septum might increase the chances of injury.

The damaged area might heal slowly or abnormally for two reasons: repeated trauma and a minimal amount of blood-flow in the sheath-like fibers. In cases that heal within about a year, the plaque does not advance beyond an initial inflammatory phase. In cases that persist for years, the plaque undergoes fibrosis, or formation of tough fibrous tissue, and even calcification, or formation of calcium deposits.

Treatment

Because the course of Peyronie's disease is different in each patient and because some patients experience improvement without treatment, medical experts suggest waiting 1 to 2 years or longer before attempting to correct it surgically. During that wait, patients often are willing to undergo treatments whose effectiveness has not been proven.

Some clinicians have given men with Peyronie's disease vitamin E (200mg 3 times a day) orally and have reported improvements. You can buy this in a pharmacy. Similar success has been attributed to the anti oestrogen tablet called Tamoxifen and to the tablet application of para-aminobenzoate (Potaba) a substance belonging to the family of B-complex molecules. Side effects are unusual with these agents but each may have to be taken for some months for an effect to be apparent.

Researchers have injected chemical agents such as collagenase, steroids, and calcium channel blockers directly into the plaque. None of these has produced convincing results, but you can talk to our Doctor about these options if you do not want a surgical treatment. Steroids, such as cortisone, have produced unwanted side effects such as atrophy, or death of healthy tissues.

Likewise external shockwave therapy has been reported as helpful in some cases and this is subject to further investigation. Currently, none of the treatments mentioned here has equalled the body's natural ability to eliminate Peyronie's disease. The variety of agents and methods used points to the lack of a proven, effective treatment.

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, can cause a shortening of the 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. However, complications can occur (including erection difficulties) 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 restrict surgery for the small number of men with curvature so severe that it prevents sexual intercourse.

Other drug treatments can be used to improve penile rigidity, such as oral medications like Viagra or Uprima or medications injected into the urethra by pipette (MUSE).

The vacuum constriction device, which consists of a cylinder and a pump, which draws blood into the flaccid penis thus creating an artificial erection, can sometimes help. Vacuum devices can be used to improve the circulation in the penis and straighten the bend to some degree in certain cases.

Separate leaflets describe these alternative treatments in greater details.