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Peyronie's disease

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Peyronie's disease is a connective tissue disorder involving the growth of fibrous plaques [1] in the soft tissue of the penis affecting as many as 1-4% of men. Specifically the fibrosing process occurs in the tunica albuginea, a fibrous envelope surrounding the penile corpora cavernosa.

Peyronies Disease is also formally known as "penile induration" or "Induratio Penis Plastica (IPP)" and colloquially as "bent nail syndrome". A French surgeon, François Gigot de la Peyronie, first described the disease in 1743. [2][3][4]

Peyronie's disease

Classification and external resources



ICD-10	N48.6 (http://www.who.int/classifications/apps/icd/icd10online/?gn40.htm+n486)
ICD-9	607.85 (http://www.icd9data.com/getICD9Code.ashx?icd9=607.85)
OMIM	171000 (http://www.ncbi.nlm.nih.gov/entrez/dispomim.cgi?id=171000)
DiseasesDB	29308 (http://www.diseasesdatabase.com/ddb29308.htm)
MedlinePlus	001278 (http://www.nlm.nih.gov/medlineplus/ency/article/001278.htm)
eMedicine	derm/851 (http://www.emedicine.com/derm/topic851.htm)
MeSH	D010411 (http://www.nlm.nih.gov/cgi/mesh/2008/MB_cgi?field=uid&term=D010411)

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Variation

A certain degree of curvature of the penis is considered normal, as many men are born with this benign condition, commonly referred to as congenital curvature. This causes the penis to point in a direction other than directly forward, while still having a relatively straight shaft. Such curvature is not caused by Peyronie's Disease.

Symptoms

The disease may cause pain, hardened, cord-like lesions (scar tissue known as "plaques"), or abnormal curvature of the penis when erect. In addition, narrowing and or shortening of the penis may occur. Pain felt in the early stages of the disease often resolves in twelve to eighteen months. Erectile dysfunction, in varying degrees, often accompanies these symptoms in the later stages of the disease process. The condition may also make sexual intercourse painful and/or difficult, though many men report satisfactory intercourse in spite of the disease. Although it can affect men of any race and age, it is most commonly seen in caucasian males above the age of 40. Peyronie's Disease is not contagious, nor is it related in any way to cancer. The disease only affects men and is confined to the penis, although a substantial number of men with Peyronie's exhibit concurrent connective tissue disorders in the hand, and to a lesser degree, in the feet.

About 30 percent of men with Peyronie's disease develop fibrosis in other elastic tissues of the body, such as on the hand or foot, including Dupuytren's contracture of the hand. An increased incidence in genetically related males suggests a genetic component.

Diagnosis

A urologist can diagnose the disease and suggest treatment, and it is best to seek out a urologist who specializes in Peyronie's Disease, as the disease and its current treatments are not well understood by some urologists in general practice.

Cause/Treatment

The underlying cause of Peyronie's disease is thought to be trauma or injury to the penis usually through sexual activity. Most of the time, the patient is unaware of any traumatic event or injury. Without treatment, about 12-13% of patients will spontaneously improve over time, 40-50% will get worse and the rest will be relatively stable. Always consult a qualified physician before starting any treatment regimen. Anecdotal evidence supports use of a vacuum erection device to exert gentle longitudinal forces on the plaque, and to lead to remodeling; this too is now being studied in a clinical trial. Never attempt to bend or force the erect penis back to its former alignment as this could cause

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serious injury and significantly worsen the condition.

There is also an association that a class of anti-hypertensive drugs known as beta blockers may exacerbate or be a possible cause of PD, although it has not been proven. However, all beta blocker drugs list PD as a possible side effect.

Medication and supplements

Many oral treatments have been studied, but results so far have been mixed.^[5] Some consider the use of non-surgical approaches to be "controversial".^[6]

Vitamin E supplementation has been studied for decades, and some success has been reported in older trials, but those successes have not been reliably repeated in larger, newer studies.^[7] A combination of Vitamin E and colchicine has shown some promise in delaying progression of the condition.^[8]

Newer agents targeting the basic mechanisms of inflammation have not yet been studied in larger clinical trials. Such medications include potassium para-aminobenzoate (Potaba),^[9] acetyl L-carnitine, propionyl L-carnitine, L-arginine, sildenafil (acting through phosphodiesterase-5 inhibition) and pentoxifylline (acting through TGFβ1 inhibition).

Interferon-alpha-2b has been proposed in recent publications.^[10]

Formulations of superoxide dismutase are also reported to be effective in Peyronies [1] ([http://www.europeanurology.com/article/S0302-2838\(05\)00256-3/abstract](http://www.europeanurology.com/article/S0302-2838(05)00256-3/abstract)).

Traction Devices

In a 2007 pilot study led by Dr. Laurence A. Levine, traction treatment reduced curvature by an average of 33% without adverse effects. Levine concluded that "further study appears warranted given the response noted in this pilot study." Peyronie's Case Study (<http://www.blackwell-synergy.com/doi/abs/10.1111/j.1743-6109.2008.00814.x>)

Surgery and other procedures

Surgery, such as the "Nesbit operation",^[11] is considered a last resort and should only be performed by highly skilled urological surgeons knowledgeable in specialized corrective surgical techniques. A penile prosthesis may be appropriate in advanced cases.^[12]

Injections to plaques (scar tissue formed by the disease) with Verapamil may be effective in some patients. Use of iontophoresis with Verapamil and Dexamethasone, applied to the affected areas has been studied^[13] but a recent placebo controlled trial failed to show a significant improvement. There

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are no clinical trials listed in the NIH trial registry.

Counseling

Peyronie's Disease can be a physically and psychologically devastating disease. While most men will continue to be able to have sexual relations, they are likely to experience some degree of deformity and erectile dysfunction in the wake of the disease process. It is not uncommon for men afflicted with Peyronie's Disease to exhibit depression, withdrawal from their sexual partners, and an unwillingness to talk openly about their concerns with their partner and or their physician. Accordingly, seeking out a mental health professional is often recommended as an adjunct to medical treatment.

See also

- Hypospadias

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External links

- **Peyronie's disease**
(http://www.dmoz.org/Health/Men's_Health/Conditions_and_Diseases/Penis/Peyronie's_Disease/ at the Open Directory Project)
- A prospective, randomized study using transdermal electromotive administration of verapamil and dexamethasone for Peyronie's disease. (<http://www.ncbi.nlm.nih.gov/pubmed/15017231?dopt=Abstract>)
- The Peyronies Disease Society, An educational and support organization for men suffering from Peyronies Disease and for their partners. Professionals are welcome. (<http://www.peyroniessociety.org/>)

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Categories: Sexual health | Andrology | Penis

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