

PEYRONIE'S DISEASE

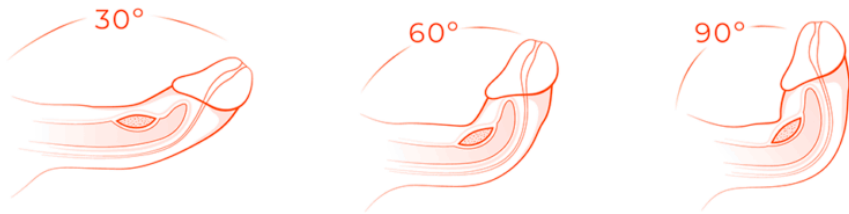
A practical guide to what it is, what to expect, and treatment options



What is Peyronie's disease?

Peyronie's disease is caused by scar tissue (called plaque) that forms in the tissue surrounding the erectile bodies of the penis. Because the scarred area does not stretch normally during an erection, the penis may curve, narrow, shorten, or feel unstable at one point.

DEGREES OF ERECTILE CURVATURE



The plaque acts like a stiff area that cannot expand normally during an erection.

What might you notice?

- A curve during erections. The penis may bend upward, downward, left, or right.
- Loss of penile length or shortening.
- Narrowing or an “hourglass” shape.
- A weak or unstable area where the penis bends easily (sometimes called a hinge defect).
- Pain with erections or intercourse, especially early in the condition.

Important to know

The amount of curvature does not always match how bothersome the condition feels. Treatment should focus on your symptoms, erectile function, anatomy, and goals.

Why does Peyronie's disease happen?

There is not always one clear injury that causes Peyronie's disease. Only a minority of men remember a specific traumatic sexual event. One commonly discussed explanation is repeated small injuries to the penis over time, followed by abnormal scar formation in someone who may be predisposed to develop it.

A simple way to picture it

Think about a long balloon. When it expands evenly, it stays straight. If one side has a stiff piece of tape on it, that side cannot stretch as well, so the balloon bends toward the taped side. Peyronie's plaque can act in a similar way.

Does it change over time?

Yes. Peyronie's disease is often described as having two phases:

Active (acute) phase

The curve or deformity may still be changing. Pain is more common during this phase. The active phase can last months and sometimes longer.

Stable (chronic) phase

The shape has stopped changing and pain has usually improved. Many men reach a stable phase within the first year to 18 months.

What are realistic treatment goals?

The goal is usually not to return the penis to exactly how it looked years ago. Instead, treatment is aimed at improving function and reducing the problems that matter most to you. Common goals include:

- A penis that is straight enough for comfortable intercourse.
- Reliable erections that are firm enough for penetration.
- Less pain or discomfort.
- Improved stability, shape, or length when possible.

Treatment options

Not every patient needs the same treatment. Your urology team may recommend one treatment or a combination of treatments.

Your treatment plan should be individualized

The best option depends on the type of deformity, how long it has been present, whether it is still changing, your erectile function, your priorities, and how much the condition is affecting your sex life.

1. Support erectile quality

If erections are not fully firm, improving erectile strength may reduce bending or buckling during sex and may help limit additional injury. Medications such as tadalafil (Cialis®) may be used when appropriate.

2. Oral or topical medications

Several medications have been tried for Peyronie's disease. Evidence is mixed, and no pill or cream reliably removes the plaque. Some clinicians use medications such as pentoxifylline in selected patients. Older treatments such as vitamin E and colchicine have not shown reliable benefit.

Key point

Medication may be part of a treatment plan, but pills and creams generally do not correct a significant established curvature by themselves.

3. Injections into the plaque

Some medications can be injected directly into the plaque. Xiaflex® (collagenase clostridium histolyticum) is an FDA-approved injection treatment for appropriately selected patients with Peyronie's disease. The medication helps break down abnormal collagen in the plaque and is typically combined with penile modeling or traction.

- Temporary bruising, swelling, and discomfort are common.
- Serious penile injury is uncommon but can occur, so it is important to follow activity restrictions and post-treatment instructions carefully.

4. Penile traction or vacuum therapy

Traction devices gently stretch the penis over time. Vacuum erection devices use negative pressure to draw blood into the penis and stretch the tissues. These treatments may be used alone or with other therapies.

- Traction can help improve curvature and may help preserve or recover length.
- Vacuum devices may be particularly useful when narrowing or an hourglass deformity is present.
- Consistency matters. These treatments require regular use over time.

RestoreX® is one commonly used traction device with clinical trial data. Other traction devices are also available. Your urology team can help you decide whether traction is appropriate and which device is a good fit for your treatment plan.

When erectile dysfunction is part of the problem

Correcting the curve alone may not restore useful sexual function if erections are not firm enough for penetration. In that situation, treatment needs to address both the curvature and the erection problem.

Surgical treatments

Surgery is generally considered when the deformity is stable and is significantly interfering with sexual activity, or when other treatments are not appropriate or have not provided enough improvement.

Penile plication

Plication places sutures on the side opposite the curve to straighten the penis. It is a relatively straightforward outpatient procedure and has a high rate of straightening in properly selected patients.

- Often best suited to men with good erectile function and a bothersome curve.
- Because the longer side is shortened to match the scarred side, some loss of length can occur.
- It is less useful when the main problem is a significant hourglass deformity or narrowing.

Plaque incision/excision and grafting

For more complex deformities, the plaque may be opened or removed and a graft placed to restore shape or length. This is a more involved operation and requires experience because the plaque lies near nerves and blood vessels.

- This may be considered for severe curvature, complex deformity, or significant shortening in selected patients.
- Potential risks include numbness, reduced erection strength, scarring, and recurrent or residual curvature.

Penile implant

When Peyronie's disease occurs together with significant erectile dysfunction, a penile implant can treat both problems. The implant provides rigidity, and additional straightening maneuvers can be performed during the same surgery if needed.

What about shockwave therapy?

Shockwave therapy has been studied for Peyronie's disease. It may help pain in some men during the active phase, but it has not been shown to reliably break up the plaque or correct penile curvature. It should not be viewed as a proven treatment for straightening the penis.

How do we choose the right treatment?

There is no single "best" treatment for every patient with Peyronie's disease. Your urology team will consider:

- How long you have had the condition and whether it is still changing.
- The direction and degree of curvature.
- Whether you have narrowing, an hourglass deformity, or a hinge defect.
- Your current penile length and whether length loss is a major concern.
- The quality of your erections with or without ED medication.
- Pain, ability to have intercourse, and how much the condition bothers you.
- Your preferences regarding non-surgical treatment versus surgery.

Bottom line

Peyronie's disease is treatable, but treatment should be matched to your specific anatomy, erectile function, and goals. A good plan starts with understanding which part of the condition is causing the biggest problem for you.



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