

Sexual Dysfunction Association

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Peyronie's disease

Why is it called Peyronie's disease?

Peyronie's disease was named after Francois Gigot de la Peyronie, who in 1743 first described the characteristic changes in the penis.

What is it?

Peyronie's disease is a benign fibrous condition of the penis. The fibrous 'plaques' are formed in the tunica albuginea, the firm tissue that surrounds the main erectile bodies. As fibrotic tissue does not stretch, any elongation of the penis on erection in someone with this disorder usually results in a penile deformity, with the bend sometimes so marked that sexual intercourse is impossible.

The exact cause is not yet fully understood and many factors may be involved. Twenty-five per cent of patients have Dupuytren's contracture, a similar fibrotic condition found in the tendons in the palm of the hand causing a progressive clenching of the fingers. There may be a family history in 2% of patients and many patients have vascular diseases such as diabetes, hypertension and heart conditions.

Who can get Peyronie's disease?

Any man can develop Peyronie's disease. It commonly presents in men in their forties but can occur in men as young as 18 years old.

What are its main features?

The three main symptoms of Peyronie's disease are:

1. Penile pain on erection
2. A thickening in the shaft of the penis
3. A curvature of the erect penis.

There may be erectile dysfunction (ED or impotence) as well. The pain occurs initially as the inflamed plaque is stretched with erection and it usually subsides spontaneously within three-six months. At this stage, the patient may notice a thickening or plaque in the shaft of his penis. As the plaque develops, the penis may become more noticeably curved when erect, commonly towards the abdomen. If this curve increases to a severe angle (greater than 60 degrees), intercourse can become uncomfortable or even impossible. Erectile dysfunction is common because of a combination of physical and psychological factors.

What are the options for treatment?

It is important to remember that many men with Peyronie's disease do not need any treatment, as the condition usually stabilises over about a year, and any minor deformity does not interfere with sexual function. Many medical treatments have been used, but no single treatment has been shown to work in everyone. This is because despite many years of research, the cause still remains unknown. In the early stages of the disease, various medicines have been used but with variable results. A variety of injections into the plaque may help although more research is needed.

Surgery is only considered if the disease has been present for at least one year and is not increasing. Approximately 20% of patients need surgery, either to straighten the penis if the curvature is severe enough to prevent intercourse, or rarely, to treat the erectile dysfunction.

The commonest operation used to straighten the penis is called the Nesbit procedure. A small amount of tissue is removed from the longer side of the penis, or, alternatively, the fibrous plaque can be cut and a graft is put in to lengthen the shorter side. In both operations, there is some loss of length of the penis, more so with the Nesbit procedure. In advanced Peyronie's disease and where the ability to get an erection is very poor, the insertion of an inflatable prosthesis or rod may be the best solution.

What should I do if I think I have Peyronie's disease?

Go to see your doctor as soon as you feel any pain or abnormal lumps in your penis. If Peyronie's disease is diagnosed, ask your doctor to explain the condition and the treatment options that are available. A referral to a consultant with a special interest in male sexual health problems can be arranged. Remember, the disease is not linked to infection or cancer and the main aim of treatment is to prevent and correct the penile deformity.

Further reading

Pryor JP, Ralph DJ. Clinical presentations of Peyronie's disease. *Int J Imp Res.* 2002; **14**: 414-417.

Ralph DJ, Minhas S. The management of Peyronie's disease. *Br J Urol Int.* 2004; **93**(2): 208-15.

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Ralph DJ. The Surgical Treatment of Peyronie's Disease. *European Urology.* 2006; **50**(2): 196-8.

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