

PEYRONIE'S DISEASE.

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A brief account of Peyronie's disease and various treatment options are discussed.

Peyronie's disease (PD) is an unusual condition affecting the shaft of the penis as an induration. The affected patients will have pain on erection.

Peyronie's disease is characterised by a hard cartilagenous like plaque on the dorsal surface of the penis which may cause dyspareunia. The aetiology of this disease is unknown. This was first described by de la Peyronie, a surgeon to Louis XIV 1.

Case report:

A 53 year old patient attended the clinic complaining of painful erection and mild deviation of the shaft of the penis. The patient looked healthy and had no history of any serious illness in the past. The genital examination showed a hard nodular lesion on the dorsal shaft. Routine blood tests were normal.

Discussion:

The plaques of PD may be single or multiple. This may undergo fibrosis and older lesions may get calcified. The lesion may appear initially as a painless nodule which will later result in pain and deformity of the shaft on erection. This may be associated with difficulty on passing urine or pain during intercourse. Impotence and peyronie's disease has resulted following the use of non medical catalogue type vacuum erection device². The pulling forces in this case were prohibitively high. Some features of autoimmunity in particular cell mediated response are present in PD³. Magnetic resonance imaging enables exact imaging of penile structures, but it does not provide a significant advantage over the standard investigative procedures⁴. The treatment of this condition is disappointing. Many types of treatments have been tried before, such as potassium para-aminobenzoate, vitamine-E, inerplaque steroid injection, etc. But results are not satisfactory. It is better to avoid surgery except in patients with deformity of the penis, which may cause

dyspareunia. Colchicine has been used in the treatment of PD with some promising results⁵. Intralesional calcium antagonist (verpamil) therapy offers an economical and sensible non operative approach to the PD treatment⁶. The surgical correction by corporal plication of penile deformity secondary to PD developed better quality of erections ⁷. Even though operative correction of the penile curvature is reasonably safe, it should not be performed solely for cosmetic reasons⁸. Penile modeling over an inflatable penile prosthesis is a new technique for the patient with severe PD⁹, other treatments like laser therapy associated with ultrasound is better tolerated than any other treatment for the penile infiltrations¹⁰. Low dose radio therapy with only a few fractions has been reported to be effective¹¹.

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