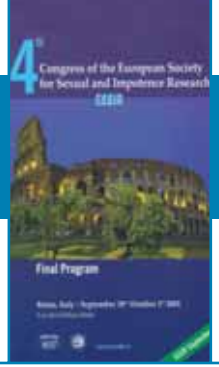


Can an External Penis Stretcher Reduce Peyronie's Penile Curvature?

International Journal of Impotence Research (volume 13, sup. 4, Oct-2001) and presented at the 4th annual European Society for Sexual and Impotence Research (ESSIR) Conference (Rome, Oct. 2001). Scroppo FI., Mancini M., Maggi M.*, Colpi GM. Andrology Service, Ospedale San Paolo, Milano (Italy). * Andrology Unit, Dip. Fisiopat. Clin., Università di Firenze, Firenze (Italy).

1. Introduction & Objectives:

Peyronie's fibrotic lesions frequently affect the dorsal tunica albuginea and the septum of the penis. Subsequently they can lead to plaque development, penile deformity and pain during erection. Duplex sonographic scanning may allow an objective evaluation of the fibrosis, assessing the thickening of the tunica albuginea and penile plaques. The aim of this study is to investigate the efficacy of mechanical penile stretching (PS) to reduce plaque thickness and penile deformity during erection.

2. Materials & Methods:

Eight patients (age 58.5±5.3 yrs.) affected by Peyronie's disease, apparently unmodified at least for the latest 3 months and causing penile curvature during erection (PEC), were trained to use a mechanical penis stretcher. None of them complained about erectile dysfunction according to IIEF test, and penile pain.

After intracavernous injection of PgE1 5-15 mg to obtain full erection (assessed by both Digital Inflection Rigidometry and palpation), cross scanning of tunica albuginea by duplex sonography, photographs of the erect penis according to Kelami's projections, and penile diameters and length measurements were performed before and after daily home PS application (at least four hours/day) for 3 to 6 months.

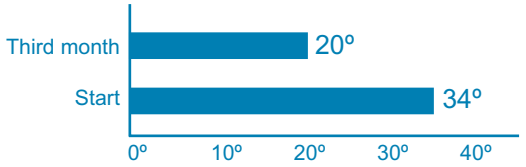
Individual follow-up examinations were scheduled after 3 and 6 months. At the present time, all patients have concluded the 3-month follow-up, and two of them the 6-month one.

3. Results:

The tunica highest thickness resulted 1.8±0.6 mm before and 1.6±0.3 mm after PS (n.s.). The septum latero-lateral maximum thickness was 2.2±0.7 mm before and 1.8±0.8 mm after PS (n.s.). Penile length, dorsally measured from penopubic angle to meatus, was 100.5±27.3 mm before and 104.6±22.2 mm after PS (n.s.).

Photographs showed that PEC decreased from 34.1±4.9° before to 20.0±12.2° after PS ($p \leftarrow 0.05$).). The treatment was well tolerated (no severe complication and no drop out occurred).

CORRECTION OF CURVATURE CAUSED BY PEYRONE'S DISEASE USING THE **Andropenis**®



4. Conclusions:

These results suggest a promising use of PS in selected Peyronie's patients affected by penile curvature without erectile dysfunction.