CASE REPORT

PEYRONIE'S DISEASE

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Peyronie's disease is an uncommon condition and authors have not seen it in their practice. This is our first experience which is reported here.
Key Words: Peyronie's, Penile, Plaque

INTRODUCTION

Peyronie's disease is a common cause of penile deformity. It was described as "rosary beads of scar tissue to cause an upward curvature of the penis during erection" by a French Surgeon, Francois Gigot de la Peyronie in 1743.[1-3] It is an uncommon condition which is generally seen in men between the ages of 45 to 60 years with an incidence of 1% to 3.2%.[3-5] Literature search from Pakmedinet and Medlip did not find any relevant references, so this experience is shared.

CASE REPORT

A 22 years old gentleman presented in surgical clinic, with a painful nodule on the left side of his penis and deformity during erection for two months.

He was alright two months back when he started feeling something firm under the skin of penis just proximal to the glans. At erection this area becomes painful even to touch and glans deviates toward the left. He did not recall any kind of penile trauma or UTI in recent past. There is no history of smoking.

He was a young man in good health. General physical examination was normal.

A plaque of 2x1 cm was present on the left side in the shaft of penis just proximal to the glans. This plaque was tender and firm in consistency.

A clinical diagnosis of Peyronie's disease was made and an ultrasound was performed which showed a plaque in both Transverse (Fig.1) and Longitudinal (Fig.2) planes.

He was counseled and Vitamin E 200mg B.D prescribed. He was followed up in clinic and after six weeks he reported that the plaque is no more painful and deformity had not worsened.

DISCUSSION

Peyronie's disease is described for more than two and half centuries, but its etiology, epidemiology and natural history are not well known [1]. At local level, lack of literature about this condition means that either patients are reluctant to report it due to some reason or it does not occur here. The last view may not be true because studies are available from neighboring countries like Iran[6] and India[7].

Fig-1: An echogenic area with posterior shadowing is seen as a crescent over left corpus cavernosum

Fig-2: An echogenic area with posterior shadowing is seen along left corpus cavernosum.

Currently Peyronie's disease is considered as an acquired inflammatory condition and this view is supported by histopathology which shows perivascular inflammatory process in the loose connective tissue lying between the tunica albugenia and the erectile tissue of penis causing a plaque formation.[1,2] This plaque formation results due to fibrotic condensation arising from collagen (type III) deposition[1,2,8]. Many patients (8.5% to 40%) recall and relate an episode of penile trauma as its cause but surprisingly it does not follow the trauma of penile fracture.[2,3] Besides penile trauma co-relation with risk factors like, hypercholesterolemia, hypertension and beta blockers is known[2]. Smokers are 4.6 times more likely to have Peyronie's disease than non smokers.

Dupytren's contracture is seen in up to 20% of patients with Peyronie's disease[2]. Focal pain at erection and new curvature are the common presenting symptoms and a low percentage of men do complaint of erectile dysfunction which is directly proportional to the severity of penile deformity.[3,9]

In some patients this plaque is tender to touch. Diagnosis is readily done by palpation of penis. X-rays can only visualize the calcified plaques where as ultrasonography helps to determine the size and depth of fibrotic extension into corpora[4,10,11]. Natural history of this condition is variable. Disease is slowly progressive in 30.2% of cases where as spontaneous resolution is seen in 20 to 50% cases, therefore delaying the surgical treatment for at least 12 months from the time of diagnosis is advised[3,8].

No non-surgical treatment has been proved effective but vitamin-E, Cholchicin and Ibuprofen are reported effective if given in early course of disease[1,6,7]. Fexofenadine is recently being used for its anti-inflammatory effect. Intra-lesional injection of steroid and interferon alpha 2B is also used. Severe penile distortion interfering with intercourse is an indication for surgical procedure like Nesbit Tuck.[9]

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