

## 2<sup>nd</sup> International Conference on Gastroenterology & Urology: Management of unsuspected Peyronie's disease with ultrasound therapy among Egyptian population - Khaled Abdul Moneim Gadalla - Al-Azhar University, Egypt

**Khaled Abdul Moneim Gadalla**

*Al-Azhar University, Egypt*

Peyronie's disease is a fibrotic disorder of the tunica albuginea of the penis resulting in varying degrees of penile curvature and sexual dysfunction. Diagnosis of the disorder is made by detailed sexual history and focused physical examination. A wide range of medical treatments has been employed to treat the disorder. Medical treatment as Verapamil and some evidence exists to support the use of colchicine, potaba, L-carnitine and liposomal superoxide dismutase. The surgical treatment of Peyronie's disease is a viable and recommended alternative for men with compromised sexual function due to severe curvature or lesions causing penile instability. The use of Ultrasound session is one of the alternative choice of corrective procedure and should be tailored to each patient after a detailed evaluation of disease severity and sexual function Objective: To investigate epidemiological and clinical features of Peyronie's disease in an unselected group of patients who visit Urology Clinic for sexual problem not related to Peyronie's disease and the outcome of ultrasound session as a noninvasive treatment for Peyronie's disease. Patients & Methods: A series of 720 consecutive cases with sexual complaints was evaluated regarding to the age at diagnosis, the presence of general diseases, and the outcome of ultrasound sessions as a line of treatment on the improvement of the disease. The medical history which could be possibly related with the onset of the disease was investigated as well. The effect of ultrasound therapeutic session was assessed. We use plaque size, penile curvature, penile pain, erectile function, and patient satisfaction as points of treatment evaluation. Results: 148 patients (20.56%) had Peyronie's disease (PD). Age of our patients ranged from 33 to 77 years old with Mean 43.97, DM presents in 147 patients (20.42%) while HTN presents in 111 patients (15.42%). Penile trauma was observed in 34/148 patients (22.9%). Ultrasound sessions was

scheduled for all patients, 6/148 patients (4.0%) discontinued therapy, 37/148 patients (25%) had good improvement, 69/148 patients (46.62%) had weak response, 33/148 patients (22.29%) had no response Conclusions: The mean age of patients at diagnosis, the site of penile scars, and the outcome of ultrasound sessions could reach the satisfactory response. Thus, due to the diminution of pain spontaneously or after treatment, the patients with Peyronie's disease may have a normal life with satisfactory sexual function.

Peyronie 's disease is a non-cancerous disorder that results from fibrous scar tissue that grows on the penis, causing painful curved erections. The shape and size of the penises differ and having a curved erection is not usually a cause of concern. Peyronie's disease is caused by frequent damage to the penis, usually during sex or physical activity. The shape and size of the penises differ and having a curved erection is not usually a cause of concern. The bend is important in Peyronie 's disease, and can come along with pain or interfere with sexual function. Medication or surgery can be prescribed in situations where symptoms continue or deteriorate. Erectile dysfunction ( ED) is a disorder in which a man has trouble having an erection or holding it up. It can make people of all ages have problems in the bedroom. One unusual type of ED, called the disease of Peyronie, results in a penile bend that can make an erection painful. Genetics and age tend to be playing a role in the disease of Peyronie. Changes in tissue contribute to increased injury and slower healing as men grow older. This puts them at greater risk of the disease progressing. Men with a connective tissue condition called contracture from Dupuytren have a greater risk of contracting the disease from Peyronie. The contracture of Dupuytren is a thickening of the hand causing the fingers to draw inwards. The main symptom of Peyronie 's disease is the formation of plaque called flat scar tissue.

Generally speaking this scar tissue can be felt through the skin. Plaque is usually shaped on the upper side of the penis, but may also occur on the bottom or side. Sometimes plaque goes all the way around the penis, causing the deformity of "waisting" or "bottleneck." Plaque can collect calcium, and it can become very hard. Painful erections, soft erections, or severe curvature may result from scar tissue. Scar tissue on some part of the penis lowers elasticity in that area. Plaque at the top of the penis during an erection can cause it to bend upward. On the side plaque can cause curvature toward that side. Curvature may make sexual penetration more difficult. Scar tissue may cause shrinkage or shortening of the penis. If you think you have Peyronie's disease, the first step is to visit your primary doctor. A physical exam helps your doctor determine if you have the condition. This exam may involve taking an initial measurement of your penis. By measuring the penis, your doctor can identify the location and amount of scar tissue. This also helps determine whether your penis has shortened. Your doctor may also suggest an ultrasound or X-rays to reveal the presence of scar tissue, and she may refer you to a urologist. Peyronie 's disease has no cure, but it is treatable and can go away on its own. While it might be tempting to ask for treatment at once, if the symptoms aren't serious, many doctors prefer the "watchful wait" method. Another treatment choice for Peyronie 's disease is ontophoresis, a procedure that uses a mild electric current to distribute drugs through the skin. Non-drug therapies such as: Shock wave therapies to break up scar tissue, penile traction therapy to stretch the penis, vacuum machines are being studied. Patients receiving Xiaflex treatment may benefit from gentle penile exercises. You will be performing two things for six weeks after the treatment: 1. Stretch the penis when not erect, three times daily for 30 seconds per stretch; 2. Straighten the penis when experiencing a spontaneous erection unrelated to sexual activity for 30 seconds, once daily.