What is Peyronie’s disease?

Peyronie’s disease (named after François de la Peyronie, surgeon to King Louis XV of France) is the hardening of tissue (fibrosis) in the penis. A lump or plaque (scar tissue) forms on the lining of the erectile tissue which holds much of the blood in the penis during erection. In most cases, a hard lump can be felt at the point where the penis curves. The hardened area or plaque prevents normal stretching and can affect the size and shape of the erect penis. In severe cases, the plaque can include the muscle and arteries of the penis leading to erectile problems.

What are the symptoms?

Peyronie’s disease (PD) begins as a small swelling or inflammation which hardens into a lump on the upper or lower side of the penis. It usually develops over time but sometimes appears very quickly. Some men notice PD after an injury to the penis. These men often describe hearing a loud ‘crack’, with pain and bruising of the penis. However, in many cases men cannot remember any injury happening.

PD can be painful, reduce flexibility, and in some cases shorten or create a bend in the penis when erect. Some men find it difficult to get or keep an erection or the penis only becomes hard up to the area of the scar and stays flaccid (not erect) past that point.

How common is Peyronie’s disease?

It is not known exactly how many men have PD as often men do not recognise the problem, are too embarrassed to see a doctor, or do not seek help as the symptoms are mild. One study of men who were seeing a doctor for another reason, reported PD in about 1 in 11 men.

What causes Peyronie’s disease?

The causes of PD are not clear, but it is thought to happen after repeated bending or bumping of an erect penis. The tearing in the lining of the erectile tissue leads to an inflammatory plaque that does not heal normally. Small blood vessels can rupture or burst and interfere with blood flow. Usually this type of injury only swells, or becomes inflamed (red and/or hot), and will heal within a year. However in some men recovery takes longer and scarring can happen. A pre-existing problem with the immune system could explain why some men develop PD after a simple injury to the penis while others recover from the injury.

PD usually affects men aged between 45 and 60 years.

How serious is Peyronie’s disease?

PD lumps are benign (non-cancerous), but erections and normal sexual activity can be more difficult. PD can therefore have a major effect on emotional, physical and overall health.

How is Peyronie’s disease diagnosed?

A general practitioner (GP) can usually diagnose PD based on a physical examination. Lumps can often be seen and felt when the penis is flaccid (not erect). However, the penis needs to be erect for the doctor to see how much it is bending. To avoid having an erection in the doctor’s surgery, the man may be able to take a photo of his erect penis at home. Medicine to help get an erection is sometimes given by the doctor.

Why is ultrasound or X-ray sometimes used?

An ultrasound (penile colour duplex ultrasound) is used to show the exact location, size and shape of the Peyronie’s plaque (hardened area) and to check the blood flow in the penis. It will also show any calcification (calcium deposits), that happens in about one in three men with PD. Calcification usually means the PD has run its full course and the lump is not likely to get worse (end-stage disease). This is useful to know when planning treatment.

How does Peyronie’s disease affect sexual intercourse?

In mild cases of Peyronie’s, where the lump does not cause the penis to bend very much, or at all, the effect on intercourse is usually small. However, moderate or severe PD can make intercourse impossible due to the shape of the penis or problems with getting an erection.

How is it treated?

Some men do not need treatment for PD because it does not become serious enough or it gets better over time. Conservative (non-surgical)
treatment of PD is usually not very successful and is not long-lasting. Surgery is the only proven cure. The most common form of surgery is plication of the penis. Other types of surgery include
• incision of the scar and grafting
• implanting a penile prosthesis.

How are surgical treatments selected?
If the curve or pain in the penis continues for more than 12 months, surgery is generally the best treatment, particularly if there are problems with having sexual intercourse. The choice of the type of surgery is based on the following:
• the man’s ability to get and keep an erection
• the length of the penis
• how much the penis is bent or curved.

What is plication?
Penile, or corporeal, plication involves making a tuck using stitches in the lining of the penis. This is done on the side opposite the bend to straighten the penis.
Known as the Nesbit procedure, it is a simple operation with few side-effects, other than making the penis shorter. It is best suited to men with good erectile function, only a slight bend, no pain, and where a shorter penis will not be a major problem.

What is incision of the scar and grafting?
Incision of the scar and grafting involves cutting the scar tissue to release the penis so that it returns to its original length. The opened area is then patched (grafted).
This type of surgery can successfully treat pain, curves and other problems caused by PD. However, it is technically more difficult than plication and has a higher risk of side-effects. The risk depends on the size and location of the plaque.
To do the surgery, the nerves in the penis are disturbed, leading to numbness in the penis in up to 10 per cent of men. The main side-effect is erectile dysfunction and the chance is greater if the man has a history of erectile problems.
Plication is often offered first, as it is a simpler treatment. Incision and grafting is offered to men with serious scarring and where a short penis is a major problem for them.

When are penile implants used?
Men with PD and erectile dysfunction can be helped by a penile implant. Sometimes an implant alone will straighten the penis. However, often the plaque will need to be removed and grafted before the implant is put in, to completely fix the problem.

What non-surgical treatments are available?
Non-surgical treatments for PD include oral medicines, injections, wave treatments and penile traction (extender) devices. Unfortunately, non-surgical treatments are often not very successful in the longer term.
There is some debate about using injection treatments for PD. Steroid injections, especially cortisone, are not recommended as they can damage healthy tissue in the penis.

Are all lumps in the penis Peyronie’s disease?
Not all lumps in the penis are PD. Small bumps, cysts and pimples on the outside of the penis and scrotum are also quite common and generally harmless.
Any persistent or painful cyst with a discharge should be checked by a doctor to rule out sexually transmitted infection.

Could it be penile cancer?
The symptoms for penile cancer are very different from the symptoms of PD. Penile cancer generally starts with a tender spot or wart-like bump on the outside of the penis. Bleeding and unusual discharge from the penis are also symptoms of penile cancer.
Penile cancer is extremely rare in western countries, although more common in Africa and Asia.

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