



**PEYRONIE'S DISEASE EDUCATIONAL SEMINAR
AUDIO TRANSCRIPT**

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Announcer: You are listening to highlights from a Peyronie's disease educational seminar led by Urology San Antonio physician, Dr. LeRoy A. Jones. If you have questions about the material presented or would like an appointment to discuss your specific medical situation, you can reach Urology San Antonio at (210) 614-4544, or visit us online at urologysanantonio.com.

Dr. Jones: I'm going to talk about Peyronie's Disease today. It's not anything that's new. It's been around for quite some time, and I think that's a surprising thing for most of the guys who come and present [with the condition]. Most of the guys that come and present with Peyronie's disease, have never heard of it before they are affected with it. Some guys will wake up suddenly and notice some bending, and in some guys, it will occur over time.

But [the disease] has been around for a long time, but it's something that we don't really have great understanding of the cause of it. We continue to try to learn about it. There is some research being done, but not as much as, say, erectile dysfunction or some of the other more common conditions. Although, Peyronie's disease is pretty common. Probably why there is not a lot of research is that the pharmaceutical companies don't see it as a big ticket item. And so when they don't see it as a big ticket item, they are not going to invest a lot of money into it, and so that's basically why there is not a lot of research in it.

Let's start off with what Peyronie's disease is. And again, Peyronie's disease is named after this gentleman who was in the picture previously Francois de la Peyronie who described it back in 1743. Basically, what it is when somebody comes in and I tell them they have this Peyronie's disease, is clinically, the patient may notice some pain in the penis. Typically, this is pain with an erection, primarily. They will also notice what they call a plaque. So when they examine themselves, they will say, "Doc, I've got this hard area that's on the penis that wasn't there before. I don't know what it is. Scar tissue?" The proper term is a plaque. And then, also there's curvature. Curvature is probably the main reason that guys come in. They will say that the penis is bent with an erection. The degrees of curvature are quite variable. Not too many penises are perfectly straight like a pencil. The most debilitating complaint is penile shortening. This is the most debilitating complaint, I think of all of the patient's [complaints]. Not only do they have this curvature, but they've lost length of their erection. And so the penile length has been decreased a fair amount. And finally, it can also cause problems with erections, which we refer to as erectile dysfunction.

So it's not something that people are born with. They get it later in life. It's what we call "acquired." The age range is age 40 to 60. It's pretty uncommon to see it in men younger than that. I see some patients because of my specialty that have some curvature that are, say, 20 or 25 years old. But they actually don't have Peyronie's disease; they have another condition.

Overall, the numbers of how often the incidence is, is maybe about eight to ten percent of men. So that's pretty common if you figure one out of ten guys will have this. But again, the spectrum is quite varied. So some guys will have mild bending, some guys pretty severe bending. And not everybody come in to be evaluated and so that's why there's this big number [on the slide]. It's probably a little bit more common than we see.

Again, the presentation is varied. A variety of different symptoms. And also if some guys have some scarring of their hands, what's called Dupuytren's contracture, where they have some scar tissue that will form in the hands or even in the feet. So there's certainly an association of that.

Who does this occur in? Historically, it was always taught that if the individual was of Northern European descent that possibly, they were a little more likely to get this condition, Peyronie's disease, but that's not always true. It can occur in anybody.

So what is it? It's this inelastic scar tissue. The tunica albuginea... (I'll show you some slides. You'll learn all about this.) Basically, when an erection occurs, the penis is very elastic. I think everyone understands that. The best way to think about it is like a balloon that you are blowing up. Everything expands, the penis expands in girth and length so it's able to stretch. It is very elastic. So you have this scar tissue forms. The area where the scar tissue forms is not elastic. It's hard so it doesn't stretch. The bending will occur toward the scar. The scar, the patient can feel it. [The patient] has a deformity, painful erections, and difficulty with intercourse.

It's a therapeutic dilemma. It's difficult for us to understand. I'll give you some theories as to why it occurs. But because we don't know exactly why it occurs, whenever that happens in medicine, we're not going to have a great treatment if you don't really understand the reason for it occurring.

So why does it occur? What's the thought process here. These are some theories. It's probably some sort of injury that happens to the penis during intercourse. That's probably what happens. During intercourse, there is maybe a mechanical injury. Maybe the penis when having intercourse, has some bending. Maybe if the guy doesn't have very strong erections (maybe his erection have gotten a little bit weaker over time), the penis is a little bit more susceptible to bend. So that outer layer, that tunica that we talked about, maybe gets some small tears in there. Depending on how he heals, he may develop this plaque. Certainly, sexual intercourse is fairly traumatic to most penises but not everybody is going to get Peyronie's disease. So it's probably a combination of the problem of how the individual heals and also the trauma that can occur.

Again, it's a devastating problem, not only physically, but probably more psychologically. For the guys that come in, it's a "why me? [situation]." They are fine. Their lives are going well, and all of a sudden, they are affected with this condition.

The goal, shall we say, of therapy is to allow the individual to be sexually active, to have sexual intercourse, not to cause pain to his partner, and for him to enjoy it. But in all of these guys, even with surgery, they are never going to return to how they were before it ever occurred. Ok. And so, whatever we do for them, we are trying to allow them to be functional. So the guy that has a 15 degree bend. If he's functional with good quality erections, we're probably not going to do very much for him. On the other hand, somebody like [the man in this slide], he's probably not going to be able to penetrate. He's going to cause his partner too much harm. Obviously, this individual is probably going to need some form of therapy for him to be sexually active. And remember, we're talking about guys who are pretty young. The spectrum is 40 to 60 [years old]. So imagine telling a 40 year old, "Your erection is too bent. You can't have sex any more. That's it. You're done." I mean, imagine. It's a pretty debilitating thing.

So in summary, there is no question that Peyronie's disease is a very difficult condition to have. Absolutely, no question at all. I feel that there is a good treatment option. A lot of it just depends on what the patient wants to do. You know some of guys, they come in. They get their oral medicines. They don't work. They stop right there. There are other guys who get injections. There are other guys who will have a penile prostheses. There is a treatment option for everybody, but it's really up to the patient and what they want to have done. Realistic expectation. Again, loss of penile length is a big problem. And so we have that discussion just so that their expectations are realistic. And the end result, no matter what the situation is is for them to have intercourse. We want them to be functional. It may not be like they were when they were 20 [years old], but that's sort of the end result of really all of the different treatments.