

# Preface

---

I am delighted to present *Peyronie's Disease: A Guide to Clinical Management* as the first text dedicated to Peyronie's disease. As physicians, we are aware of the many frustrations associated with treating the man who presents with this difficult disorder. Much of the frustration is caused by the absence of a reliable and effective nonsurgical therapy and the fear that surgery may result in severe side effects, including impotence. In addition, the published literature has not been able to guide the treating physician clearly because most of the reported studies have been noncontrolled, have had a limited number of patients, and appear to be absent of objective measures of improvement. It is hoped that, as a result of attempts to establish a more internationally recognized and accepted evaluation protocol as well as a methodology for reporting on the outcomes from clinical trials, we will identify the most reasonable nonsurgical options. One thing that all treating physicians should remember in their consultations with men with Peyronie's disease is that it can be both physically and psychologically devastating.

Recent research in wound-healing disorders has provided models for study of Peyronie's disease; this has increased our understanding of its pathophysiology. A variety of techniques to perform this research has emerged, including tissue analysis, cell culture of fibroblasts derived from Peyronie's plaques, and animal models that attempt to mimic the in vivo process of tunica albuginea fibrosis while also providing an opportunity for manipulation with novel therapeutic options. All of these techniques have their limitations in terms of re-creating the true situation of the patient with Peyronie's disease, but they do provide an opportunity to study and gain further insights into this distressing disorder. The published research over the past decade has been exciting, elegant, and state of the art.

*Peyronie's Disease: A Guide to Clinical Management* places us precisely at the right time as major developments are occurring in the research of fibrotic disorders. I hope we will see the fruit of this research in the near future: effective and safe treatment. For those who suffer with Peyronie's disease in the meantime, this book reviews the current nonsurgical and surgical therapeutic options presented by recognized international authorities.

There are also many misconceptions about Peyronie's disease that need to be rectified so that the practicing physician will be able to diagnose, treat, or refer the patient with Peyronie's disease more appropriately. Too many men with Peyronie's disease are told that this is a rare disorder that simply will resolve with time. We now know from several recently conducted demographic studies that Peyronie's disease is not a rare disorder; in fact, its prevalence exceeds many cancers. In addition, spontaneous resolution is not the norm; recent studies of its natural history suggested that fewer than 10% of men can expect spontaneous resolution of penile deformity. Clearly, as a result of the sexual revolution that has occurred over the past several decades, as well as

improved treatment options for erectile function, many more men with Peyronie's disease will likely present for evaluation and treatment.

Peyronie's disease is thought to be a disorder of middle-aged men and tends to occur most commonly in men in their 50s, but 10% of men with Peyronie's disease in two recent series were under the age of 40 years. Erectile dysfunction has been reported to occur in up to 90% of men with Peyronie's disease. It was previously thought that diminished rigidity was a result of the deformity. It is now recognized that men with Peyronie's disease often have erectile dysfunction because of the same factors occurring in men without Peyronie's disease, including vasculogenic and psychogenic components.

A wide variety of nonsurgical treatments has been used since the time of de la Peyronie (~1740), with limited benefit. As a result, many physicians do not offer nonsurgical therapy, assuming the disease will stabilize with time and can then be surgically corrected if necessary. The chapters reviewing nonsurgical therapies make it clear that it is reasonable to offer some nonsurgical treatments as early as possible after presentation. This is because the tissue changes within the tunica albuginea are likely to be most active and may be best manipulated at that time. Therefore, the misconception that intralesional therapy, in particular, should not be offered until the disease is stable is false, and in the appropriate patient, intralesional therapy may be offered in combination with other modalities (e.g., oral agents, topical drugs, or vacuum/stretching devices).

What should be clearly recognized by the treating physician is that, at this time, there is no nonsurgical cure for Peyronie's disease. We can tell our patients that we do not fully understand this disease, but we can also help them understand that it is a wound-healing disorder that results in a scar that causes penile deformity, pain, and frequently sexual dysfunction. Although there is no cure, there are treatments that may result in physical improvement or stabilize the scarring process. It is my opinion that there are medical treatments that make scientific sense and offer reasonable hope of making the patient more functional, which is better than offering no hope and no therapy. Unfortunately, a nihilistic, hands-off attitude prevails among many physicians, which leaves patients seeking answers elsewhere, like the Internet, which encourages them to use many empirical, completely untested, alternative remedies.

For those with more advanced disease, there are surgical options to correct the deformity in an effort to make the patients functional again. I strongly believe that a detailed discussion with the patient is needed before instituting any invasive therapy. The goal is to establish reasonable expectations for outcome as an informed patient is more apt to be satisfied with the treatment results once he understands the limits of the treatment. Specifically, no current therapy, including surgery, will reliably return the penis affected by Peyronie's disease back to its pre-Peyronie's state.

An exciting compliment to this textbook is the DVD surgical library. Many of the world's experts in surgery of Peyronie's disease have contributed written chapters that are further detailed in the DVD library. This will provide an opportunity to review how the expert performs an operation, with tips on patient selection and the surgical approach for the procedure.

The hope of the contributing authors is that *Peyronie's Disease: A Guide to Clinical Management* will provide an up-to-date summary of the etiology, natural history, and pathophysiology of this disease as well as present a review of the available medical and surgical treatment options.

#### Acknowledgments

I would like to congratulate all of the authors for an outstanding effort in making this not only the first, but also clearly a comprehensive and useful textbook on Peyronie's disease. I would also like to acknowledge Marah Hehemann for her extraordinary administrative skills and editorial assistance.

*Laurence A. Levine, MD, FACS*



<http://www.springer.com/978-1-58829-614-6>

Peyronie's Disease

A Guide to Clinical Management

Levine, L. (Ed.)

2007, XV, 267 p., Hardcover

ISBN: 978-1-58829-614-6

A product of Humana Press