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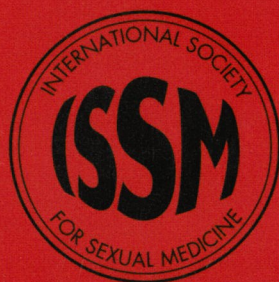
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# Sexual Medicine



BASIC SCIENCE & CLINICAL RESEARCH IN MALE & FEMALE

SEXUAL FUNCTION & DYSFUNCTION • BASIC SCIENCE & CLINICAL RESEARCH IN MALE & FEMALE SEXUAL FUNCTION & DYSFUNCTION



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groups, respectively, while between 38.0 and 47.7 degree in the dorsal, lateral, ventral, dorsolateral, and ventrolateral groups. The mean PSV values in the ventrolateral group were greater than all other groups. However, the lowest values were noted in the hourglass deformity group. The hourglass group had the highest rates of AI, while VOD was seen most commonly in the ventral curvature group. The ventrolateral group recorded the best vascular status.

**Conclusion:** Although the hourglass deformity demonstrated the lowest degree of angulation in Peyronie's patients, it was associated with the poorest penile vascular status. Patients with ventrolateral curvature patients had the best penile hemodynamics in our series.

#### P-119

Single-blind, multi-center, placebo-controlled, parallel study to assess the safety and efficacy of intralesional interferon ALPHA-2b in the non-surgical treatment of Peyronie's disease

Kendirci, M, USA; Matern, R; Nowfar, S; Gur, S; Myers, L; Sikka, SC

**Objective:** The objective of this study was to investigate the efficacy and safety of intralesional interferon alpha-2b (IFN-alpha-2b) for the treatment of Peyronie's disease (PD).

**Methods:** Between 2000 and 2003, 117 PD patients with an average age of 55.1 years were enrolled in a single-blind, multi-center, placebo-controlled, parallel study to determine the efficacy and safety of intralesional IFN-alpha-2b therapy (62 in placebo, 55 in IFN-alpha-2b group). Saline 10mL for control and INF-alpha-2b 5 x 106 units for study group were administered with 6 injections for a total of 12 weeks. Each patient was evaluated for penile curvature, plaque size, plaque density, penile pain, erectile function, and penile hemodynamics before and after study completion. The improvement in these parameters was statistically compared between the groups.

**Results:** A total of 53 patients in control and 50 patients in IFN-alpha-2b arm completed the study. Penile curvature, plaque size, plaque density, and pain resolution improved statistically in both control and IFN-alpha-2b patients. However, the improvement of these parameters was significantly greater in IFN-alpha-2b treated patients than placebo. The mean IIEF scores were improved in both placebo and IFN-alpha-2b treated patients, but no statistically difference was found between groups. Mean peak systolic velocity improvement was observed in IFN-alpha-2b treated patients but not in placebo. In addition, the decrease in the number of patients with penile vascular pathology was significantly higher in IFN-alpha-2b patients than in placebo. Side effects, which were frequently encountered in IFN-alpha-2b patients, were mild flu-like symptoms that lasted <24 hours and effectively responded to NSAIDs.

**Conclusion:** This single-blind, multi-center, placebo-controlled, parallel study demonstrates that intralesional IFN-alpha-2b with 5 x 106 units for a total of 12 weeks and 6 injections is effective and safe minimally-invasive therapy for men with PD.

#### P-120

The use of extracorporeal shock wave therapy in Peyronie's disease

Muneer, A, United Kingdom; Hanna, S; Bell, R; Kunkler, R; Miller, M

**Objective:** The use of extracorporeal shock wave therapy (ESWT) as a non invasive treatment option in Peyronie's disease is still controversial. The aim of this study was to analyse the effects of ESWT on penile angulation, penile pain and sexual function in patients diagnosed with Peyronie's disease.

**Methods:** Over a 36 month period 28 patients (mean age 53, range 29 to 69) with symptomatic Peyronie's disease were treated with ESWT. The duration of symptoms varied from 6 months to 10 years. Preoperative penile angulation was assessed using digital photography and the erectile function assessed using an IIEF-5 questionnaire. Pain related to the plaque was recorded according to a visual analogue scale prior to commencing ESWT. A Storz SLK lithotripter was used for 3

separate treatment sessions consisting of 3000-4000 shockwaves, frequency 4Hz, energy 0.26-0.4mJ/mm<sup>2</sup>.

**Results:** In all, 24 patients have been followed up. Of these 6 (25%) reported an improvement in penile curvature. Before treatment 6 patients reported significant pain related to their plaque. Follow up showed that 4 of these patients reported an improvement in their pain score. Penetration improved in 4 out of 10 patients (40%) and erectile dysfunction improved in 2 out of 10 patients (20%). Complications were infrequent and limited to small haematomas which occurred in 50% of patients during at least one treatment session.

**Conclusion:** ESWT is associated with minimal complications. We have found no significant improvement in penile angulation or sexual function following treatment with ESWT. Patients reporting significant penile pain before undergoing ESWT did however report an improvement in the pain following treatment.

#### P-121

Technique for the foreskin preservation during nesbit operation for congenital penile curvature

Perdzynski, W, Poland; Kidawa, A; Lewicki, A

**Objective:** Assessment of results of operative treatment of congenital penile curvature (CPC) by Nesbit method with direct incision over curvature for foreskin preservation.

**Methods:** From 1998 to 2003 authors operated on 54 men with isolated CPC. Ventral curvature was detected in 27 patients, lateral curvature in 16 men, ventrolateral curvature in 7 men, dorsal curvature in 2 patients, dorsolateral curvature in 2 patients. Before operation glans was covered by foreskin. Longitudinal skin incision was done directly over convex surface of penis which allowed to leave the foreskin intact. After approaching tunica albuginea angle of curvature was assessed by injection of saline into cavernous body, after compressing of penile base with a tourniquet. In men with ventral curvature after separating of neurovascular bundle elliptic fragment of tunica albuginea was excised transversally to long penile axis. Edges of tunica were sutured with a single, invaginating vicryl 3/0 sutures. In patients with dorsal curvature corporoplasty was performed on ventral penile surface after separating of fragment of urethra. In all patients straightening of penis was confirmed by "artificial erection."

**Results:** In all patients mild to moderate foreskin oedema appeared but it diminished gradually during 3 to 7 days. Postoperative wounds healed by primary intention in all patients. During follow-up examinations done 3 and 6 months after operation and then once a year all patients well assessed the shape of penis in state of erection as well as its function during sexual intercourse.

#### P-122

Clinical characteristics of pure notching group in Peyronie's disease

Sanli, O, Turkey; Akman, T; Onem, K; Acar, O; Gokce, O; Kadioglu, A

**Objective:** To determine the clinical characteristics of patients with pure notching deformity in Peyronie's disease.

**Methods:** Clinical features, risk factors, erectile status and suggested treatment alternatives of patients with isolated notching deformity as a special group in Peyronie's disease, detected with combined injection and stimulation (CIS) test were evaluated.

**Results:** Retrospective evaluation of 663 Peyronie's patients revealed that 8.5% (57) of the patients had pure notching deformity and 9.9% (66) of them had notching deformity with curvature. Mean patient age and mean duration of disease in patients with pure notching deformity was 51.9 ± 10 years and 29.4 months, respectively. The leading presenting symptom was ED encountered in (31.5%). Other presenting symptoms were ED with notching (28%), only notching (24.5%) and pain (8.7%). Notching was detected distally in 49.1%, proximally in 40% and mid penile in 10.5% of the patients. Most leading systemic vascular risk factor in this subgroup of patients with Peyronie's disease was diabetes 26.3% (15). Other systemic risk factors were hyperten-