

ESWT IN THE TREATMENT OF INDURATIO PENIS PLASTICA

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Peyronie's disease is an idiopathic disorder that affects the penis and produces erectile dysfunction. It affects mainly the tunica albuginea of the penis. We describe our preliminary results with Extracorporeal Shock Wave Therapy as a new non invasive modality for the treatment of peyronie's disease. ESWT seems to destroy the plaques of IFF until improve the elasticity of the penis. From Nov.1998 and Apr. 1999,112 E.S.W.T (age 24 to 66 years), with a clinical onset of the disease from 2 to 60 months were treated. Prior to ESWT, all the patients underwent a penile dynamic ultrasound, 58/60 had photodocumentation of a physiological erection. 4/60 suffered from Dupuytren disease and 1 patient from Ledderhos's contraction. 56/60 received medical therapy or physical- injective treatment with orgotein or verapamil or prednisolon before ESWT. 4/60 were previously treated with surgery (Dermal Grafing). 37.5% of patients complained painful erection, 40% with angulation of 40 °C, 52.5% with angulation from 10⁰ to 40⁰, 73% with difficult penetration and 47% erectile dysfunction. Concerning the dimension of the plaques 22 patients had plaques 3 cm, 30 patients 1-3 cm, 8 patients 1 cm and partially calcified plaques in 30% at ultrasound.

We utilised the HMT. REFLECTRON litotriper with a 7.5 MHz in line ultrasound scanner, rotatable through 360 % with a focal deep from 4-24 mm and 6-35 mm. (E4:6.4 mJ, E6: 9.6 mJ). All the patients underwent at least 2 treatments. 2000 shock waves in 8 min and energy level 4-6 (each treatment), neither anaesthesia nor analgesia were needed. After treatments all the patients were re-evaluate with clinical examination, auto-evaluation questionnaire and photo-documentation. 55% had subjective results, such as improvement of elasticity of the plaque with easier and more satisfactory intercourse, even for the partner, and objective improvement with plaque and recurvatum reduction. The eretile pain disappeared in 73.3%. We observed non-responders patients in 24% recurvatum of 40 and 11% with recurvatum between 20 - 40 .We had no hematoma or uretra bleeding or other complications. Our experiences confirm that ESWT improves both pain and chronicized angulation of the erectile penis. Almost effective response is observed in fibrous and partially calcified plaques. There is a positive correlation between the size of the plaques and the timing of treatments. A 6 months follow-up show a stability of the obtained results and we think also that ESWT must be tried before any surgical treatment of peyronies disease.