

A NON-INVASIVE TREATMENT FOR PEYRONIE'S DISEASE USING SWISS DOLORCLAST® : LONG TERM RESULTS ON 23 CONSECUTIVE SYMPTOMATIC PATIENTS.

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Purpose : Peyronie's disease is due to a fibroblast proliferation beneath the tunica albuginea forming a thickened fibrous plaque that causes pain, curvature of the penis and erectile dysfunction (ED). Results of medical treatment are often uncertain and a myriad of oral therapy or intralesional injections have been proposed. The aim of this study is to present our experience of a non-invasive treatment for symptomatic patients (pain, curvature and ED) using radial shockwave therapy with Swiss Dolorclast®.

Design and Methods : Between June 2002 to September 2003, 23 consecutive symptomatic patients ranged from 44 to 69 year-old (mean : 57.9) were treated with radial shockwave therapy. Symptoms were pain for 22 (96%), penile deformity ranging from 30 to 90° for 22 (96 %) and ED for 13 (59%). The size of the plaque was range from 12 to 60 mm (mean : 28mm). All these patients received 6 months of oral therapy with vitamin E 500 mg daily. The treatment consisted in 4 sessions of radial shockwave emitted through an applicator of 15 mm size by the Swiss Dolorclast®. 2000 impulsions at impulse frequency of 15 Hz and a pressure of 2.5 bar were done at each session. The mean follow-up is 13.6 months ranges from 12 to 16 months.

Results : The results are evaluated on disappearance of pain, decreasing the size of the plaque and the deformity and the ability to have intercourse satisfaction. Pain during erection disappeared in all patient in one session for 14 (63.6%), two sessions for 5 (22.7%) and three sessions for 3 patients (13.6%). An intralesional injection of corticoid was necessary in one patient. We had modification of the plaque size or consistence in all patients but significant result with a decreasing size more than 25% appear in 20 (87%). Result on penile deformity (more than 25%) is more unpredictable and only 16 patients had a significant result (70%). 4 potent patients needed a NESBIT procedure. On The 13 patients with ED 9 (69%) had good results with spontaneous erection and intercourse without treatment in 6 (46%).

Conclusions: Radial shockwave therapy using Swiss Dolorclast seems to be a well-tolerated new method to treat Peyronie's disease. These first results are encouraging and it is probably possible to propose this non-aggressive therapy very effective on localized plaque in a first intention treatment.