

## AB002. AUA guideline: update on Peyronie's disease

Tom F. Lue

Department of Urology, School of Medicine, University of California, San Francisco, USA

**Abstract:** Peyronie's disease (PD) is the most common cause of acquired deformity of the penis and is characterized by the development of fibrotic, collagen-containing plaques, and some time penile ossification within the tunica albuginea (TA) resulting in penile deformity, pain, and erectile dysfunction (ED). Currently, the prevalence of this disease has been reported to be between 3.2% and 8.9%. PD progresses in two phases: an acute phase that can last for up to one year, followed by a chronic phase. Formation of the plaque, the penile curvature, and the pain develop during the acute phase and the chronic phase is characterized by the stabilization of the curvature, decrease in penile pain, penile calcification or ossification, and development of ED. The AUA Guidelines Panel conducted a systematic review of the literature using the PubMed®, EMBASE® and Cochrane databases to identify peer-reviewed publications relevant to the diagnosis and treatment of PD. A copy of the 2015 guidelines is attached. The most relevant

recommendations are listed below: (I) clinicians should not offer oral therapy with vitamin E, tamoxifen, procarbazine, omega-3 fatty acids, or a combination of vitamin E with L-carnitine. [Moderate recommendation; evidence strength grade B (vitamin E)/B (omega-3 fatty acids)/B (vitamin E propionyl-L-carnitine)/C (tamoxifen)/C (procarbazine)]. (II) Clinicians may administer intralesional collagenase clostridium histolyticum in combination with modeling by the clinician and by the patient for the reduction of penile curvature in patients with stable PD, penile curvature >30. (III) Clinicians should counsel patients with PD prior to beginning treatment with intralesional collagenase regarding potential occurrence of adverse events, including penile ecchymosis, swelling, pain. (IV) Clinicians may offer tunical plication surgery to patients whose rigidity is adequate for coitus (with or without pharmacotherapy and/or vacuum device therapy) to improve penile curvature. (Moderate recommendation; evidence strength grade C).

**Keywords:** Peyronie's disease (PD); erectile dysfunction; tunica albuginea; penile calcification

doi: 10.21037/tau.2018.AB002

**Cite this abstract as:** Lue TF. AUA guideline: update on Peyronie's disease. *Transl Androl Urol* 2018;7(Suppl 5):AB002. doi: 10.21037/tau.2018.AB002