

## Current state of affairs of Peyronie's disease

This issue of *Translational Andrology and Urology* (TAU) focuses on the timely topic of Peyronie's disease (PD).

PD is a fibrotic condition of the tunica albuginea of the penis, and is familiar to urologists throughout the world. It was named after the famous French surgeon, François Gigot de la Peyronie, after his seminal 1742 paper entitled, "*Sur quelques obstacles qui s'opposent à l'éjaculation naturelle de la sémençe.*" (English translation: "*On impaired ejaculation: Dissertation on some obstacles to the natural ejaculation of semen.*") PD is a wound healing disorder that has a variable and heterogeneous clinical presentation, with any combination of penile plaque(s), curvature, pain, and erectile dysfunction (ED).

For the practicing clinician, there are still a number of misconceptions and challenges when it comes to PD diagnosis and treatment. For instance, many family physicians believe that PD is a self-limiting condition that resolves by itself within a year. This is certainly not the case, as the majority of afflicted men continue with the same penile deformity or progress, and only a minority (12%) resolving without intervention. Furthermore, many believe that PD is a rare condition; actually, PD occurs in approximately 5% of the adult male population, with the typical patient presenting in their mid-fifties. However, 10% of cases present in men <40 years of age.

This edition covers a wide range of topics pertaining to our current understanding of PD, by an international field of andrology/urology experts. While recognized for its variable physical deformities of the erect penis, which often prevents satisfactory sexual intercourse, an evolving issue is the psychological ramifications to both the affected male with PD (decreased self-esteem and quality of life) and, similarly, to his partner. The recent FDA-approved medication, clostridium collagenase histolyticum (CCH) (Xiaflex<sup>®</sup>, Endo Pharmaceuticals, Malvern, PA, USA), has allowed many men to first receive a minimally invasive potentially successful treatment in lieu of being subjected to a surgical intervention. Alternative oral therapies for PD, penile stretching options, and the controversial shockwave therapy are debated by experts in regard to the pros and cons. Surgical techniques have been the standard of care for decades, but even those have demonstrated significant advancements when it comes to plication procedures, incision and grafting techniques, and the prosthetic options.

The exciting world of regenerative medicine has documented progress when it comes to gene therapy, stem-cell applications, and novel cellular/tissue replacement techniques. These recent laboratory studies using animal models are expected to translate to human clinical application in the very near future.

We are honored to have been invited by Dr. Tom Lue, Ying-Lu Guo, Lucine Gao and the rest of the TAU team to put together this exciting edition on PD. The controversies and advancements presented will undoubtedly lead to clinical progress for our many patients who suffer with PD.



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