Editorial

Intralesional collagenase may improve pain and curvature in acute phase Peyronie's patients

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Beyond symptom control prior to plaque stabilization, limited treatment exists for acute phase Peyronie's disease (PD). As reported here in the study by Hu *et al.* (1), acute phase patients with curvature greater than 30 degrees were offered intralesional collagenase in an attempt to reduce progression and mitigate acute pain and curvature. A multi-institutional review has already been published on the cumulative experience in 134 patients treated with acute phase PD (2). The study found a similar improvement in curvature (13.5 *vs.* 15.6 degrees) compared to the stable phase group with equivalent adverse events. While this acute population was not included in the IMPRESS trial, it has been believed to be a potential treatment group.

This study by Hu *et al.* aims to retrospectively review a single institutional experience of 178 patients undergoing Xiaflex injections for PD to evaluate efficacy and safety of its use in acute phase patients with active pain and potential plaque progression. Acute phase PD was defined as both a short duration of plaque presence and/or painful disease. For this cohort of patients, the acute arm achieved similar curvature improvements of approximately 16%, which was comparable to improvement in those with stable (chronic) disease.

Intralesional collagenase should be offered as a means to mitigate the mechanical and cosmetic concerns associated with PD and not as a potential cure. While further prospective studies should be conducted to determine the role of Xiaflex in acute phase PD, this group of investigators expanded on existing data that Xiaflex can be safely offered early with potential for improvement even in the acute phase. Due to minimal adverse events and patient tolerance, we should continue to study potential scenarios in which intralesional collagenase may be administered outside of the current indications if it may lead to symptomatic improvement.

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