

Professor Wayne J.G. Hellstrom: incidence of Peyronie's disease

Submitted Nov 25, 2015. Accepted for publication Nov 26, 2015.

doi: 10.3978/j.issn.2223-4683.2015.12.04

View this article at: <http://dx.doi.org/10.3978/j.issn.2223-4683.2015.12.04>

On September 11–13, 2015, the 15th biennial meeting of the Asia-Pacific Society for Sexual Medicine and The Genitourinary Medical Symposium (APSSM2015 & GUMS2015) was held at the China National Convention Center in Beijing, China. We were honored to invite Profs. Wayne J.G. Hellstrom from the USA, Ronny BW Tan from Singapore, and Premsant Sangkum from Thailand for an interview on the incidence of Peyronie's disease in different countries.

Dr. Wayne J.G. Hellstrom (*Figure 1*) is Professor of Urology and Chief of Andrology (male infertility and sexual dysfunction) at Tulane University School of Medicine in New Orleans. His practice specializes in the diagnosis and treatment of sexual dysfunction, including Peyronie's disease, surgical and vascular reconstruction, prosthetic surgery, male infertility (both surgical and medical therapies), benign prostatic hyperplasia (BPH), and urethral stricture disease. As a clinician, author, and lecturer, Hellstrom has published more than 400 peer-reviewed articles in professional publications and has contributed over 100 chapters in textbooks. He also is the editor of "Male Infertility and Sexual Dysfunction", "The Handbook of Sexual Dysfunction", and "Androgen Deficiency and Testosterone Replacement".

TAU: *Could you kindly comment on the current incidence of Peyronie's disease in USA?*

Prof. Wayne J.G. Hellstrom: Peyronie's disease is much more common than previously reported. About two decades ago, it was proposed that one in 200 men suffered with Peyronie's disease. However, in 1999, at the AUA, investigators from the Cologne Male Aging Study reported that 3.2% of adult men had signs and symptoms of Peyronie's disease. As men got older, the prevalence increased. A number of subsequent studies in North America, Brazil, and Asia have corroborated these findings. Today, we estimate that approximately 5% of the adult male population has Peyronie's disease. We also recognize that certain conditions, such as Dupuytren's contracture, plantar



Figure 1 Dr. Wayne J.G. Hellstrom.

fascia, and other fibro-connective diseases may be associated with Peyronie's disease. Additionally, besides the common presentations of penile curvature, pain, and erectile dysfunction, the more recent recognition is that >50% of men afflicted with Peyronie's disease have significant psychological consequences, such as depression.

TAU: *Prof. Tan, could you kindly introduce the current status of Peyronie's disease in Singapore?*

Prof. Ronny BW Tan: Peyronie's disease is not a very well understood disease in Asia. The prevalence may not be as low as what we think it is. Because many Asian men are conservative, they tend not to report any sexual problems to their family doctor. As a result, they lose the possibility of early treatment. As I came back after my fellowship at Tulane, I tried to increase the awareness of Peyronie's disease among the public and to increase knowledge of Peyronie's disease to both patients and physicians.

TAU: *What about the current status of Peyronie's disease in Thailand, Prof. Sangkum?*

Prof. Premsant Sangkum: Because of the culture of Asian people, I have also tried to increase the awareness of the

disease, and of different treatments to Thai people and physicians. I usually offer surgical treatment when men are unable to have sexual intercourse, as we don't have any intra-lesional injection therapy with Xiaflex in Thailand.

TAU: Do you have any expectation and suggestions for the young doctors who want to focus on Peyronie's disease?

Prof. Wayne J.G. Hellstrom: Peyronie's disease is an evolving disease that has two different phases. The acute phase lasts usually less than a year and, for that reason, we do not recommend any kind of invasive surgery. The chronic phase sets in after this period of time. The plaque has stabilized and they have a curve that prevents them from having intercourse, or causes pain to their partner. First of all, we know that oral drugs do not work. We do have intra-lesional therapy. Intra-lesional therapy that has shown benefits includes interferon alpha 2b, verapamil, and Xiaflex (collagenase clostridium histolyticum). We can also treat the patient with the penile stretching devices, which may add penile length. If there are severe penile abnormalities, then we may go to surgery. We always do a penile duplex Doppler before any potential surgery. If the

penile curve is <60 degrees, we can do a plication procedure. If there is a complex curve or the man has a small penis, we would usually do an incision and grafting. If the man has concurrent erectile dysfunction (ED), we place a prosthesis, and do any other ancillary procedures to make the penis straight and have a good erection. For a young physician dealing with sexual medicine, he must ask more questions, evaluate the penis and perform a duplex ultrasound before considering a complicated reconstructive surgery.

Acknowledgements

On behalf of the editorial office of *Translational Andrology and Urology (TAU)*, the author would like to extend her gratitude to Prof. Wayne J.G. Hellstrom for sharing his perspectives related to his expertise with her.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

(Science Editor: Lucine M. Gao, TAU, tau@amepc.org)

Cite this article as: Gao LM. Professor Wayne J.G. Hellstrom: incidence of Peyronie's disease. *Transl Androl Urol* 2016;5(1):158-159. doi: 10.3978/j.issn.2223-4683.2015.12.04