

Post-surgical use of the Andropenis® following the plaque removal and its substitution with autologous venous patch in the penis shaft curvatures provoked by Peyronie's disease. 20th Italian Society of Andrology Conference, Capri (Italy), Oct. 03 and ESSIR Conference, Istanbul (Turkey), Nov. 2003. Diego Pozza, Claudio Barteri, Antonio Aversa, Carlotta Pozza, Francesco Barrese. Studio di Andrologia e di Chirurgia Andrologica, Nuova Villa Claudia, Roma, Italy.

1. Introduction and objectives:

The attempt at finding the most suitable material to substitute the albugineous membrane in Peyronie's disease has not been clearly defined, yet. Autologous and eterologous materials often show the tendency to thickening and scarring phenomena that can undo the corrective effects of surgery. Several vascular rehabilitation methods have been put forward to avoid such phenomena. In our tests, we used a penile extender, the **Andropenis®**, to reduce the secondary retraction.

2. Materials and methods:

Five patients (52 to 72 years of age) with satisfactory erections, both spontaneous and with the use of Sildenafil or PGE1, suffering from a shaft curvature on the dorsal side of more than 45° (so much as to impede penetration) have undergone the removal of the dorsal fibrous plaque and the covering of the albugineous space with an autologous part of the saphena.

From day 7 after surgery, patients have started a vascular "rehabilitation" therapy with Sildenafil 25 mg in the evening on alternate days for 20 days.

Moreover, from day 10 patients have started using the **Andropenis®** for an average of 2 hours a day in the morning, 2 in the afternoon and 2 in the evening.

These results have been compared with those of 5 patients of similar characteristics, who have undergone the same surgery and have been treated with the same rehabilitation therapy (Sildenafil) without applying the penile extender.

3. Results:

At least three months after the surgery, those five patients that followed the treatment with Sildenafil and used the extender have shown no reduction in size nor curvature of the penis shaft and an adequate penetrative activity.

Among the remaining five patients, we have registered two cases of progressive shaft curvature that does not allow penetration, and venous patch retraction in one case, which favours a new curvature. Although the latter case does allow penetration, it has not been accepted aesthetically nor psychologically by the patient, thus causing his dissatisfaction.

4. Conclusions:

The removal of fibrous plaques from the cavernous bodies albuginea and its substitution with autologous veins represents quite a codified procedure today.

The added use of FosfoEsosolsomerase inhibitors to increase the cavernous microcirculation and the use of mechanical penile extenders can easily avoid the cavernous patch retraction and guarantee increased surgical results.

