NON-INVASIVE LASER THERAPY OF MORBUS PEYRONIE - INDURATIO PENIS PLASTICA

Miroslav Prochazka, M. D., Karel Koci, M. D.
Rehabilitation Clinic Jarov, Prague; Andrology Clinic Andromeda, Prague, Czech Republic

Induratio penis plastica is a rare affection of male penis though occurrence is reported in 6 - 9 per cent of male population. From clinical, as well as from theoretical point of view this is very interesting kind of proliferous inflammation. Thus dual mechanism of effect of non-invasive laser beam can be employed in implicating overproduction of fibrin (and its resorption) as well as in direct influence upon inflammatory processes.

In our study 40 patients have been followed for more than a five-year period. We combine classical medicamentous techniques (colchicine, E vitamin) together with non-invasive laser of the following parameters: probes 200 and 300 mW, 50 J/cm² continuous mode + 50 J/cm² with beam modulated in 5 Hz frequency in one therapy bout. The therapy is applied 20 times in a row, twice a week as introductory series of procedures, followed by, according to clinical results, maintenance series of 3 - 5 procedures 2 - 3 times a year. Furthermore, we have found useful a combination with one more kind of physiotherapy - ultrasound - presumably due to erosion of syndesmotic conjunctions.

Results:
- 100 per cent of patients without painfull erection (mostly from second or third procedure on, as it is usually for the pain that patients are stirred to see a doctor, not for the deformity),
- 60 per cent of patients with significant reduction, or even fade of palpable resistance,
- less than 30 per cent of patients with marked effect on deformity of penis in the course of erection. Lesser effect on deformity during erection can be noticed with patients whose palpable resistance fade away completely. Theoretically, we are
of the opinion that it is a result of permanent conversion of syndesmotic stroma of cavernous corpora, persisting even after disposal of overproduced fibrin. In general, better prognosis can be expected with patients with a clear causer of the affection (trauma, catheterization) than with idiopathic forms, or even with forms connected with other and overall affections (combination with Dupuytren’s contractures)

Conclusions: We consider therapy with non-invasive laser to be absolutely the most effective component of the whole therapeutical complement within the scale of possible therapies of Morbus Peyronie (Induratio Penis Plastica), and therefore we establish it a routine method for all patients suffering from this affection. Its main contribution is high clinical efficacy, with negligible possible rate of theoretical risks (we have not observed any side effects of this therapy), and unique compliance of a method which is not connected with any unpleasant feelings for the patient.