AUA-21 San francisco

MP67-05 Preliminary outcomes of collagenase *Clostridium histolyticum* (CCH) using a modified technique "Percutaneous Needle Tunnelling (PNT)" in the treatment of Peyronie's disease (PD): prospective randomized study

Pue

Puerta de Hierro Majadahonda

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INTRODUCTION

- The use of Collagenase of Clostridium Histolyticum (CCH) has become one more therapeutic option in the non-surgical management of PD in Europe.
- Peyronie's disease candidate patients are those with stable disease, nonsurgical (by patient's desire or by erectile function and adequate penetration capacity).
- Percutaneous Needle Fasciotomy (PNF) is a minimally invasive technique used in the treatment of Dupuytren disease with good results and very few complications.

EDITOR'S CHOICE

Injectable Collagenase Versus Percutaneous

Needle Fasciotomy for Dupuytren Contracture
in Proximal Interphalangeal Joints:

A Randomized Controlled Trial

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◆ Note Technique

La technique de Leriche dans le traitement de la maladie de La Peyronie

Karim KHOUAJA, Vincent DELMAS, Laurent BOCCON-GIBOD

Clinique Urologique, Hôpital Bichat, Paris

Progrès en Urologie. 2004; 14, 586-589

OBJECTIVE

 To evaluate the results obtained in our early experience with a combined treatment of CCH injection previous performance of multiple percutaneous needle plaque tunnelling.

METHODS

- February June 2017
- 33 patients without plaque calcification in penile US, naturally randomized (different treatment in two different centres) to:

Group A protocol (CCH alone)	Group B protocol (PNT followed by CCH injection)	TOTAL
 17 patients Mean age: 50,9 y. o.(SD 9.1) 13 dorsal; 4 dorso-lateral Baseline curvature (mean) 45,5° (SD 13,8) 	 16 patients Mean age: 54 (SD 8,1) 12 dorsal; 4 dorso-lateral Baseline curvature (mean) 47,8° (SD 11,9) 	 33 patients Mean age: 52,4 years (SD 8,7)

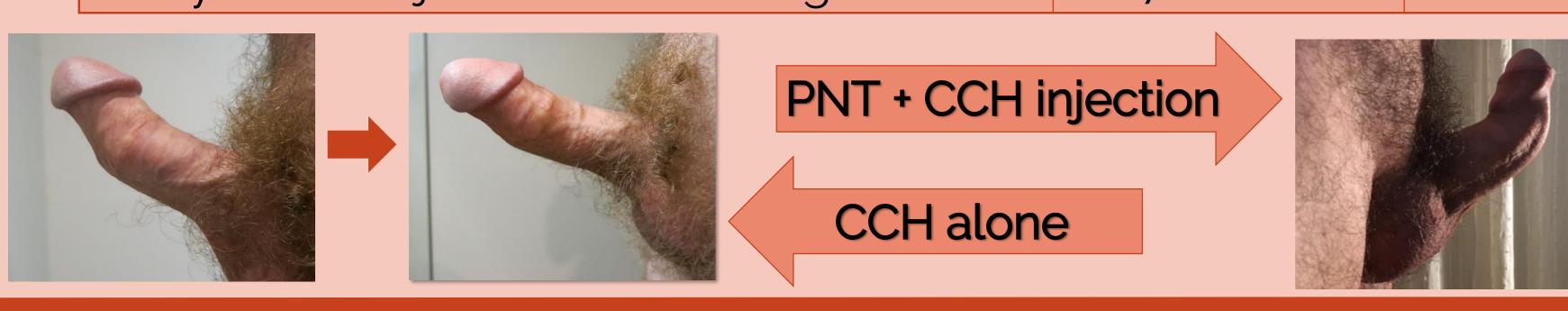
Patients provided informed consent explaining both procedures

- J Hand Surg Am. 2017; 42(5): 321-328
- Leriche technique was described in PD treatment. Consists of percutaneously creating holes inside the plaque.
- We hypothesized that a potential combination of both techniques would improve current CCH outcomes.

RESULTS

- All patients have completed a full treatment cycle.
- Follow-up time: 4,8 months (3-9)

VARIABLES	GROUP A (17) CCH alone	GROUP B (16) CCH + PNT	p
Reduction of curvature (mean-SD)	13° (4,7)	21° (4,3)	0,03
Significant hematoma (N-%)	3/17 (17%)	2/16 (12,5%)	N/S
Glans numbness (N-%)	1/17 (5,9%)	0/16 (0%)	N/S
Delay of 2nd injection / modeling (N-%)	0/17 (0%)	0/16 (0%)	N/S

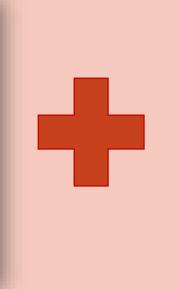


Group A protocol Group B protocol (CCH alone) (CCH + PNT) First injection of CCH Percutaneous Needle Tunnelling + First injection of CCH (0,9 mg/0,39ml) (0,9 mg/0,39ml)1 WEEK 1 WEEK Percutaneous Needle Tunnelling + Second injection of CCH Second injection of CCH (0,9 mg/0,39ml) 1 MONTH (0,9 mg/0,39ml)1 MONTH 1 WEEK 1 WEEK Modeling under local anesthesia Modeling under local anesthesia 2 WEEKS 2 WEEKS Triple therapy (daily tadalafil (2,5-5mg q.d.) Triple therapy (daily tadalafil (2,5-5mg q.d.) 2 MONTHS 2 MONTHS + pentoxifylline (400mg b.i.d.) + pentoxifylline (400mg b.i.d.) + penile traction therapy (6-8h daily) penile traction therapy (6-8h daily 1 CYCLE 1 CYCLE

PROCEDURE OF PNT:

- Dorsal penile nerve block
- 21G i.v. needle: percutaneous multiple incisions in the palpable plaque
- <u>25G s.c. needle:</u> Intralesional injection of the CCH_trying to cover the whole surface of the lesion







The sensation perceived during the injection of the plaque and the modeling was better after PNT, regarding to our previous experience.

CONCLUSIONS

- In light of the outcomes of this initial experience, we consider that this modified CCH protocol could improve outcomes with same safety profile.
- To gather more evidence, more patients need to be included in future studies.