



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, non-surgical (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.

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
<ul style="list-style-type: none"> 17 patients Mean age: 50,9 y. o.(SD 9,1) 13 dorsal; 4 dorso-lateral Baseline curvature (mean) 45,5° (SD 13,8) 	<ul style="list-style-type: none"> 16 patients Mean age: 54 (SD 8,1) 12 dorsal; 4 dorso-lateral Baseline curvature (mean) 47,8° (SD 11,9) 	<ul style="list-style-type: none"> 33 patients Mean age: 52,4 years (SD 8,7)

- Patients provided informed consent explaining both procedures

PROCEDURE OF PNT:

- Dorsal penile nerve block
- 21G i.v. needle: percutaneous multiple incisions in the palpable plaque
- 25G s.c. needle: 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.

NOTE TECHNIQUE Progrès en Urologie (2004), 14, 586-589

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

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Injectable Collagenase Versus Percutaneous Needle Fasciotomy for Dupuytren Contracture in Proximal Interphalangeal Joints: A Randomized Controlled Trial

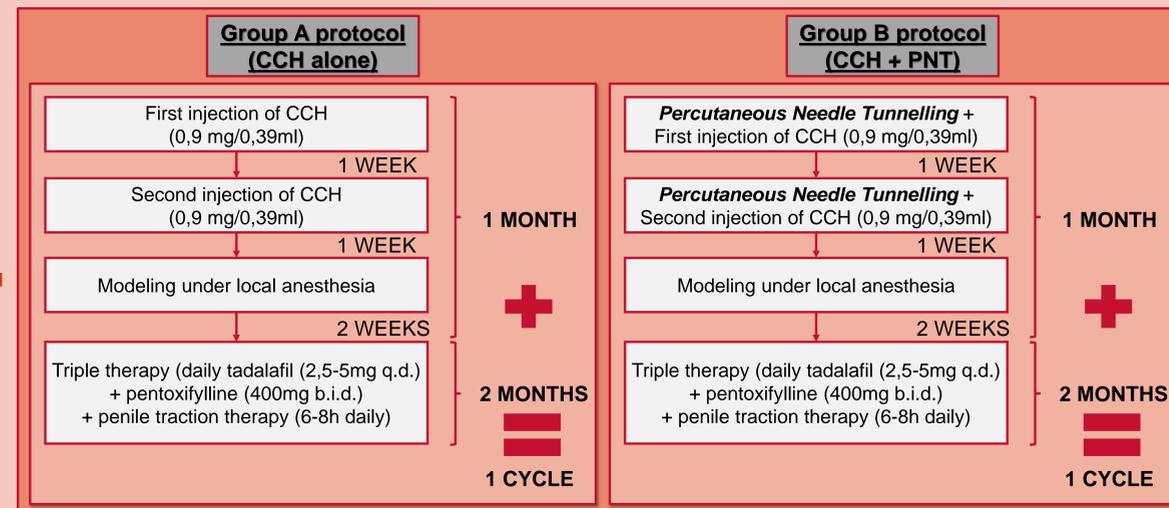
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- Leriche technique was described in PD treatment. Consists of percutaneously creating holes inside the plaque.
- We hypothesized that a potential combination of both techniques would improve current CCH outcomes.

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



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.

