

MP67-20 Multicentre prospective study of patients with Peyronie's disease

(PD) who underwent incision or partial-plaque excision with collagen-fibrinogen-thrombin fleece grafting

Fernández-Pascual E¹; Torremadé J²; Peinado F³; Sarquella J⁴; Romero J⁵; García-Baquero R⁶; Fraile A⁷; Turo J¹; Roselló M⁸; Campos F⁹; Egui A¹⁰; Moncada I¹¹; Carballido J¹; Martínez-Salamanca JI¹

1: Hospital Universitario Puerta de Hierro Majadahonda, Dept. of Urology and Lyx Institute of Urology, Madrid, Spain;
2: Hospital Universitario de Bellvitge, Dept. of Urology, Barcelona, Spain;
3: Complejo Hospitalario Riber, Dept. of Urology, Madrid, Spain;
4: Fundació Puigvert, Andrology, Barcelona, Spain;

5: Hospital Universitario Montepíncipe, Dept. of Urology, Madrid, Spain;
6: Hospital Puerta del Mar, Dept. of Urology, Cádiz, Spain;
7: Hospital Universitario Ramón Y Cajal, Dept. of Urology, Madrid, Spain;
8: Instituto Médico Roselló, Palma de Mallorca, Spain;

9: Hospital Universitario Marqués de Valdecilla, Dept. of Urology, Santander, Spain;
10: Hospital Universitario Fuenlabrada, Dept. of Urology, Madrid, Spain;
11: Hospital Universitario La Zarzuela, Dept. of Urology, Madrid, Spain



AUA-2018

MAY 18-21 san francisco

INTRODUCTION

- Surgical treatment represents the gold standard for patients with clinically significant PD.
- Multiple surgical techniques have been proposed.
- 2011: the technique of grafting with haemostatic self-adhesive fleece of equine collagen was described (single surgeon, single institution)¹.
- Potential advantages such as shorter surgery duration, less technically demanding procedure and relatively cheaper than other graft materials previously described.
- 2013: Expanded experience by Hatzichristodoulou².
- 2016-2017: popularized used in Europe. All of them: single surgeon, single institution

OBJECTIVES

- To evaluate the preliminary outcomes in patients who underwent this surgical technique in 11 Spanish centres after 16 months of recruiting.

METHODS

- July 2016 – October 2017
- 43 patients
- Standardized technique: incision / excision + TachoSil[®] grafting
- Inclusion criteria:
 - Patients with Peyronie's disease with more than 45° of curvature with good prior erectile function (IIEF-5 > 22 points), or with hour-glass or hinge deformities, with/without shortened penis.
- Exclusion criteria:
 - Previous operation in penis affecting *corpora cavernosa*.
- 11 Spanish specialized centres.
- Prospective data: demographics, preoperative, perioperative, post-surgical.
- Main outcomes of the study: PDQ, IIEF-5, EHS, satisfaction questionnaire.
- Follow-up at 3 and 6 months.
- All patients provided informed consent and the protocol was approved by Institution Review Board.

RESULTS

BASELINE DATA	
Age (mean)	53.8 y.o. (SD 5.9)
Plaque size (median)	17.1 mm. (SD 11,36)
Curvature (mean)	71.8° (SD 16.88)
Localization	81,5% dorsal; 10,5% ventral; 7,9% lateral
Previous treatments	65,1% (PDE5i, vit. E, pentoxifylline, traction therapy)
PERI-OPERATIVE DATA	
Surgery duration (mean)	91,3 min. (SD 22,62)
Technique used	34/43 incision; 6 partial excision; 3 complete excision
Intrasurgical complete resolution (<5°)	93% → 1 patient co-adyvant plication
Postoperative hematoma	7/43 (16,3%) → conservative management
Vascular complications	0/43

SATISFACTION QUESTIONNAIRE

- 83.7% (36/43)** of the patients considered that their penis was totally or practically straight at 6 months.
- 65.1%** complained of shortening of between 1-3 cm after the intervention.
- 55%** of the patients complained of some glans hyposensitivity at 6 months after the intervention.
- 95.3%** of the patients reported a clear improvement after the intervention.
- 79%** would choose again the same intervention. If we select the patients operated **without excision**: **94.1%** would choose again the same technique.
- Only three patients needed to be **re-operated**: 2 of them had been operated by **complete plaque excision (p= 0.004)**.

REFERENCES

- Horstmann M, Kwol M, Amend B, Hennenlotter J, Stenzl A. A self-reported long-term follow-up of patients operated with either shortening techniques or a TachoSil grafting procedure. *Asian J Androl*. 2011;13(2):326-331. doi:10.1038/aja.2010.157.
- Hatzichristodoulou G, Gschwend JE, Lahme S. Surgical therapy of Peyronie's disease by partial plaque excision and grafting with collagen fleece: feasibility study of a new technique. *Int J Impot Res*. 2013;25(5):183-187. doi:10.1038/ijir.2013.7

CONCLUSIONS

- The technique of incision/excision of plaque plus collagen-fibrinogen-thrombin fleece graft seems to be safe and effective with good aesthetic and functional results
- It should be considered as an option in the therapeutic arsenal of the management of PD.
- To extend this initial experience, the study will continue to collect data from more patients.

- Mean follow-up time was 9.4 months (SD 4.6)

MAIN OUTCOMES

	BASELINE	3 MONTHS	6 MONTHS	p
EHS (mean)	3,5	3,3	3,2	0,057
IIEF-5 (mean)	20,7	19,6	19,5	0,224
PDQ (mean)	31,1	13,6	10,8	<0,001
PDQ-SB (mean)	10,5	3,4	3,6	<0,001