

ORIGINAL RESEARCH

Evaluation of the Treatment of Congenital Penile Curvature Including Psychosexual Assessment

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ABSTRACT

Introduction. Penile corporoplasty is a well-established treatment method of congenital penile deviation (CPD). Anatomical results are good with only slight differences between surgical procedures used. The disease however has huge influence on young male quality of life. This issue is not well analyzed in the literature.

Aim. The aim of the study was to evaluate quality of life of the patients affected with CPD before and after the surgical treatment

Methods. Study population consisted of 107 patients with CPD referred for surgical management. Patients were evaluated with not only clinical assessment, but also by four questionnaires measuring various aspects of quality of life. They were: Short-Form Medical Outcomes, Sexual Quality of Life Questionnaire for Man, Beck Depression Inventory, and International Index of Erectile Function.

Results. Quality of life measurements showed deep decrease in the general quality of life, sexual performance, depression scale, as well as in physical and mental health in men with CPD. All these parameters were restored to normal after the successful surgical treatment with any method.

Conclusion. CPD deeply decreases the quality of life of the affected men in many aspects. Surgical treatment is able to repair the anatomical deformity and as well as significantly restore the patients' psychosocial well-being. **Zachalski W, Krajka K, and Matuszewski M. Evaluation of the treatment of congenital penile curvature including psychosexual assessment. J Sex Med 2015;12:1828–1835.**

Key Words. Congenital Penile Deviation; Corporoplasty; Depression; Erectile Dysfunction; Quality of Life

Introduction

Deviation of the penis is an abnormal bending that occurs during erection. It may be caused by the formation of fibrous plaque in the tunica albuginea in the course of Peyronie's disease or occurs as a congenital anomaly. The true prevalence of the congenital penile curvature (CPC) is difficult to determine. Some studies suggest that this problem may affect up to 10% of the male population, although the majority of these deviations are minor, with no clinical significance [1]. Urologists claim that surgical treatment should be considered only if the deviation impairs sexual intercourse, which happens usually, when the

bending exceeds 30° [2]. CPC is usually diagnosed in young adults beginning sexual activity. Deformation of the penis as well as the inability to have satisfactory intercourse very strongly influence male quality of life (QoL) in its psychological and social aspects, extending far beyond the sexual performance itself. Effective correction of the deviation may improve QoL dramatically. In this article we have reviewed our results of surgical treatment of CPC with the emphasis on the patient's perspective using different questionnaires. We have measured the impact of the disease on the QoL and the impact of the successful treatment in improving it. The results show that the good surgical outcome correlates closely with the improve-

Table 1 Basic preoperative data

| | |
|------------------------------------------|----------------------|
| Patients (n) | 107 |
| Age (year), average and range | 23.5 (17–44) |
| Follow-up (months) | 53.9 ± 35.3 (12–129) |
| Ventral curvature (n) | 86 |
| Ventral curvature (degrees) | 69.8 ± 18.8 (40–90) |
| Lateral curvature (n)15 | |
| Lateral curvature (degrees) | 55.3 ± 11.2 (40–80) |
| Dorsal curvature/hypererection (n) | 6 |
| Dorsal curvature/hypererection (degrees) | 88.0 ± 4.5 (80–90) |
| Intercourse (%) | |
| Difficult | 48.6 |
| Impossible | 23.26 |

ment in all the psychosocial parameters of well-being measured by various questionnaires.

Material and Methods

Over the 11-year period from 2000 to 2011, a total of 107 patients were operated on for CPC. All patients were referred for the operation due to the fact that congenital penile deviation is significantly impairing their sexual performance. The mean age was 23.5 ± 4.8 years. Patients characteristics is described in Table 1.

Before the procedure, the patients were evaluated by clinical examination, autophotography of erect penis done according to Kelami instructions [3], and four questionnaires: Short-Form Medical Outcomes (SF-36), Sexual QoL Questionnaire for Man (SQOL-M), Beck Depression Inventory (BDI), and International Index of Erectile Function (IIEF-5).

Forty-seven patients underwent Nesbit technique with excision and suture of the tunica albuginea [4]; 44 patients underwent corporoplasty through the plication suture by Esseed–Schroeder [5], 10 patients the incisional corporoplasty proposed by Yachia [6], while 6 patients underwent the division of penile suspensory ligament because of hypererection [7].

Tunica albuginea was approached through penile skin degloving (76.6%) or direct skin incision over the convex part of the curvature (24.4%). The choice of corporoplasty technique and surgical approach depended on the surgeon's preference, not the direction or the angle of curvature. The average angle of penile deviation evaluated by a physician during artificial erection was 63.8 ± 17.5 (range 40–90). It was calculated using the “Five line system” developed by Kelami (Figure 1).

Limiting angle of curvature that made intercourse impossible was estimated by receiver operating characteristic (ROC) curve analysis with area under curve (AUC) 0.95 (95% confidence interval [CI]: 0.91–0.99).

The follow-up assessment was performed twice, at least 3–12 months after the operation. The mean long-term follow-up of patients after CPC surgery was 53.9 ± 35.3 months (range 12–129).

In the postoperative evaluation the following items were taken into consideration:

- clinical assessment done by the physician;
- psychosexual analysis;
- self-evaluation of the surgical result by the patient; and
- patient's partner's evaluation.

The clinical assessment focused on the straightening of the penis and the most important side effects of the treatment, such as penile shortening, palpable suture knots, and skin adhesions. Psychosexual evaluation has been performed by means of the following questionnaires: QoL scale, SF 36, SQOL-M, BDI, and IIEF-5.

The SF-36 v.2 Questionnaire

The SF-36 is a 36 item questionnaire that measures QoL across eight domains, which are both

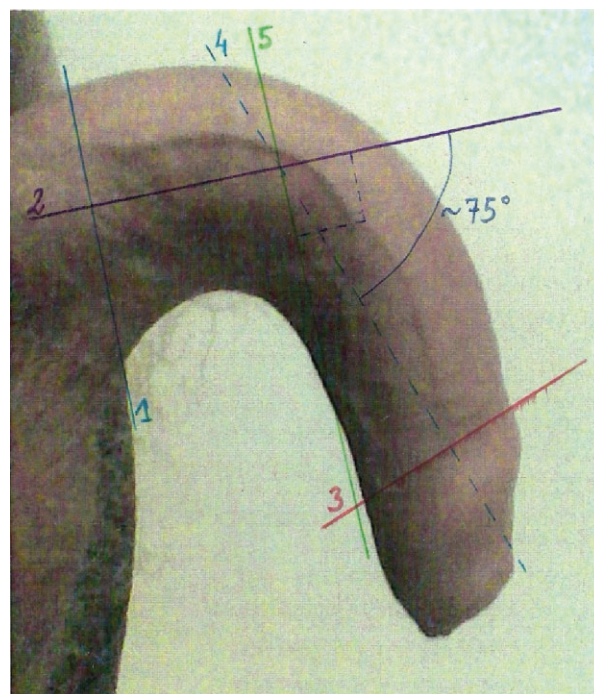


Figure 1 Deviation angle measurement according to Kelami. Line 1, transverse line to the base of the penis; line 2, vertical line to line 1 and gives the normal axis; line 3, transverse line at the coronal area of the penis; line 4, vertical line to line 3 and gives the deviation axis; line 5, parallel to line 1 at the junction of lines 2 and 4, the deviation angle is within 90° between lines 2 and 5.

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