

**ORIGINAL RESEARCH****Erect Penile Dimensions in a Cohort of 778 Middle Eastern Men: Establishment of a Nomogram**

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**ABSTRACT**

**Introduction.** Accurate data regarding the size of the erect penis are of great importance to several disciplines working with male patients, but little high-quality research exists on the subject, particularly in different ethnic groups and for erect penis size.

**Aim.** The aim of this study was to create a nomogram of erect penile dimensions in a large sample of Middle Eastern men.

**Methods.** A retrospective cohort study of 778 men (mean age 43.7; range 20–82) attending urological outpatient clinics in Saudi Arabia was conducted. Exclusion criteria were age under 18 years, a presenting complaint of small or short penis, Peyronie's disease or complaint of congenital curvature, clinical hypogonadism, and previous penile surgery or trauma.

**Main Outcome Measures.** Three erect penile dimensions following induction of erection using intracavernosal injection of Quadrimix.

**Results.** Mean patient body mass index (BMI) was 29.09 (standard deviation [SD] 5.76). The mean suprapubic skin-to-penile tip erect length was 12.53 cm (SD 1.93); the mean erect length from the symphysis pubis to the penile tip was 14.34 cm (SD 1.86); and the mean erect shaft circumference was 11.50 cm (SD 1.74). A nomogram was constructed and statistical analysis performed, demonstrating a weak negative correlation between BMI and erect penile length measured from the suprapubic skin ( $r = -0.283$ ,  $P < 0.000$ ) but not from bone to tip, and a weak negative correlation between age and both erect penile length measurements (skin to tip  $r = -0.177$ ,  $P < 0.0005$ ; bone to tip  $r = -0.099$ ,  $P = 0.006$ ).

**Conclusion.** A nomogram for Middle Eastern men can be used as a standard when advising men with small penis anxiety. The importance of measuring erect size and allowing for infra-pubic fat interference in measurement is emphasized. We envisage that this tool can be used to educate and reassure concerned men about the size of their penises. **Habous M, Tealab A, Williamson B, Binsaleh S, El Dawy S, Mahmoud S, Abdelwahab O, Nassar M, Mulhall JP, Veale D, and Muir G. Erect penile dimensions in a cohort of 778 Middle Eastern men: Establishment of a nomogram. J Sex Med 2015;12:1402–1406.**

**Key Words.** Penis; Erect; Length; Girth; Circumference; Nomogram

## Introduction

Concern and insecurity over penis size are ubiquitous among men in numerous cultures across the globe. Men's concerns about penis size are fuelled by cultural messages equating penis size with masculinity [1]. Many men may worry that their sexual partner may not be satisfied with their penis size. Men's worries about their personal inadequacies have created a large market for penis enlargement products and procedures [1]. Urologists and psychotherapists often encounter patients who complain about the length of their penis, but these patients are usually well within the typical range for penis size, though many are unaware of what actually represents "normal" size [2,3]. Such men may have "small penis anxiety" (SPA) and be fearful of being evaluated negatively by a sexual partner. Other men may be diagnosed with body dysmorphic disorder (BDD) [4]. Individuals with BDD are preoccupied with a perceived defect or flaw in their physical appearance that is not observable to others or appears only slightly. To fulfill the diagnostic criteria for BDD, they should be preoccupied for at least an hour a day and must also experience clinically significant distress or impairment in social, occupational, or other important areas of functioning. Occasionally in men, the preoccupation is focused on their genitalia or their penis size and we have defined a perceived defect as within two standard deviations (SDs) of the mean [5–7].

A recent systematic review found 20 studies with up to 15,521 males that had measured either flaccid length or girth or flaccid stretched length and various nomograms were created [8]. Of these 20 studies, only 4 measured erect length [9–12] and only 2 measured erect girth [9,12]. One study of erect size was in Asian men [9], one in Turkish men [11], and two in Caucasians [10,12]. No studies of erect penile length or girth have been conducted in Middle Eastern men. Lastly, previous studies of erect size have generally had small numbers ranging from  $n = 80$  [12] to  $n = 301$  [9].

## Aims

Our aim was to construct a nomogram of erect penile dimensions of a large and representative population of Middle Eastern men. A secondary aim was to determine if there was any correlation between age or body mass index (BMI) and penile dimensions.

## Method

A network of urology outpatient clinics in Saudi Arabia assessed 778 Middle Eastern male patients presenting for a variety of reasons including erectile dysfunction (ED) ( $n = 348$ ) and reassurance on normal penile size and function ( $n = 438$ ). In this demographic group, a "pre-marital check" is frequently requested to be sure that penile size and function, as well as fertility, are normal. Thus, all the patients included in this retrospective study were having the measurements collected as part of their standard clinical care in line with local protocols. Patients with a primary complaint of small penis, with Peyronie's disease, clinical hypogonadism, or who had undergone previous penile surgery or suffered penile injury were excluded. Males under 18 years of age were also excluded, as were men who had been using intracavernous injection for ED. The patients were examined in air-conditioned consulting rooms at a constant temperature ( $21^{\circ}\text{C}$ ). Intracavernosal Quadrimix (prostaglandin E1  $5\ \mu\text{g}$ , papaverine 15 mg, phentolamine 1 mg, atropine 20 mcg in 1 mL of saline; 0.1 mL given for patients without ED and up to 1 mL for patients with ED) injection was used to induce full erection in all patients. Patients who did not get a full erection were not considered for inclusion. Size data were recorded to the nearest five millimeters by a small group of experienced urologists.

## Main Outcome Measures

Each patient had three parameters of the erect penis recorded: circumference of the penile shaft; penile length from the suprapubic skin to distal glans (skin to tip); and penile length pubis to distal glans (bone to tip). Using a rigid plastic ruler, skin-to-tip measurement was conducted as follows: with the penis in full erection, the base of the ruler was placed on the peno-pubic skin junction and the tip of the ruler was placed at the level of the tip of the glans penis. Bone-to-tip measurement was conducted as above except the base of the ruler was pushed firmly down to the pubic bone. Penile circumference was measured with a tape at the base of the penis. Weight, height, BMI and age were also recorded.

Statistical analysis was performed using SPSS (IBM, SPSS Statistics 21, Chicago, IL, USA). Descriptive statistics (mean, SD, median, and range) were performed for age, BMI, and each of the three recorded measurements of the erect penis (skin-to-tip length, bone-to-tip length, and circumference). Pearson correlation coefficients were

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