LOCAL HYDROCORTISONE IN PEYRONIE'S DISEASE*

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Peyronie’s disease (chronic indurative cavernositis) is not common but examples are seen from time to time in venereal disease clinics. While the fibrositis in a few instances follows trauma or infection, most cases are idiopathic. The patient usually complains of discomfort or pain and actual bending of the penis during erection; as a result he may be impotent. The site and depth of the fibrosis in the corpora cavernosa varies; disability is usually greater where the fibrosis is deep rather than superficial. The condition pursues a chronic course and the variety of treatments tried in the past indicates their general lack of success. Local excision has been attempted in the superficial variety, while for the deeper lesions, radiotherapy with radium or x rays, short-wave diathermy, injections, and salves have all been tried. Marshall (1944) reported that French experts used intravenous injections of Frei antigen in cases in which the intradermal Frei test had given a positive reaction.

Case Reports

In the past year, fifteen examples of Peyronie’s disease have been seen in the venereal disease clinic of the Medical College Hospital, Calcutta. Of these, ten were idiopathic and all except one were of the deep variety. Local hydrocortisone acetate injections were tried in the two recent cases described below. These two patients were thoroughly investigated to eliminate any local infection including urethrosopic and full bacteriological examinations. Before using hydrocortisone, we gave a course of injections of milk with iodine (twelve injections) and Contramine (twice-weekly for 5 weeks) without significant improvement.

Case 1, a male aged 38 years, married with one child, complained of painful erections during the past 6 weeks. A hard, slightly tender, irregular mass, 1 in. × ½ in., was present at the angle of the penis. There was no evidence of venereal or other infection and our usual treatment with injections of milk and Contramine had no effect. Twelve local injections of hydrocortisone acetate abolished the symptoms and only a small fibrotic mass remained.

Case 2, a male aged 47 years, married 17 years with six children, complained of painful erections with bending of the penis to the left during the past 2 months. He had a painful nodule, ½ in. in diameter, on the dorsal aspect of the left corpus cavernosum at about the middle of the shaft of the penis. This nodule and the other symptoms disappeared completely after twelve injections of hydrocortisone acetate. 5 months after treatment the patient remains symptom-free.

Injection Technique

Two tuberculin syringes (1 ml. with 1/100 divisions) fitted with very fine needles are used. The skin over the nodule is infiltrated with 2 per cent. Novocaine solution and the needle is then pushed into the centre of the nodule, and 0·2 ml. is injected. The nodule is then gently massaged and, using the second syringe and needle, 0·125 ml. hydrocortisone suspension is injected into the nodule which is again gently massaged. Injections are given twice-weekly using increasing amounts of the hydrocortisone suspension†: e.g. two injections of 0·125 ml., two injections of 0·2 ml., two injections of 0·25 ml., and two injections of 0·3 ml., up to a maximum of 0·4 ml. and a total of twelve injections.

Summary

Two cases of Peyronie’s disease have been treated by local injection of hydrocortisone acetate into the fibrotic mass. The results obtained in these two patients have impressed us and we hope to publish further experience of this promising form of treatment.

REFERENCE


Hydrocortisone locale dans la maladie de Peyronie

Résumé

On traite deux cas de maladie de Peyronie par des injections locales d’acétate d’hydrocortisone dans la masse fibreuse. Les résultats obtenus chez ces deux malades furent une impression favorable, et nous espérons en publier d’autres, basés sur des expériences ultérieures avec cette forme de traitement pleine de promesses.

† The suspension contained 25 mg. hydrocortisone acetate per ml.