

Minimally invasive therapy with intralesional onabotulinum toxin A in peyronie disease

Muñoz-Rangel Carlos Arturo¹, Fernandez-Vivar Elieser¹, Bañuelos-Gallo Ruben Alejandro², Gonzalez-Ojeda Alejandro³, Macias-Amezcuca Michel Dassaejv³, Chavez-Tostado Mariana³, Ramirez-Campos Kenia Militzi³, Ramirez-Arce Anais del Rocio³, Cortes Lares Jose Antonio³ and Fuentes-Orozco Clotilde³

¹*Bañuelos Radiologos, Mexico*

²*Research Unit in Clinical Epidemiology, Mexico*

³*Mexican Institute of Social Security, Mexico*

Abstract

Objective: To determine the effectiveness of intralesional application of onabotulinum toxin A in patients with Peyronie disease.

Materials & Methods: A prospective therapeutic cohort study was undertaken in patients ≥ 18 year with stable disease were included. **Intervention:** One-time intralesional application of 100 IU of onabotulinum toxin A. We included 22 patients from Urology consult from october 1st 2011 to june 30th 2012. Primary outcome measure: Grade of curvature. Secondary outcome measures: Thickness of the fibrous plaque, erectile dysfunction improvement and pain. Statistical analysis included the Pearson chi-square test for categorical variables and the student t test for quantitative variables. Any p value < 0.05 was considered statistically significant.

Results: The size of the fibrous plaque was reduced from 0.34 ± 0.20 cm to 0.27 ± 0.13 cm after treatment ($p=0.014$). The curvature initially averaged $32.95 \pm 9.21^\circ$, improving to $25 \pm 9.38^\circ$ ($p=0.025$). According to the Kelami classification, the curvature was $< 30^\circ$ in 14 cases (63.6%) and was $30-60^\circ$ in 8 cases (36.4%). At 16 wk, the curvature was $< 30^\circ$ in 19 cases (86.4%) and $30-60^\circ$ in 3 cases (13.6%). The erectile dysfunction grade was 16.18 ± 4.46 before treatment and 18.22 ± 4.55 after treatment ($p=0.002$). Pain was reduced from 3.36 ± 3.48 before treatment to 1.14 ± 1.58 after treatment ($p=0.001$).

Conclusions: The application of onabotulinum toxin A can improve the clinical manifestations of Peyronie disease due to fibrosis, increasing sexual function in affected patients.

clotilde.fuentes@gmail.com