

The use of penile traction devices for Peyronie's disease

Penile traction therapy (PTT) represents an emergent therapeutic option for men with Peyronie's disease (PD)

CLINICAL GOALS OF ALL PTT: Non surgically reduce curvature, enhance girth and recover lost length.

METHODS

- Literature search of full text English language articles on the use of PPT in PD using PubMed and Medline on 01/2019
- Inclusion criteria: original papers investigating outcomes of traction therapy on PD
- Exclusion criteria: posters or oral presentations, review articles, meta-analyses, expert opinions, case reports.

Due to limited evidence on clinical outcomes and poor scientific quality of the identified studies, no recommendations based on the Oxford 2011 Levels of Evidence criteria were possible.
However, specific statements on this topic are provided, which summarize the ESSM position.

POSITION STATEMENTS FROM THE ESSM

Statement 1. Although mechanical traction can modify connective tissue (cellular proliferation and expansion of the extracellular matrix), **more studies are needed to improve our understanding of the pathways involved** in the impact of PTT on PD.

Statement 2. PTT shows promising results for patients with PD. Further stratification in terms of patient and disease characteristics are still required in order to identify those subjects most likely to benefit from PTT. The limited evidence prevents any definitive recommendation.

- Available data seem to support the use of PTT in either the acute or chronic phases of PD.
- The recommended daily use ranged from 0.5 to 9 hours, and the follow-up period from 3 to 6 months.
- The overall reduction in penile curvature ranged from 4^o to 31.2^o, corresponding to a relative improvement of 12.9-41.1%.
- All studies claimed gain in the stretched penile length (SPL), although defined measurement protocols were absent.

Statement 3. Available data do not support the use of PPT for PD before surgery.

It may be theoretically beneficial to optimize penile length and reduce curvature, but available data are too limited.

Statement 4. Available data do not support the use of PTT after PD surgery.

Some reports have recommended the use of PPT in the immediate postoperative period in order to avoid retraction of the graft after a lengthening procedure and prevent curvature recurrence; but the available evidence is limited.

Statement 5. There is not enough data to recommend PTT as concomitant with oral and/or intralesional therapy.

It may enhance the efficacy of other PD treatments in reducing the penile curvature; but data shown in the studies, both in the acute and chronic phase of PD, are conflicting.

Statement 6. PTT adverse effects are mild and well tolerated, with no permanent consequences.

Glans numbness, local discomfort, glans edema, erythema and discoloration are the most common.

Several studies instructed patients not to use PTT > 2 hours and to include a resting period of 30 minutes.

CONCLUSIONS

The ideal PD patient for PTT is still undefined and requires investigation

Preliminary data suggest PTT may be a promising treatment option for PD, although there is not enough evidence to give any definitive recommendation in any clinical scenario.

Large well-designed and adequately powered RCTs are required to better clarify all these aspects.