Characteristics of Men with Peyronie’s Disease and Collagenase Clostridium Histolyticum Treatment Failure

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Background & Methods

- A subset of Peyronie’s disease (PD) patients receiving Collagenase Clostridium Histolyticum (CCH) experience persistent bother and some require surgery.
- We characterized patients experiencing persistent bother post-CCH and investigated predictors of surgical intervention and outcomes.
- PD patients from 10/2014-10/2019 who had persistent bother after CCH by other urologists.

- Baseline characteristics → Student t-test and chi-square tests
- Multivariable logistic regression → Predictors of surgical intervention and complications

- Primary outcome: Surgery post-CCH
- Secondary outcomes: Worsened erectile function, sensory deficits and Δ penile length
Results & Conclusions

- In total, 67/573 (11.7%) of new PD patients had prior CCH with median 6 injections (Range: 2-24).
- Mean composite curvature (MCC) was 69.0° (SD 33.8).
- 77.6% (52/67) had indentation deformity, 38.8% (26/67) hinge effect, 38.8% calcifications
- 49.3% (33/67) went on to surgery:
  - 60.1% (20/33) undergoing partial plaque excision and grafting (PEG)
  - 18.2% (6/33) tunica albuginea plication (TAP)
  - 21.2% (7/33) penile prosthesis with plaque incision and grafting (IPP + PIG).
- Surgical pts had greater mean curvature (82.6° vs 55.4°, p<0.01) and hinge (54.5% vs 20.6%, p<0.01)
- MCC≥60° predicted patient decision for surgery (OR 2.99, p<0.01, 95%CI:1.62-4.35).
- Men with persistent bother post-CCH had high rates of indentation, calcifications, and MCC>60°.
- Surgical intervention is safe and feasible in these patients, with low rates of complications.
- These findings suggest negative prognostic factors for CCH which merit further investigation.