Peyronie’s Disease and the Female Sexual Partner Experience

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Introduction

- Peyronie’s disease (PD) is characterized by penile pain, deformity, and sexual dysfunction
- PD is often associated with impaired sexual experience and significant psychological bother for the patient
- There is limited data on the impact of PD on female sexual partners (FSP)
- Objective: To compare the psychosexual experience of men with PD and their FSP

Methods

- Review of all men and their FSP presenting for initial PD evaluation to our institution’s sexual health clinic
- 7/2018 – 2/2020
- Data collected on patient demographics and clinical characteristics
- Inclusion criteria (Men and FSP):
  - participation in penetrative vaginal intercourse with partner within past 3 months
  - Prospective collection of questionnaires
- Questionnaires:
  - Men: Peyronie’s Disease Questionnaire (PDQ)
  - FSP: PDQ for Female Sexual Partners (PDQ-FSP)
    - Evaluates impact of male partner’s PD on FSP
  - Female Sexual Function Index (FSFI)
    - Evaluates female partner overall sexual function

Results

- n=44 couples
- Age (median, range):
  - Men: 56 yrs (38-70 yrs)
  - FSP: 54 yrs (35-69 yrs)

Male Baseline Characteristics

- Chronic PD: 80% (35/44)
- Duration of PD (median, range): 12 mo (2-180 mo)
- Penile shortening: 68% (30/44)
  - Subjective length loss (median, range): 2.5 cm (1-12 cm)
  - Subjective ED 2/2 PD: 43% (19/44)
- Objective composite curve (median, range): 75° (25°-150°)
- Hinge effect/penile instability: 59% (26/44)

Female Baseline Characteristics

- FSFI (median, range): 28.7 (15.2-34.2)
  - 28% with female sexual dysfunction
  - Sexual dysfunction defined as <26.6 (Wiegel et al., 2005)

No association between:
- Severity/direction of curve and FSP reported difficulty or discomfort with sexual positions, trouble inserting the penis into the vagina, concern for damaging partner’s penis (p>0.05)
- Questionnaire responses and hinge-effect, objective penile curvature, and stretched penile length (p<0.05)
- PD impacts sexual experience for both men and FSP
- A similarly large proportion of men with PD and FSP noted decreased frequency of and difficulty with vaginal intercourse.
- However, FSP were less bothered by the appearance of the erect penis and the deformity during vaginal intercourse compared to men.

Conclusions

Table 1. Female sexual partner (FSP) responses to the PDQ

<table>
<thead>
<tr>
<th>Issues regarding positions previously enjoyed (severe/very severe)</th>
<th>Difficulty</th>
<th>Awkwardness</th>
<th>Discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern for damaging partners penis during vaginal intercourse (severe/very severe)</td>
<td>22.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble inserting erect penis into vagina (severe/very severe)</td>
<td></td>
<td>37.1%</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Comparison of PDQ responses between men with PD and FSP.

<table>
<thead>
<tr>
<th>Bother by penile appearance (very/extreme)</th>
<th>Men with PD</th>
<th>FSP</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bother by PD during vaginal intercourse (very/extreme)</td>
<td>65.2%</td>
<td>32.3%</td>
<td>0.017</td>
</tr>
<tr>
<td>Vaginal intercourse difficult/impossible</td>
<td>81.5%</td>
<td>74.3%</td>
<td>0.555</td>
</tr>
<tr>
<td>Bothered by less frequent vaginal intercourse</td>
<td>66.7%</td>
<td>46.2%</td>
<td>0.174</td>
</tr>
</tbody>
</table>