

THE LUE VS THE NESBIT PROCEDURE IN PEYRONIE'S DISEASE: AN ANALYSIS OF THE OUTCOME IN 46 PATIENTS

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Introduction To assess the Lue procedure (plaque incision/excision and venous grafting) and the Nesbit procedure for correcting the penile deformity in patients with Peyronie's disease.

Patients and Methods Between February 1997 and September 2002, 46 patients with Peyronie's disease were operated in our unit. Twenty men (mean age 56 years, range 46-67) with a mean penile curvature of 76° had their deformity corrected by either plaque incision (80%) or plaque excision (20%) followed by single (75%) or multiple saphenous vein grafting (25%). In 6 patients (30%) additional corporeal plications were performed. Twenty-six men (mean age 56 years, range 36-64) with a mean penile curvature of 63° underwent Nesbit procedure. In the patients who underwent the Lue procedure the deformity was dorsal in 12, lateral in 2, ventral in 2 and 4 patients had a complex deformity (dorsolateral or ventrolateral). In the patients who underwent the Nesbit procedure the deformity was dorsal in 13, lateral in 7 and 6 patients had a complex deformity (dorsolateral). Of the 46 patients, 40 were reassessed by means of IIEF-5 questionnaire together with three questions about residual deformity, penile shortening and treatment satisfaction. The mean (range) follow up was 40 months (3-70).

Results A poor result was obtained in 9 (50%) of the 18 patients reassessed after the Lue procedure. The main causes for dissatisfaction were postoperative erectile dysfunction, penile shortening residual deformity and permanent glans numbness. An excellent or satisfactory result was obtained in 16 (73%) of the 22 patients reassessed after the Nesbit operation. The main causes for dissatisfaction were penile shortening in 4 and chronic pain in 2 patients. Overall, postoperative deterioration of the erectile function (IIEF-5) occurred in 15 (83%) and 6 patients (27%) who underwent the Lue and the Nesbit procedure, respectively. The patients' estimate of the degree of penile shortening was > 2 cm in 7 (39%) and 9 patients (41%) who underwent the Lue and the Nesbit procedure, respectively. The penis was completely straight in 82% of the patients after the Nesbit operation. There was a residual deformity of 10-30° in 8 (44%) and 4 (18%) patients after the Lue and the Nesbit procedure, respectively. in 2 (11%) Two patients complained of a deformity of more than 30° after the Lue operation.

Conclusions The Nesbit operation remains the procedure of choice in the treatment of Peyronie's disease. Although residual deformity and postoperative impairment of the erectile function remain a risk, it is lower than with the Lue procedure with a similar incidence of penile shortening of more than 2 cm.