

Collagenase Therapy for Penile Plaque *Clostridium Histolyticum*

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ABOUT THE STUDY

The repetitive damage to the penile, which usually occurs during intercourse or physical activity, results in Peyronie's disease. Penis come in a variety of sizes and shapes, so getting a curved erection is not always a reason for alarm. The bend is important in Peyronie's illness and may come with discomfort or interfere with sexual function. If symptoms continue or become worse, medication or surgery could be advised.

Peyronie's disease symptoms can emerge quickly or gradually. The most prevalent indications and symptoms are as follows;

Scar tissue

Plaque, a kind of scar tissue linked with Peyronie's disease that is distinct from the plaque that can accumulate in blood vessels, can be felt as flat lumps or a ring of hard under the skin of a penis.

A significant bend to the penis

The penis may have an upward, downward, or sideways curvature.

Erection problems

Peyronie's illness may make it difficult to get or maintain an erection (erectile dysfunction). However, erectile dysfunction is frequently reported by males prior to the onset of Peyronie's clinical manifestations.

Shortening of the penis

Peyronie's illness may cause your penis to shrink in size.

Pain

With or without having an erection, some may experience penile discomfort.

Other penile abnormalities

The erect penis in certain Peyronie's disease patients may seem narrowed, indented, or even hourglass-shaped, with a tight, thin

ring encircling the shaft.

To aid in the healing process, a mild pressure dressing is frequently placed on the penile for 24 to 48 hours following surgery. When patients wake up, there can still be a catheter in the bladder that was inserted during surgery through the penis' end. After leaving the same day or when being discharged the next morning, the tube is frequently taken out in the recovery room. In addition to pain relievers, you could be prescribed antibiotics to consume for a few days in order to reduce the chance of infection and aid with swelling. After surgery, you should wait a minimum of 6 weeks before having sexual activity.

Localized Tunica Albuginea (TA) disease called Peyronie's Disease (PD) is characterised by the development of fibrotic plaque. Up to 32% of patients with Parkinson's Disease (PD) experience Erectile Dysfunction (ED). The previously shown that high End-Diastolic Velocity (EDV) on Penile Duplex Doppler Ultrasonography (PDDU) is a sign of vascular leak, which is the most typical cause of ED in this cohort. This venous leak may be caused by a change in the TA's architecture; however this is just hypothesized and not proven. Since 2013, the clostridium histolyticum collagenase XIAFLEX has been utilized in clinical settings to dissolve the aberrant accumulation of collagen type I and III, which makes up the majority of the fibrotic plaque.

In complete artificial erection, the penile deformity was measured intraoperatively. Penile shape was determined *via* artificial erection, and all defects were fixed using geometric measurement and computation through transverse or diagonal incision of the albuginea and grafting. For further penile lengthening, another circumferential incision and grafting are performed. Two longitudinal lateral incisions of the albuginea were made with hernia mesh grafting on patients who needed penile widening. The incision(s) is/are closed after the traditional method of inserting the inflatable penile implant. All patients received suction drainage for two to three postoperative days. Prosthesis was kept partially inflated for two to three weeks following surgery, at which point cycling was initiated with the recommendation to maintain it inflated as much as possible throughout the day and at night.

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