An unusual case of Peyronie's disease in a 22-year-old male is presented. The patient complained of sluggish erection of the pendulous portion of the penis. A fibrous plaque in the tunica albuginea at the base of the penis extended into the corpus cavernosum cross-sectionally. Histology was consistent with Peyronie's disease. Some improvement was obtained by partial excision of the plaque.

Peyronie's disease, which is characterized by fibrosis in the tunica albuginea of the penis without a known cause, has various locations and forms of fibrous plaque. However, transverse septum-like plaque causing sluggish erection of the pendulous portion of the penis has not been reported. Such a case occurring in a young male is presented.

Case report

A 22-year-old unmarried male was admitted complaining of sluggish erection and a nodule in the penis. From the age of 15 years he noted that, despite the fact that the root of the penis got turgid promptly, the pendulous portion and the glans took several minutes to erect and did not become so rigid as the root of the penis. He also noticed a firm nodule at the base of the penis where he palpated a constriction when erect. There was no painful erection, no bent penis and no difficult urination. He had no previous history except for appendectomy at the age of 10 years.

Palpation of the penis disclosed a firm induration 3 mm in width encircling the corpus cavernosum at the base of the penis. The induration did not involve the corpus spongiosum. Remainder of the physical examination was negative. Routine laboratory examinations were entirely normal. Retrograde urethrography and pelvic angiography yielded unremarkable findings. Cavernosography with injection of contrast medium into the corpus cavernosum close to the glans showed prompt opacification of the corpus cavernosum distal to the induration, but no visualization of the corpus cavernosum proximal to the induration (Fig. 1).

Under the diagnosis of an unusual type of Peyronie's disease he was operated upon. Through a semi-circumferential skin incision the induration encircling the corpus cavernosum was exposed. Its surface was slightly depressed and appeared
Fig. 1. Cavernosography with injection of contrast medium into the corpus cavernosum close to the glans. The corpus cavernosum distal to the plaque and the dorsal vein of the penis are opacified, but the corpus cavernosum proximal to the plaque is not visualized. Arrow indicates the site of the plaque.

yellowish. Right and left lateral portions of the induration were excised in wedge shape, respectively, until intact cavernous tissue appeared. The tissue removed from each side measured 15 × 5 mm at the base and 5 mm in depth. This procedure revealed that the induration extended into the corpus cavernosum cross-sectionally and had a shape of a discoid, decreasing in thickness towards the center (Fig. 2). The tunica albuginea was sutured with 3–0 chromic catgut and the skin incision was closed. Postoperative course was uneventful. Pathological examination showed a non-inflammatory fibrosis that was consistent with Peyronie’s disease (Fig. 3).

Four weeks after the operation cavernosography done by the same method as before demonstrated slow opacification of the corpus cavernosum proximal to the induration (Fig. 4), and the patient stated that the pendulous portion could get turgid more rapidly and rigidly than before, but he was not fully satisfied with the result. During the follow-up period of 5 years the state of erection remained unchanged.

Fig. 2. Schematic representation of the transverse septum-like plaque.