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SAN DIEGO RECONSTRUCTIVE UROLOGY

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URGENT MEDICAL REVIEW REQUEST

PATIENT: Nguyen, David L. | **DOB:** 04/12/1968 (57 y/o) | **MR#:** SDR-93847

DATE OF EVAL: September 15, 2025

CHIEF COMPLAINT:

Severe penile curvature with associated erectile dysfunction preventing sexual intercourse

HISTORY:

57 y/o male presents with 4-year history of progressive penile curvature and pain. Initially noted mild curvature and pain with erections about 4 years ago. Over time, curvature has increased significantly. Patient now has severe dorsal curvature measuring approximately 70 degrees that makes vaginal penetration impossible.

Associated erectile dysfunction has developed - patient reports difficulty achieving and maintaining erections even when able to obtain partial tumescence. States that the deformity and ED have caused complete cessation of sexual activity for past 18 months. Significant psychological distress and marital strain reported.

PAST TREATMENT:

- Oral pentoxifylline 400mg BID x 6 months (2023-2024): no improvement
- Vitamin E supplementation: no benefit
- Intralesional collagenase clostridium histolyticum (Xiaflex) injections: completed full 4-cycle protocol over 8 months (late 2024). Minimal improvement in curvature (reduced from ~75 degrees to 70 degrees). Still unable to achieve penetration.
- PDE5 inhibitors (sildenafil 100mg, tadalafil 20mg): unable to achieve adequate rigidity even with maximum doses

PMH:

- Peyronie's disease (4 years, progressive)
- Hypertension (controlled)
- Type 2 DM (diet controlled, HbA1c 6.2%)
- No history of penile trauma or prior surgery

MEDICATIONS:

Lisinopril/HCTZ 20/12.5mg daily, Metformin 500mg BID

SOCIAL HISTORY:

Married 22 years, non-smoker, denies EtOH/drug use. Software engineer. *Patient very distressed - states this has severely impacted marriage*

PHYSICAL EXAMINATION:

VITALS:

BP 132/84, HR 72, Wt 178 lbs, BMI 26.4

GENERAL:

Alert, cooperative, appears anxious

GENITOURINARY:

Circumcised male. Flaccid exam: palpable dorsal plaque measuring approx 3cm x 1.5cm, firm consistency. Penis length appears shortened. Testes normal bilaterally.

INDUCED ERECTION:

Intracavernosal alprostadil 20mcg administered in office. Developed partial erection with severe dorsal curvature measured at 68-70 degrees. Inadequate rigidity for penetration even with curvature aside. Clear hourglass deformity at plaque site.

DIAGNOSTIC STUDIES:

Penile Duplex Ultrasound (09/08/2025):

- Dorsal fibrous plaque measuring 31mm x 14mm with calcification
- Peak systolic velocity: Right 22 cm/sec, Left 21 cm/sec (borderline low)
- Erect curvature: 70 degrees dorsally
- Impression: Severe Peyronie's disease with calcified plaque, borderline arterial insufficiency, inadequate rigidity for intercourse

Testosterone level (09/08/2025): 412 ng/dL (normal)**HbA1c (09/08/2025):** 6.2%**ASSESSMENT:**

1. Severe Peyronie's disease with calcified plaque and 70-degree dorsal curvature (N48.6)
2. Erectile dysfunction secondary to Peyronie's disease (N52.8)
3. Penile shortening secondary to Peyronie's disease

PHYSICIAN ASSESSMENT AND RECOMMENDATION:

Mr. Nguyen presents with severe, chronic Peyronie's disease that has been refractory to comprehensive conservative management. He has failed both medical therapy (oral agents) and minimally invasive interventions (intralesional collagenase injections).

The degree of curvature (70 degrees) combined with inadequate erectile rigidity makes him unable to achieve vaginal penetration. The disease has been stable for >12 months, indicating he is in the chronic phase. The presence of calcification on ultrasound further confirms chronicity and predicts poor response to additional conservative measures.

Patient requires definitive surgical intervention. Given the combination of severe curvature AND erectile dysfunction, he is appropriate candidate for penile prosthesis implantation with plaque incision/excision and modeling. This will address both the curvature deformity and erectile dysfunction simultaneously.

Discussed surgical options extensively - patient understands that inflatable penile prosthesis with plaque management is the definitive solution. Counseled on risks including infection, mechanical failure, possible need for grafting if perforation occurs during plaque excision, and permanent nature of implant. Patient accepts risks and desires to proceed.

PLAN: Penile prosthesis (inflatable 3-piece) with plaque incision and modeling procedure. Pre-op clearance pending.

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