Penile traction therapy has been evaluated as an adjunct therapy to intralesional injections with interferon, verapamil, or CCH [943, 1003, 1004]. These studies have failed to demonstrate significant improvements in penile length or curvature, with the exception of one subset analysis identifying a 0.4 cm length increase among men using the devices for > 3 hours/day [1004]. A meta-analysis demonstrated that men who used PTT as an adjunct to surgery or injection therapy for PD had, on average, an increase in stretched penile length (SPL) of 1 cm compared to men who did not use adjunctive PTT. There was no significant change in curvature between the two groups [1005].

Data available on the combined treatment of CCH and the use of VED between injection intervals have shown significant mean improvements in curvature (-17o) and penile length (+0.4 cm) after treatment. However, it is not possible to determine the isolated effect of VED because of a lack of control groups [956, 1005].

Data have suggested that combination of PDE5I (sildenafil 25 mg twice daily) after CCH treatment (shortened protocol combined with VED) is superior to CCH alone for improving penile curvature and erectile function [1006]. Further studies are necessary to externally validate those findings.

8.2.3.1.5 Summary of evidence and recommendations for conservative treatment of Peyronie's disease

Summary of evidence	**LE**
Conservative treatment for PD is primarily aimed at treating patients in the early stage of the disease in order to relieve symptoms and prevent progression.	3c
There is no convincing evidence supporting oral treatment with acetyl esters of carnitine, vitamin E, potassium para-aminobenzoate (potaba) and pentoxifylline.	3c
Due to adverse effects, treatment with oral tamoxifen is no longer recommended.	3c
Nonsteroidal anti-inflammatory drugs can be used to treat pain in the acute phase.	4
Contradictory evidence is available for intralesional treatment with calcium channel antagonists: verapamil and nicardipine.	4
Intralesional treatment with Collagenase *Clostridium histolyticum* showed significant decreases in penile curvature, plaque diameter and plaque length in men with stable disease.	1b
Intralesional treatment with interferon may improve penile curvature, plaque size, density, and pain.	2b
Intralesional treatment with steroids have been shown to have adverse effects, including tissue atrophy, thinning of the skin and immunosuppression.	3c
No high-level evidence is available to support treatment with intralesional hyaluronic acid or botulinum toxin.	3c
Intralesional hyaluronic acid may be used to improve pain, penile curvature and IIEF scores.	2b
Combination of oral and intralesional hyaluronic acid treatment improves penile curvature and plaque size.	1b
There is no evidence that topical treatments applied to the penile shaft result in adequate levels of the active compound within the tunica albuginea.	3c
There is no efficacy data for the use of iontophoresis.	3c
Extracorporeal shockwave treatment may be offered to treat penile pain, but it does not improve penile curvature and plaque size.	2b
Treatment with penile traction therapy alone or in combination with injectable therapy as part of a multimodal approach may reduce penile curvature and increase penile length, although the available studies have considerable limitations.	3c

Recommendation	**Strength rating**
Offer conservative treatment to patients not fit for surgery or when surgery is not acceptable to the patient.	Strong
Fully counsel patients regarding all available treatment options and outcomes before starting any treatment.	Strong
Do not offer oral treatment with vitamin E, potassium para-aminobenzoate (potaba), tamoxifen, pentoxifylline, colchicine and acetyl esters of carnitine to treat Peyronie's disease (PD).	Strong