Dr. Eduardo Gomez de Diego Andromedical S.L. Procion 7 28350 Madrid

Spain

Dear Dr. Eduardo Gomez de Diego,

It is with pleasure that I write to you about our positive experience with the Andropenis penile stretching device (AndroMedical, Madrid, Spain).

As I have noted before, the literature in a number of medical disciplines supports the concept of tissue expansion. The preliminary observations presented and published support the efficacy and safety of penile traction devices for men with Peyronie's disease and in postoperative surgical cases to maintain or gain penile length.

In a recent penile color Doppler ultrasound study just completed at my institution, we examined retrospectively a cohort cases series of men who received 12 intralesional injections (ILI) of alpha-2-beta interferon as monotherapy (n=22) versus alpha-2-beta interferon and >2 hrs./day traction therapy with the Andropenis device (n=12) for the minimally invasive treatment of Peyronie's disease.

Demographics were compared with respect to age, pretreatment erectile function, duration of disease, history of trauma, presence of indentation, penile curvature, erect penile length and circumference. Outcome data values included hours of traction used per day, number of ILI treatments, change in resistive index, stretched and erect penile lengths, circumference, degree of curvature, percentage tumescence and rigidity, and reduction of penile indentation.

Variables for bimodal questions were analyzed using Fisher's exact test. All other data was compared using the student's t-test.

Our results showed significant differences in three outcomes variables. (a) The number of hours per day of traction: Control 0.03 vs Traction 5.77 (p=<0.01); (b) Change in stretched penile length: Control -0.04cm vs Traction 0.5cm (p=0.05); (c) Change in degrees of curvature: Control -3.62° vs Traction -19° (p=0.02).

Our conclusion is that PD therapy using a penile traction device (>2 hours/day) combined with ILI provides improved stretched penile length and decreased curvature after 10-12 treatments.

I have similarly used traction therapy with the Andropenis device for men after Peyronie's disease incision and grafting procedures and after penile prosthesis explantation procedures for infection post-operatively with good results. The concept of penile traction definitely warrants further investigation with prospective randomized studies. The scientific data gained from such research will benefit the quality of life and well being of millions of men who suffer from true organic genital condition such as Peyronie's disease and post-operative fibrotic conditions.

Yours truly,

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