1. **Case report:**

Male aged 52, suffering from ischemic cardiopathy, who two years back underwent an angioplastic stent procedure. He takes beta blockers and nitro derivatives with a satisfactory control of the cardiovascular pathology. Three months ago, a left lateral curvature of 30° appeared along the retrocoronal sulcus of the erected penis, with moderate pain during coitus.

2. **Clinical data and diagnostic analysis:**

The clinical examination detects an I.P.P. nodule, similar to a grain of corn, between septum and left cavernous body at the middle/distal third of the shaft. The length of the stretched penis is 15.2 cms.

A dynamic duplex sonographic scanning of the penis in full erection shows a left lateral curvature of approximately 30 degrees at middle/distal third of the shaft, at a level with a not calcified septal nodule of 7 x 7 x 6 mm.

3. **Treatment:**

24 intracavernous injections of Verapamil 5 mg were prescribed over a 4-month period. Following this, the application of traction through a penis stretching device for between 4 and 6 hours a day over a period 6 month.

4. **Results**

The treatment with the prescribed stretching device over 6 month allows a progressive and complete stretching of the shaft. The objective assessment after treatment end shows that the septal nodule is no more palpable, it results a penis elongation of 0.8 cms, while the stretched penis reaches a length of 16.0 cms, and the duplex sonographic scanning is no more able to distinguish the septal nodule. The follow-up after 2 years confirms a stabilization of the situation.

5. **Discussion and Conclusions:**

The excellent results achieved through the combined pharmacological and physiotherapeutic treatment of Peyronie’s disease within his active phase would deserve a multicentric study.