

Bölüm 25

PEYRONİE HASTALIĞI

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GİRİŞ

Peyronie Hastalığı (PH) ilk kez 1561 yılında Falloplus tanımlansa da penil kurvaturu olan hastalarla ilgili ilk seriyi 1743 yılında Francois de la Peyronie tarafından yayınlandığı için hastalık onun adıyla anılmaktadır.⁽¹⁾ PH ayrıca induratio penis plastica adıyla da bilinmektedir.

Hastalığın klinik seyri, değişkenliğini ve belirsizliğini halen korumaktadır. Hastalık, genellikle 40 ile 70 yaş arası erkeklerde görülmekle birlikte, 40 yaş altında da görmek mümkündür. PH'nın insidansı %3,2-8,9 arasındadır. PH bulunduğu bilinmeyen 100 erkekte yapılan başka bir çalışmada, 100 kişiden 22'sinde tunika albugineaada Peyronie hastalığına uyan fibrotik lezyonlar bulunmuştur.⁽²⁻⁵⁾ PH klinik insidansının artmakta olduğu açıktır.

PATOFİZYOLOJİ

PH'nın etiyolojisi tam olarak bilinmemektedir. Ancak PH etiyolojisi incelenirken, korpus kavernozaum anatomisine ilişkin bazı olguların gözden geçirilmesi yararlı olur. Tunika albuginea neredeyse çepeçevre bilaminerdir. Dışta longitudinal bir tabaka ve içte de sirküler bir tabaka vardır. Tunika albuginea kalınlığı, çevresindeki pozisyona bağlı olarak 1.5-3 mm arasında değişir. Dıştaki longitudinal tabaka ventral orta hatta inceliyor kaybolur ve bu bölgede tunika monolaminerdir. Dış longitudinal tabaka, korpus spongiosuma komşu bölgede ventrum üzerinde ve dorsumda en kalın lateral bölgede ise en incedir. PH bulunanların çoğunda lezyonlar dorsaldedir. Tunika albuginea dorsumda bilaminar olduğundan, bükülmeye bağlı delaminasyon gelişme olasılığı vardır.⁽⁶⁻⁷⁾

Somers ve Dawson yaptıkları çalışmalarda PH'nın en büyük olasılıkla tunika albuginea septal bağlantı noktalarını zedeleyen bükülme travmasından kaynaklandığını göstermiştir.⁽⁸⁾

Tunika albugineanın avasküler olma özelliğinin, büyüme faktörlerinden çoğunun bölgeden uzaklaştırılmasını zorlaştırdığı ileri sürülmüştür. Bunlardan en önemlisi TGF-beta'dır. TGF-beta uyarılması alttan alta devam eden ve iyileşmede bozulmayla sonlanan bir inflamatuvar sürece neden olabilir.⁽⁹⁾ TGF-beta1 travma ile salgılanması artar ve bağ dokusu sentezi ve kollejenazların inhibisyonuyla sonuçlanır.⁽¹⁰⁾ Yapılan bazı araştırmalarda, PH'ında tunika albugineasındaki kollajen değişikliklerine bakılmıştır. Skar dokusunda hem tip-1 hem de tip-3 kollajen oranı artarken peyronie plaklarında tip-3 kollajen daha fazla bulunmaktadır. Aynı zamanda Peyronie hastalarında anti-alfa-elastin düzeyleri de artmış ve bu durum elastin sentezinin ve yıkımının artmış olduğunun göstergesidir. Hastalığın oluşumunda TGF-alfa,

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