



ENLARGEMENT OF PENIS IN PATIENTS WITH HYPOGONADISM COMPLEX APPROACH TO THE CLINICAL PRACTICE

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Objective

Despite of the known expression that the «main thing is not the size but skills», the majority of men wish to enlarge their penises at least by a couple of centimeters, irrespective of the initial size. Such aspiration is quite justified, and it can be hardly called a whim first of all because it is more likely subconscious, vested by nature, and expressed more strongly, the more a man feels himself a male or a leader in the society. Mean-time an insufficient length of penis causes a restraint in communication with women for a man, loss of interests, as well as a general uncertainty and complexes. In such a way, the size of penis becomes one of determinatives of realization of the man as a person, as well as an important parameter directly influencing the quality of life.

Besides the social importance, the size of penis is also a reflection of the general health of the man, in particular the state of endocrine system. The matter is that the length of penis depends on a level of sexual hormones (first of all testosterone and its derivatives) during the puberty when the most intensive growth of external genitals is observed.

Now about 20 congenital diseases are known associated with hypogonadism and micropenis. And their prevalence is high enough and makes near 1 for 500 newborn boys.

Design and method

In our clinical practice we used complex approach for penis enlargement in patients with hypogonadism, which included hormonal therapy and extender ANDROPENIS (Andromedical, Spain).

All the patients were treated with testosterone undecanoate (NEBIDO) intramuscular injections (hormonal replacement therapy) within 1 year. The treatment was held under the control of blood serum testosterone level.

In majority of patients we could not start extender using simultaneously with hormonal therapy because of insufficient length of penis and impossibility to fix the extender. So we used only testosterone therapy and when physiological penis enlargement was achieved we applied extenders for our patients.

Extender ANDROPENIS represents a medical devise using a principle of stretching effort. The sense of using of the extender consists in constant mechanical influence on corpora cavernosa (stretching) that leads to growth of tissues and increase of tunica albuginea elasticity.

As a rule, the elongation occurs within the terms from 4 to 8 months.

Results

From 2005 to 2007 50 patients with hypogonadism addressed to the clinic for the penis enlargement. The causes of hypogonadism were Kallmann syndrome, anorchism, cryptorchism, previous traumas, inflammatory diseases of testicles in the anamnesis and Klinefelter syndrome.

The age of patients was within the limits of 16-54 years.

The sizes of penises were within the limits of 2-4 cm (3.5 cm in average) in flaccid condition, 5-9 cm (6.5 cm in average) within erection.

We examined all patients after they reached the stable result of penis enlargement after 1 year of hormonal replacement therapy. All patients demonstrated the normal level of testosterone, development of the secondary sexual characters and enlargement of penis up to 4 cm in average during erection. Thus, the average size of penis was 6.5 cm in the flaccid condition and 10.5 cm during erection.

For 6 months 44 persons used ANDROPENIS extender and continued hormonal therapy. In half a year we estimated the result: augmentation of the sizes of penis by 2.5 cm in average during erection referring to the stable result reached after hormonal therapy. In such a way, the total augmentation of penis length after carrying out of hormonal replacement therapy and use of ANDROPENIS extender was 6.5 cm in average during erection in patients with hypogonadism and micropenis.

Conclusion

After penis enlargement many patients with hypogonadism had an improvement of the social and professional functioning level that found a reflection in the expansion of social contacts range on the basis of a rising self-rating. The results received after a use of conservative ways of penis enlargement allow to judge about a sufficient efficiency of hormonal replacement therapy in combination with the ANDROPENIS extender. In our opinion patients with hypogonadism show best results when they use extender after the physiological growth of penis as a result of long-acting injections of testosterone undecanoate (NEBIDO).



18 y.o. patient with Kallmann syndrome before and after 6 months of NEBIDO treatment (3 injections)



54 y.o. patient with testicular hypoplasia before and after 6 months of NEBIDO treatment (3 injections)



28 y.o. patient with anorchia before and after 6 months of NEBIDO treatment (3 injections). ANDROPENIS extender is applied after physiological penis enlargement achieved.