

Enlargement of penis in patients with hypogonadism complex approach to the clinical practice

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1. Objective:

Despite of the known expression that the «main thing is not the size but the skill», 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. Meantime 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 the 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 fact 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 is nearly 1 in 500 newborn boys.

2. 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.

With the majority of patients we could not start extender use simultaneously with hormone therapy because of insufficient penis length 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**[®] is a medical device using the principle of traction. The use of the extender results in a 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.

3. 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 hormone 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.

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For 6 months 44 people 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 hormone replacement therapy and use of **Andropenis**® extender was 6.5 cm in average during erection in patients with hypogonadism and micropenis.

3. Conclusion:

After penis enlargement many patients with hypogonadism had an improvement of the social and professional functioning level that reflected in the expansion of social contacts range on the basis of a rising self-rating.

The results received after use of conservative penis enlargement allow us to judge the efficiency of hormone 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).

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

Objectives: Despite of the known mechanism that the main thing is not the size but ability, the desire of men which to enlarge their penis, at least by a couple of centimeters, increases the level of their self-esteem, their confidence, and their personality value. As a result of all this, it becomes more likely to be successful in business, to get more energy, to have more sex, to be more confident in the society. Although the insufficient length of penis causes a negative or confused attitude with respect to a state, loss of interest, as well as a general uncertainty in all decisions. To such a state, the cause of penis insufficiency are different kinds of maladaptation of the man as a result of an endocrine or congenital disease affecting the growth of the penis. Besides the social importance, the size of penis is also a reflector of the general health of the man, in particular the state of endocrine system. It is rather in that the length of penis depends on a level of sexual hormones, level of testosterone and its alteration during the puberty when the rapid increase growth of sexual glands is observed.

Design and methods: In our patients, we used complex approach to the penis enlargement in patients with hypogonadism, which includes hormonal therapy and extender ANDROPENIS (Andropenis, Spain). All the patients were treated with testosterone undecanoate (NEBIDO) intramuscularly for 6 months (approximately 1 mg/kg body weight). The treatment lasted 6 months to reach the level of blood testosterone level. In majority of patients we could not use extender using the extender only with hormonal therapy because of insufficient length of penis and/or inability to fix the extender. Some used only hormonal therapy and other physiological penile and perineal self-treatment we applied exclusively for our patients.

Results: The average increase of penis length was 2.5 cm in average during erection. The average increase of penis length was 6.5 cm in average during erection. The average increase of penis length was 6.5 cm in average during erection. The average increase of penis length was 6.5 cm in average during erection.

Conclusions: After penis enlargement many patients with hypogonadism had an improvement of the social and professional functioning level that reflected in the expansion of social contacts range on the basis of a rising self-rating. The results received after use of conservative penis enlargement allow us to judge the efficiency of hormone 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).