CONDITION

Curvature of the penis

Curvature of the penis is a bend that may be natural, present from birth, or caused by internal scar tissue.

WHAT IT IS
A bend in the penis, most noticeable during erection

BODY SYSTEM
Reproductive and urinary system

MAIN SYMPTOMS
Bent erection, penile pain, firm lump, erection difficulty

WHAT CAUSES IT
Congenital development or scar tissue after minor injury

HOW IT IS DIAGNOSED
History, examination, erection photographs; ultrasound when needed

MAIN TREATMENT
Observation, traction, injections, or surgery

CAN IT BE CURED?
Sometimes - surgery can straighten significant curvature

IS IT AN EMERGENCY?
Sometimes - sudden injury with swelling or bruising

LONG-TERM OUTLOOK
Often manageable, although an acquired curve may persist

Overview

A penis is rarely completely straight when erect. A mild curve to the side, upward, or downward can be normal and usually needs no treatment if it is comfortable and does not interfere with sex or urination.

A more noticeable curve may be congenital, meaning it developed before birth. Congenital curvature often becomes clear during puberty, when erections become stronger. It usually remains stable and does not cause a firm lump or new pain.

A curve that develops later is commonly linked to Peyronie's disease. This is not an infection or cancer. It occurs when firm scar tissue, called a plaque, forms inside the covering of the erectile tissue. Because the plaque does not stretch normally, the penis may bend toward it during an erection.

Curvature may need treatment when it causes pain, affects erections, makes sexual activity difficult, or causes distress. Decisions depend on the cause, whether the curve is changing, and how much it affects your life.

Symptoms

The main sign is a bend that is most obvious during an erection. The penis may curve upward, downward, to either side, or in more than one direction.

Other possible changes include:

Congenital curvature is usually noticed from the first erections or around puberty. It generally does not worsen and is not usually painful.

Peyronie's disease often has an early, active phase during which pain, the plaque, or the shape may change over several months. In the later, stable phase, pain often settles and the curvature stops changing, although bending or shortening may remain.

Not every lump or shape change is Peyronie's disease. A new lump, skin change, discharge, or sore needs medical assessment.

- Pain during erections, especially while an acquired curve is developing
- A firm, flat area or lump under the skin
- Narrowing, indentation, or an "hourglass" shape
- Loss of penile length
- Softer erections or difficulty keeping an erection
- Difficulty or discomfort during penetrative sex

Causes and risk factors

Congenital curvature results from uneven development of the tissues that expand during an erection. It is present from birth, even if it is not noticed until puberty. It sometimes occurs with hypospadias, where the urine opening is on the underside rather than at the tip of the penis.

Peyronie's disease is caused by scar tissue in the tunica albuginea, the strong layer surrounding the erectile tissue. Repeated minor bending or an injury during sex may contribute, but many people do not remember a specific injury.

The body's healing response also appears to matter. Peyronie's disease is associated with other connective-tissue conditions, especially Dupuytren's contracture in the hand.

It is more often identified in middle-aged and older adults but can occur at other ages. Erectile difficulties, diabetes, smoking, and previous pelvic or prostate treatments may be associated with it, although these factors do not establish the cause in an individual.

Curvature can also develop after a major penile injury or, less commonly, surgery. Masturbation or sex does not usually cause lasting curvature unless the erect penis is forcefully bent or injured.

Diagnosis

A clinician will ask when you noticed the curve, whether it is changing, and whether there is pain or difficulty with erections or sex. The timing helps distinguish lifelong congenital curvature from a curve that developed later.

The penis is examined while soft to check for a plaque, shortening, skin changes, or another cause. The curve must also be assessed during an erection. You may be asked to bring clear photographs taken from above and from the side. Keep these images secure and follow the clinic's instructions for sharing them.

In some specialist clinics, medicine may be used to produce an erection so the shape and firmness can be assessed. Ultrasound can show a plaque, calcification, blood flow, and erectile tissue, but it is not required for everyone.

There is no blood test that confirms congenital curvature or Peyronie's disease. A biopsy is not normally needed unless the finding is unusual.

Treatment and management

A mild, painless curve that does not interfere with sex may only need observation. It is still reasonable to seek an assessment, particularly when the change is new.

For painful acquired curvature, simple pain relief may help during the active phase. Ask a clinician or pharmacist whether a pain medicine is safe for you. Supplements and tablets promoted as ways to dissolve Peyronie's plaques have not reliably been shown to straighten the penis.

Penile traction therapy uses a medical device to apply a controlled stretch. It may improve curvature or help preserve length in some people with Peyronie's disease. The device and schedule require specialist guidance because incorrect use can cause discomfort or injury. Vacuum erection devices may help with erections or rehabilitation, but their effect on curvature is less certain.

Medicine can be injected into a Peyronie's plaque in selected patients. Options differ by country. Collagenase is approved in the United States for certain adults with a palpable plaque and qualifying curvature. Treatment requires several clinic visits and careful adherence to instructions because bruising, swelling, and serious penile injury can occur. Other injected medicines are used in some specialist settings.

Surgery may be considered when the curve is stable, sexual activity is difficult, and less invasive options are unsuitable or have not helped. The main approaches are:

Congenital curvature does not respond to plaque injections because there is no Peyronie's plaque. Surgery is the main treatment option if correction is wanted.

No treatment guarantees a perfectly straight penis. The goal is usually a comfortable shape that allows satisfactory sexual activity.

- Plication: stitches shorten the longer side to straighten the penis; some loss of length is possible
- Plaque incision or grafting: the tight area is opened and covered with graft material; this may better preserve length but carries a greater risk of erection problems
- Penile implant: an internal device that treats significant erectile dysfunction and can also help correct curvature

Complications

Curvature can make penetration painful or mechanically difficult. Some people develop erectile dysfunction because of changes in blood flow, discomfort, anxiety, or a combination of factors.

Peyronie's disease may also cause lasting shortening, narrowing, or instability at an indented area. These changes can affect confidence, lead to avoiding intimacy, or create relationship strain.

Injections can cause bruising, swelling, pain, or, rarely, serious injury. Surgery can cause shortening, altered sensation, recurrent curvature, or new erection difficulties. A specialist should explain the likely benefits and risks before treatment.

Prevention

Congenital curvature cannot be prevented. It develops before birth and is not caused by anything a parent did.

There is no proven way to prevent Peyronie's disease. Avoiding forceful bending of an erect penis may reduce the chance of major injury but cannot guarantee that scar tissue will not form. During sex, stop if the penis slips out or is being sharply bent. Adequate lubrication and positions that allow control of movement may help reduce accidental trauma.

Stopping smoking and managing conditions such as diabetes support blood vessel and erectile health, although they are not cures or certain ways to prevent curvature.

Living with it and what to expect

A congenital curve usually stays much the same after puberty. If it is comfortable and sex is possible, it may never require treatment. Surgical assessment remains an option if it causes practical or emotional difficulty.

Peyronie's disease is less predictable. Pain and shape may change during the active phase. Pain often improves as the condition settles, but the bend, indentation, or loss of length may persist. Some curves improve without treatment, while others remain stable or become more noticeable.

Routine follow-up may be useful while the shape is changing or during traction, injection, or surgical treatment. Photographs taken at intervals can document changes, but frequent measuring may increase anxiety without changing care.

Many people continue to have satisfying sex. Different positions, slower movement, and communication with a partner may make activity more comfortable. Treatment for erectile dysfunction may help when firmness is part of the problem.

Embarrassment and distress are common reasons for delaying care. Curvature is a recognised medical concern, and discussing its effect on confidence or relationships is valid. Counselling or sex therapy may help alongside physical treatment.

When to get medical help

Arrange a routine appointment if you notice:

Curvature by itself is not usually an emergency.

Seek emergency care after an injury if there is a popping or cracking sensation, sudden severe pain, immediate loss of the erection, rapid swelling, or dark bruising. These may indicate a penile fracture, which is a tear in the covering of the erectile tissue. Blood at the urine opening or difficulty passing urine also needs urgent assessment.

An erection lasting four hours or longer is another emergency, whether or not it is painful. This is called priapism and can damage erectile tissue if treatment is delayed.

- A new curve or one that is becoming more pronounced
- Painful erections
- A firm plaque, narrowing, or loss of length
- Difficulty with penetration or maintaining an erection
- Distress about the appearance or effect on intimacy

Common questions

Is a slightly curved penis normal?

Yes. Many erections have a mild natural curve. Assessment is more important when the curve is new, painful, worsening, or interfering with sex.

Can a curved penis straighten by itself?

Congenital curvature usually remains stable. With Peyronie's disease, pain may settle and some curves improve, but a lasting bend or shortening is common.

Does masturbation cause penile curvature?

Ordinary masturbation is not considered a cause. Forcefully bending or injuring an erect penis can damage tissue, but many people with Peyronie's disease recall no injury.

Can I still have sex?

Often, yes. A position that avoids pressure on the curve may be more comfortable. Stop if there is sharp pain or the penis bends suddenly. Seek medical advice if penetration is difficult or erections are not firm enough.

Is Peyronie's disease cancer?

No. A Peyronie's plaque is scar tissue, not cancer, and it does not turn into cancer. A new or unusual lump should still be examined.

Can exercises straighten the penis?

Unsupervised bending or stretching is not recommended and may cause injury. Medical traction uses a purpose-made device and structured plan. Do not replace it with forceful manual exercises or unregulated products.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases: Penile Curvature
- European Association of Urology: Sexual and Reproductive Health Guidelines, Penile Curvature
- American Urological Association: Peyronie's Disease Guideline
- NHS: Peyronie's disease
- US Food and Drug Administration: XIAFLEX prescribing information