CONDITION

Fibrous sclerosis of the penis

Fibrous sclerosis of the penis is scar tissue that can cause curvature, shortening, pain, or difficulty with erections.

WHAT IT IS
Fibrous scar tissue within the erectile covering

BODY SYSTEM
Reproductive and urinary system

MAIN SYMPTOMS
Curvature, firm plaque, painful erections, penile shortening

WHAT CAUSES IT
Abnormal healing, often after minor injury

HOW IT IS DIAGNOSED
Examination, erection photographs, sometimes ultrasound

MAIN TREATMENT
Monitoring, traction, injections, or surgery

CAN IT BE CURED?
Sometimes - treatment can restore usable straightness

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

LONG-TERM OUTLOOK
Often stabilises, though curvature may remain

Overview

Fibrous sclerosis of the penis happens when an area of firm scar tissue, called a plaque, forms inside the penis. The plaque usually develops in the tough, elastic covering around the erectile tissue.

Scar tissue does not stretch like healthy tissue. During an erection, the affected side may remain shorter, causing the penis to bend toward the plaque. Some people develop an indentation, narrowing, loss of length, or problems keeping an erection instead.

The plaque is not cancerous or contagious. It is not caused by a sexually transmitted infection. It also does not spread to other parts of the body.

The condition matters when pain, curvature, or erection problems interfere with sex, affect

confidence, or cause distress. Mild curvature that is stable and does not cause difficulty may not need active treatment.

Symptoms

The changes are usually most noticeable during an erection, although a firm area may be felt when the penis is soft.

Possible symptoms include:

The curve may be upward, downward, or to either side. More than one plaque can produce a complex shape.

Symptoms often develop in two stages. During the active stage, pain or curvature may change over several months. The stable stage begins when pain has settled and the shape has stopped changing. The timing is not the same for everyone.

A normal penis may have some natural curvature. A long-standing, unchanged curve present since adolescence is different from a new curve caused by scar tissue.

- A new curve or bend during an erection
- A firm, flat lump or band beneath the skin
- Pain with erections, especially while the condition is developing
- Shortening or narrowing of the penis
- An hourglass-shaped indentation
- Reduced firmness or difficulty maintaining an erection
- Difficulty with penetration or discomfort during sex

Causes and risk factors

The exact cause is not always known. One explanation is that small injuries within the penis trigger abnormal healing and excess scar formation.

These injuries may happen during sex, physical activity, or another event that bends an erect penis. Many people do not remember a particular injury. Having this condition does not mean that sex was unusually forceful or that anyone is at fault.

Factors associated with a higher chance of developing it include:

Diabetes, smoking, and cardiovascular conditions may contribute to erection problems

alongside the plaque. They do not prove what caused the scar tissue in an individual person.

The condition is not caused by poor hygiene, masturbation, or an infection.

- Increasing age
- Previous injury or surgery involving the penis or pelvis
- A family history of similar scarring
- Dupuytren contracture, which causes thickened tissue in the palm
- Certain health conditions affecting erections or blood vessels

Diagnosis

Diagnosis usually begins with a discussion about when the change started, whether it is still progressing, and how it affects erections and sex. A clinician may ask about pain, injuries, erection firmness, and medicines.

During an examination, the penis is usually checked while soft. A plaque may feel like a firm ridge, flat patch, or small lump. The length may also be measured so that later changes can be assessed.

The amount and direction of curvature are best evaluated during an erection. You may be asked to provide photographs taken at home from more than one angle. Before an injection or operation, a specialist may create an erection using medicine in the clinic so the shape can be measured accurately.

Ultrasound is sometimes used to show the plaque, calcium deposits, or blood flow within the penis. It is not required in every case. Blood tests do not usually confirm this condition.

Other causes of a lump or bend may need to be excluded. Any unexplained sore, skin change, discharge, or growing lump should be examined rather than assumed to be scar tissue.

Treatment and management

Treatment is based on whether the condition is still changing, the degree of curvature, erection quality, and how much it affects you. The aim is usually to reduce pain, preserve length, and make erections functional. Completely removing the plaque is not always possible or necessary.

Monitoring may be appropriate when the curve is mild, erections are comfortable, and sex is not difficult. Follow-up can show whether the shape is becoming stable.

Pain during the active stage may be managed with pain-relieving or anti-inflammatory medicine when medically suitable. A pharmacist or clinician can check whether these medicines are safe with your health conditions and other treatments.

A penile traction device applies controlled stretching over time. It may improve curvature or reduce loss of length for some people, but results are usually gradual. Correct fitting and consistent use matter. A specialist can explain which devices have clinical evidence and how to avoid skin or pressure injuries.

Medicine may be injected directly into a suitable plaque. Options and availability differ by country. Collagenase breaks down collagen, a main part of scar tissue, and is used with careful penile modelling in selected cases. Bruising, swelling, and pain are common after treatment. Serious tearing of erectile tissue is uncommon but needs urgent assessment.

Other injected medicines are sometimes considered by specialists, although evidence for them is less certain. Tablets and supplements such as vitamin E have not been shown reliably to straighten the penis. Shockwave treatment may help pain in some circumstances, but it has not consistently corrected curvature.

Surgery is generally considered when the condition is stable and the bend makes sex difficult. The main approaches are:

Each operation has trade-offs. These can include further shortening, reduced sensation, erection problems, or return of some curvature. A urology specialist can explain which approach fits the shape, length, and erection quality involved.

Counselling or sex therapy can help when the condition affects confidence, intimacy, or communication. This support may be useful alongside physical treatment.

- Shortening the longer side with stitches, called plication
- Cutting or releasing the plaque area and placing a graft
- Placing a penile implant when significant erection problems are also present

Complications

Fibrous sclerosis can make penetration uncomfortable or physically difficult. Changes in shape and length may also contribute to anxiety, low mood, embarrassment, or relationship strain.

Erection problems can occur because the penis no longer expands evenly, blood becomes trapped less effectively, or worry interferes with arousal. Sometimes erection problems have a separate cause, such as diabetes or blood-vessel disease.

The plaque does not turn into cancer. However, a new or unusual lump still needs assessment

because not every penile lump is scar tissue.

Prevention

There is no proven way to prevent fibrous sclerosis of the penis. It can develop without a recognised injury, and ordinary sexual activity should not be treated as a mistake or cause for blame.

Avoiding forceful bending of an erect penis may reduce injury. If the penis slips out during sex, stopping and repositioning it can help prevent sudden bending.

Managing smoking, diabetes, blood pressure, and cardiovascular health supports erection health, but it has not been proven to prevent this specific condition. Supplements have not been shown to prevent plaque formation.

Living with it and what to expect

Pain often improves as the condition becomes stable. Curvature may remain even after pain has gone. It can worsen, stay much the same, or occasionally improve, so no single course can be promised.

Keep a simple record if the shape is changing. Photographs taken from consistent angles during a firm erection can help document progress. You do not need to check repeatedly; changes usually matter over weeks or months rather than from day to day.

Sex is generally safe if it is comfortable and does not force the penis to bend. Using enough lubrication and choosing positions that allow control of depth and movement may reduce strain. Stop if there is sudden pain or an unstable bend.

Many people continue to have satisfying sex, sometimes by adjusting positions or choosing other forms of intimacy. Treatment can often improve function even when the penis does not return to its previous shape.

Routine follow-up is useful while pain or curvature is changing, during traction or injection treatment, and after surgery. Once the condition is stable and manageable, ongoing specialist visits may not be necessary unless new problems develop.

When to get medical help

Arrange a routine appointment if you notice a new curve, firm plaque, shortening, painful

erections, or difficulty with penetration. Earlier assessment can document the active stage and allow discussion of suitable options.

Seek prompt medical advice if:

Go to an emergency department after a sudden injury to an erect penis if you hear or feel a pop, lose the erection immediately, or develop rapid swelling, bruising, or severe pain. These can be signs of a penile fracture, which is a tear in the erectile covering.

Emergency assessment is also needed if you cannot pass urine, see blood at the urinary opening after an injury, or have an erection lasting longer than four hours.

- Pain or curvature is getting noticeably worse
- Erections have become difficult to achieve or maintain
- A treatment causes marked swelling, bruising, or new deformity
- A lump, sore, or skin change is enlarging or not healing
- The condition is causing significant distress or relationship difficulty

Common questions

Is fibrous sclerosis of the penis cancer?

No. The plaque is noncancerous scar tissue and does not spread through the body. A clinician should still examine a new lump because other conditions can cause penile changes.

Will the curve go away by itself?

Pain may settle without treatment, but established curvature often remains. Some curves improve, while others stabilise or worsen. Monitoring over time helps show what is happening.

Can I still have sex?

Usually, yes, if sex is comfortable and the penis is not being forced to bend. Lubrication, slower movement, and positions that give you more control may help. Stop and seek care after sudden severe pain or swelling.

Does masturbation make it worse?

Masturbation is not considered a cause. Gentle masturbation is generally reasonable if it is comfortable. Avoid forceful bending or continuing through pain.

Can this condition cause erection problems?

Yes. The scar may affect how the penis expands or holds blood. Pain, anxiety, and unrelated blood-vessel or nerve conditions can also affect erections. These causes can be assessed and

managed.

Can it be cured without surgery?

Non-surgical treatment may reduce curvature, preserve length, or improve function, but it may not remove the plaque completely. Surgery provides the most reliable straightening for severe, stable curvature, although it also has risks and trade-offs.

Sources

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