

A COMPARISON BETWEEN ANDROSTANOLONE AND TESTOSTERONE ENANTHATE FOR PENILE AUGMENTATION IN PATIENTS WITH IDIOPATHIC MICROPENIS.

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INTRODUCTION

Micropenis is defined as an anatomically correct penis that is abnormally short due to a defect in testosterone secretion or action. The length of the stretched penis compared to reference tables such as the Schönefeld curve is the best diagnostic criterion. A size less than -2.5 Standard Deviations (SD) defines micropenis. When the etiological assessment of micropenis does not reveal any abnormality, the diagnosis of idiopathic micropenis is retained.

AIM

The aim of our study is to compare between androstanolone and testosterone enanthate for penile augmentation in patients with idiopathic micropenis.

METHOD

It is a retrospective, descriptive and analytical study of 45 patients with idiopathic micropenis during the period between December 2014 to January 2021.

The length of the penis was measured in millimeters on the dorsal side with a rigid ruler, from the pubis, after depressing the prepubic fat and causing traction of the penis, to the tip of the glans.

It was expressed in DS according to the Schönefeld reference curve. Idiopathic micropenis was considered when the penile size is < 2.5 DS and the etiology is negative.

This group of patients was divided into two arms: the first treated with Androstanolone (n=25) and the second with Testosterone Enanthate (n=20).

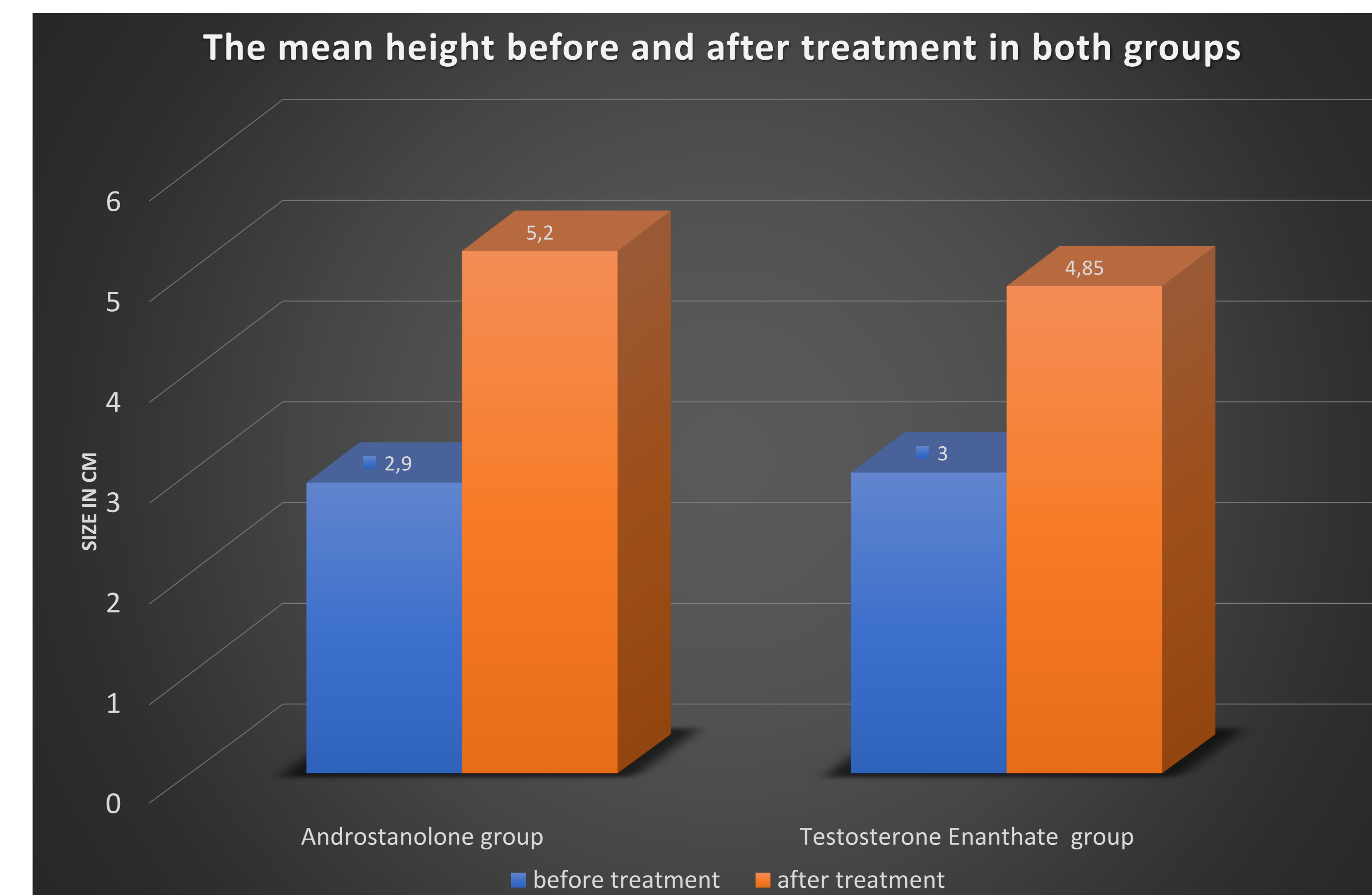
The outcome of the treatment included assessing the dimensions of the penis and the search for possible side effects at the end of treatment and at distance, i.e. at least 12 weeks later.

RESULTS

The mean age of our patients was 9.7 years +/- 4.35. In the first arm: the average pre-therapeutic height was 2.9 Cm +/- 0.7 corresponding to (-2.7 DS) and after the cure of the micropenis it attained 5.2 Cm +/- 1.03 (-0.7 DS) i.e. a difference in height of 2.4 Cm on average. In the second arm: the average pre-therapy size was 3 Cm +/- 0.9 corresponding to (-2.6 DS) and after the micropenis cure it reached 4.85 Cm +/- 1.18 (-0.7 DS) i.e. a difference in size of 1.8 Cm on average. The increase in penile size in the 1st arm was significantly greater than in the 2nd arm, p=0.008. Side effect analysis were absent in either arms.



images demonstrating the evolution of a micropenis after application of androstanolone.



CONCLUSIONS

The diagnosis of micropenis is purely clinical, based on the measurement of penile size. It is a simple symptom that can hide complex pathologies. Early management of micropenis is recommended to avoid sometimes dramatic complications, and androstanolone seems to be the most effective treatment without side effects.

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