CONDITION

Van buren's disease

Van Buren's disease is an uncommon historical name for penile scar tissue that can cause curved, painful erections.

WHAT IT IS
Scar tissue causing acquired penile curvature

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Curved erections, penile pain, shortening, erection problems

WHAT CAUSES IT
Abnormal healing after penile injury

HOW IT IS DIAGNOSED
History, examination, and sometimes penile ultrasound

MAIN TREATMENT
Monitoring, traction, injections, or surgery

CAN IT BE CURED?
Sometimes - surgery can restore functional straightness

IS IT AN EMERGENCY?
No - sudden popping injury needs emergency care

LONG-TERM OUTLOOK
Often stabilises, but curvature or erection problems may persist

Overview

Van Buren's disease is an uncommon historical term for the condition now usually called Peyronie's disease. It happens when firm scar tissue, called a plaque, develops inside the penis.

The plaque is not the same as plaque inside an artery. It forms in the tough, elastic covering around the chambers that fill with blood during an erection. Because the scarred area does not stretch normally, the penis may bend, narrow, shorten, or become less stable when erect.

The condition usually develops after puberty and is more often recognised in middle or later adulthood. It is not a sexually transmitted infection, and it cannot be passed to a partner. The plaque is not cancer.

A slight natural curve that has been present for as long as you can remember is usually

different. Van Buren's disease causes a new or changing curve, often with pain, a lump, or difficulty having sex.

The effect is not only physical. Changes in appearance, pain, erection problems, and concerns about intimacy can cause distress. Assessment is worthwhile when symptoms interfere with sex, relationships, or emotional well-being.

Symptoms

Symptoms usually become noticeable during an erection, although you may be able to feel a firm area when the penis is soft.

Possible symptoms include:

The plaque itself may be painless. Erection pain is more common while the condition is developing and often becomes less noticeable after it stabilises. However, the curve or narrowing may remain after the pain improves.

Symptoms differ from person to person. A small curve may not affect sexual activity, while a larger bend or an unstable area can make penetration difficult or uncomfortable. The direction of the curve does not by itself show how serious the condition is.

A sudden bend during sex followed by a popping sound, immediate loss of the erection, swelling, or dark bruising is not the usual pattern. These symptoms may indicate a penile fracture, which is a tear inside the penis and requires emergency assessment.

- A new upward, downward, or sideways curve
- A hard, flat lump or band under the skin
- Pain during erections or, less often, while the penis is soft
- Shortening, narrowing, or an hourglass-shaped area
- A hinge-like weak point that makes penetration difficult
- Trouble getting or keeping an erection

Causes and risk factors

The plaque appears to result from abnormal wound healing. Small injuries can occur when an erect penis bends during sex or another activity. Many people do not remember a specific injury, and ordinary sexual activity does not usually cause the condition.

In some people, the healing response produces too much collagen. Collagen is a strong protein

used to repair tissue. The excess collagen forms a less flexible scar that pulls on the penis during an erection.

Factors linked with a greater chance of developing the condition include:

Conditions affecting circulation, such as diabetes or high blood pressure, may contribute to erection problems in someone who also has penile curvature. They are not proof of what caused the plaque.

Van Buren's disease is not caused by poor hygiene, masturbation, or an infection. It is also not a sign of infidelity.

- Increasing age
- A close relative with the condition
- Dupuytren's contracture, which causes thickened tissue in the palm
- Previous penile injury or surgery
- Certain inherited differences in how the body forms scar tissue

Diagnosis

Diagnosis usually begins with a description of when the change started, whether it is still changing, and how it affects erections and sexual activity. A clinician may ask about pain, previous injury, erection quality, and medicines.

During an examination, the penis is usually checked while soft. The clinician may feel for a plaque and assess areas of narrowing or shortening.

Because the curve is easiest to assess during an erection, you may be asked to provide private photographs taken at home from more than one angle. In some specialist clinics, an erection can be produced with an injected medicine so the shape and firmness can be examined directly.

Ultrasound is not required in every case. A penile ultrasound may be used when the diagnosis is uncertain, erection blood flow needs assessment, or a procedure is being considered. It can show the plaque, calcium deposits within it, and how blood moves through the penis.

Blood tests do not confirm this condition. A biopsy, which means removing tissue for laboratory testing, is rarely needed unless the lump has unusual features suggesting another cause.

Treatment and management

Treatment is based on pain, the degree of deformity, erection quality, and how much the condition affects your life. A curve does not automatically need treatment if it is stable and does not cause difficulty.

During the active phase, pain or shape may continue to change over several months. Monitoring may be appropriate when symptoms are mild. Follow-up can record whether the curve, length, pain, or erection quality has changed.

Simple pain medicines may be used for erection pain when they are safe for you. Oral supplements and medicines promoted as ways to dissolve the plaque generally do not have strong evidence of meaningful benefit. Do not stop prescribed medicines or begin supplements solely because of online claims.

A penile traction device gently stretches the penis for set periods. With regular use, it may improve curvature or help limit loss of length. Results are not immediate, and devices have different instructions. A clinician can help you choose a medically designed product and use it without damaging the skin or penis.

Medicines can also be injected directly into the plaque in selected cases. Collagenase is an enzyme that breaks down collagen and is approved in some countries for certain penile plaques. Treatment involves a planned series of injections and controlled stretching. Bruising and swelling are common, while serious injury to the penis is uncommon but possible. Other injected medicines are used in some specialist settings, although evidence and availability differ.

Erection problems may be treated separately. Options can include tablets, vacuum devices, injections, or a surgically implanted penile prosthesis. The suitable category depends on your general health and the reason erections are difficult.

Surgery is usually considered only after the curve has stopped changing and when it prevents satisfactory sexual activity. Procedures include shortening the longer side to straighten the penis, cutting or lengthening the plaque area and adding a graft, or placing a penile prosthesis when significant erection problems are also present.

Each operation has trade-offs. These can include further shortening, reduced sensation, continuing curvature, or erection problems. The goal is generally a penis straight and firm enough for comfortable sexual activity, not necessarily a return to its exact previous shape.

Emotional or relationship support can be part of treatment. Counselling or sex therapy may help with anxiety, avoidance of intimacy, or communication with a partner.

Complications

The condition does not usually threaten general health, but its physical and emotional effects can be important.

Possible complications include difficulty with penetration, pain for you or a partner, loss of penile length, and trouble maintaining an erection. A severe curve or hinge-like area may make the penis unstable during sex and increase the chance of further injury.

Worry about appearance or sexual performance may lead to low mood, anxiety, or avoiding intimacy. These responses are understandable and can persist even when the physical condition has stabilised.

Treatment also has possible complications. Injections can cause bruising, swelling, pain, or rarely a serious tear. Surgery can affect length, sensation, straightness, or erection quality. Discussing expected benefits and limitations before a procedure is important.

Prevention

There is no proven way to prevent Van Buren's disease completely. Some people appear to have an inherited tendency to form this type of scar, and many cannot identify an injury that started it.

Avoid forcing or sharply bending an erect penis. During sex, stop if the penis slips out or begins to buckle rather than pushing against resistance. Using enough lubrication and choosing positions that allow control of movement may reduce injury, although this has not been proven to prevent the condition.

Managing diabetes, blood pressure, smoking, and other circulation risks supports erection health. It does not guarantee that penile plaque will not develop.

Living with it and what to expect

The condition often has an active period followed by a more stable period. During the active period, pain may occur and the curve, narrowing, or length can change. This process commonly lasts for months and may take longer.

Pain often decreases as the plaque matures. Improvement in pain does not necessarily mean that the curve will disappear. Some curves improve without a procedure, some remain much the same, and others become more pronounced before stabilising.

Once the shape has remained unchanged for a period, further rapid change becomes less

likely. A stable curve may still affect sex or erections, and treatment remains possible if it causes difficulty.

Routine follow-up is useful while symptoms are changing, during traction or injection treatment, and after surgery. Photographs taken in the same position can help document changes, but frequent measuring may increase anxiety without providing useful information.

Many people continue to have satisfying sex, sometimes by adapting positions or discussing what is comfortable with a partner. Penetration is not the only form of sexual intimacy. If the condition is affecting confidence or a relationship, psychological support can be as relevant as treatment of the curve.

No treatment can promise the exact appearance or function you had before the condition began. However, several approaches can reduce pain, improve straightness, support erections, or make sexual activity easier.

When to get medical help

Arrange a routine medical appointment if you notice a new penile curve, a firm lump, painful erections, shortening, narrowing, or a change in erection quality. An earlier assessment is especially helpful if the shape is continuing to change or sex has become difficult.

Seek prompt advice if treatment causes marked swelling, worsening pain, extensive bruising, new erection difficulty, or concern about injury.

Go to an emergency department if an erect penis is suddenly bent and you notice:

These signs may indicate a penile fracture or injury to the urine channel. They are different from the gradual changes typical of Van Buren's disease.

Seek support through routine care if the condition is causing persistent anxiety, low mood, relationship strain, or avoidance of intimacy. Emotional effects are a valid reason to ask for help.

- A pop or cracking sensation
- Immediate loss of the erection
- Rapid swelling or dark bruising
- Severe pain
- Blood at the opening of the penis or difficulty passing urine

Common questions

Is Van Buren's disease the same as Peyronie's disease?

Yes. Van Buren's disease is an uncommon historical name. Peyronie's disease is the term generally used in current medical care and guidance.

Is the lump in my penis cancer?

A typical Peyronie's plaque is benign, meaning non-cancerous. Other penile lumps can have different causes, so a new or unusual lump should still be examined rather than diagnosed from appearance alone.

Will the curve straighten by itself?

It may improve, but complete spontaneous straightening is not predictable. Pain is more likely to settle than the curve. Monitoring over time helps show whether the shape is improving, worsening, or stable.

Can I still have sex?

Sex is often possible if it is comfortable and the penis is stable enough for penetration. Stop if there is pain or buckling. Different positions, slower movement, and lubrication may help reduce strain. Treatment can be considered if the curve prevents comfortable sexual activity.

Can tablets or supplements dissolve the plaque?

No oral product has been shown to reliably dissolve the plaque or straighten the penis. Some medicines may help pain or erection problems, but that is different from removing the scar. Be cautious with products advertised as guaranteed cures.

Does surgery permanently cure it?

Surgery can provide lasting improvement in straightness, but it cannot guarantee a perfectly straight penis or restore all lost length. Some curvature can remain or return, and erection or sensation changes are possible.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases - Penile Curvature: Peyronie's Disease
- American Urological Association - Peyronie's Disease Guideline
- European Association of Urology - Sexual and Reproductive Health Guidelines: Penile Curvature



- US Food and Drug Administration - Xiaflex prescribing information
- Nehra A, Alterowitz R, Culkin DJ, et al. "Peyronie's Disease: AUA Guideline." Journal of Urology . 2015;194(3):745-753. doi:10.1016/j.juro.2015.05.098