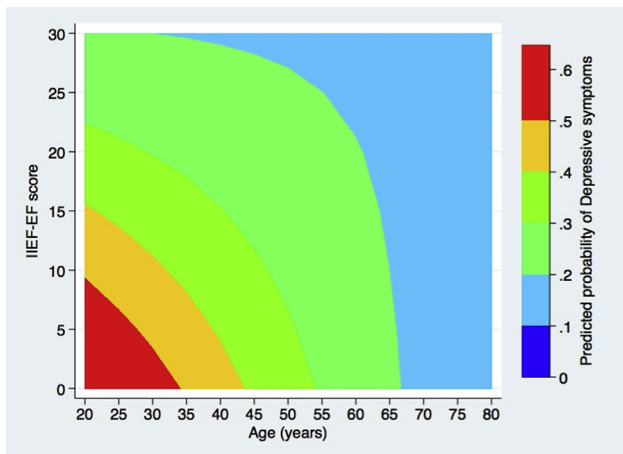


Methods: Patients with PD in stable phase (n=17) were randomly assigned to each group, ESWT n=9 or placebo n=8. All patients were treated once a week for 5 consecutive weeks. At baseline an ultrasound was conducted to examine whether the plaque was calcified. All patients received similar instructions on how to utilize the vacuum pump followed by manipulation exercises. Patients submitted pictures at baseline to assess penile curvature and filled out questionnaires; Peyronies Disease Questionnaire (PDQ) and International Index of Erectile Function-5 (IIEF-5).

Results: Seventeen patients were included, and no dropouts. Mean change in penile curvature was -17.56 degrees in the active group, and -7.88 in the placebo (p=0.066). Mean IIEF-5 increased by 1 in the active group and decreased by 0.4 in the placebo group (p=0.36). PDQ pain score decreased by 2.1 in the active group, and increased by 0.1 in the placebo group (p=0.072).



Conclusion: These preliminary results suggest that LI-ESWT and vacuum pump combined with manipulation exercises may represent a viable non invasive treatment for men diagnosed with PD. The trial is on-going in order to see whether there is potential of combining LI-ESWT with a vacuum pump followed by manipulation exercises.

Policy of full disclosure: None

HP-09-006

FIRST RESULTS OF PLATELET-RICH PLASMA AND LOW INTENSITY EXTRACORPOREAL SHOCKWAVE COMBINED THERAPY FOR ERECTILE DYSFUNCTION



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Objective: Platelet-rich plasma (PRP) demonstrated its safety and effectiveness as monotherapy for erectile dysfunction (ED), as well as low-intensity extracorporeal shockwave therapy (LI-ESWT). The purpose of the present study was to evaluate safety and effectiveness of their combined use for treating ED. We hypothesized that angiogenic, neuroprotective and neurogenic effects of PRP could be enhanced by the LI-ESWT.

Methods: 10 men, mean age of 44.25 (22-69), experiencing ED symptoms for 2.95 years, were included into the study for 60 days. Patients were treated with 6 rounds of intracavernous PRP injections activated with 10% CaCl₂ solution and 12 LI-ESWT procedures during 6 weeks. Each PRP injection

was performed in middle and distal corpus cavernosum parts bilaterally. 2000 waves were applied at every LI-ESWT procedure to each cavernous body. Effects of combined therapy were assessed by validated questionnaires (IIEF-5, SEP, GAQ) and penile duplex Doppler ultrasound (PDDU) with intracavernous PgE1 injection.

Results: Combined therapy improved erectile function parameters in all the patients. Obtained data showed that IIEF-5 increased from 12.4 (9-18) to 18.6 (15-23) and SEP results increased from 1,6 (1-2) to 3,7 (3-5). All patients noted positive treatment effect according to GAQ. Mean PSV and RI was 29.87 sm/sec and 0.86, respectively, on the 0 day. After 60 days PDDU showed that PSV reached 39.69 sm/sec and RI improved from 0.86 to 0.91.

Conclusion: There were no serious adverse events as well as severe adverse events. Erectile dysfunction symptoms in all men participated in the study significantly decreased after treatment with PRP-therapy and extracorporeal shockwave therapy through angiogenic, neuroprotective effects and collagen I, III and IV balance maintaining. The clinical trial is to be continued.

Policy of full disclosure: None

HP-09-007

THE USE OF A PENILE TRACTION DEVICE REDUCES THE NEED OF CYCLES OF COLLAGENASE IN PATIENTS WITH PEYRONIE'S DISEASE



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Objective: To present our experience and results with the use of collagenase of the Clostridium Histolyticum (Xiapex®) plus manual modeling and a penile traction device (PTD) in the treatment of Peyronie's Disease (PD).

Methods: We prospectively collected all patients diagnosed with PD and treated with this combination therapy in two healthcare centres. Inclusion criteria were: age >18, informed consent given, palpable plaque, curvature >30°, adequate previous manipulation of a PTD, and important disturbance of sexual intercourse. We excluded patients with severe calcification of the plaque. We collected all demographic data, IIEF-5 and PDQ scores, comorbidities, time since onset of symptoms, and assessed the curvature with a Kelami test. We offered the patients a maximum of 4 cycles, each one consisting on 2 injections in 24-72 hours time, and followed by 6 weeks of manual modelling and a minimum of 4 hours of daily use of a PTD. We stopped the protocol if no improvement was observed after the cycle, or continued it until the curvature was <30° or the patient managed with the residual one.

Results: 63 patients were available at the time of the analysis of the data. 4 were lost to follow, so 59 were available for the analysis. Mean basal curvature was 60.44° (30-100). 59 patients received 1 cycle, 41 received 2 cycles, 15 received 3 cycles, and 4 received 4 cycles. Mean curvature at the end of the treatment was 36.05° (0-90) with a reduction of -24.39° (-40.35%). 15 patients required additional surgical treatment (7 grafting and 8 plication). The mean number of cycles was 2.07 (1-4).

Conclusion: The combination of the use of a PTD with Xiapex® is useful to reduce the number of cycles achieving similar results to those in the literature, and improving the cost-efficiency of the treatment.

Policy of full disclosure: None