metabolic syndrome and other systemic comorbidities may be found at higher rates in the PD population, and endeavored the largest descriptive study ever to test this hypothesis.

Materials and Methods: A retrospective chart review of 1833 patients presenting to a men’s health clinic with a variety of complaints: erectile dysfunction (ED), premature ejaculation (PE), premarital checkup, small penis, decreased libido, lower urinary tract symptoms (LUTS) and PD were screened for PD. Variables collected: presence/absence of diabetes mellitus (DM), hypertension (HTN), dyslipidemia (DL), body mass index (BMI), total testosterone (T), penile peak systolic velocity (PSV), end diastolic velocity (EDV) in patients with ED and/or PD, smoking, glycosylated hemoglobin level (HbA1c) in patients with diabetes, and the presence of metabolic syndrome. Patients with PD were compared to patients without PD.

Results: A total of 1622 patients, with a mean age of 41 years (range 19-82) were analyzed. PD prevalence ranged widely depending on presenting diagnosis, from 7-51%, with an average of 20%. Metabolic syndrome, hypertension, BMI, T level, total number of comorbidities, low PSV, abnormal EDV, and mean HbA1c were not associated with a higher prevalence of PD. Diabetes and a HbA1c level >8.5 were associated with PD; DM patients had a 7% higher chance of having PD than non-DM patients ($p=0.005$). Patients with HbA1c levels >8.5 had were 1.6 times more likely to have PD (CI 1.061-2.459, $p=0.025$). Increased age was correlated with PD ($p=0.025$); for each year of life, the likelihood increases by an OR of 1.019 (~2% per year) ($p=0.001$, CI 1.004-1.027). Interestingly, dyslipidemia ($p=0.006$) and smoking ($p=0.041$) were associated with 5-7% lower prevalence of PD.

Conclusion: In a large population of patients visiting a men’s health clinic for a variety of other complaints, PD was found in 20% upon screening. While metabolic syndrome was not associated with PD, diabetes and particularly poorly controlled diabetes was associated with an increased rate. A decreased prevalence of PD in smokers and patients with dyslipidemia was seen and does not necessarily reflect a protective role. Further research into the interaction of PD and metabolic disease is warranted. Furthermore, screening younger populations for PD maybe necessary.

Disclosure: Work supported by industry: no.

669 PERIOPERATIVE MANAGEMENT STRATEGIES FOR PENILE PROSTHESIS IMPLANTATION - DATA FROM THE PROSPECTIVE NATIONAL REGISTRY “INSIST-ED”
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Objective: Local infections still represent the most fearsome complication of penile prosthesis implantation (PPI). Aim of this study was to analyze differences in perioperative management strategies applied for PPI in a national-based registry.

Materials and Methods: Data were analysed from a national multi-institutional database of PPI including patients treated from 2014 to 2017 in Italy (INSIST-ED). All data have been prospectively recorded by 45 surgeons on a dedicated website (www.registro.andrologiaitaliana.it) and critically revised by a single datamanager. The application of perioperative management strategies to avoid local infection as suggested by the ISSM guidelines (namely, double-agent preoperative antibiotic therapy, use of double gloves and application of the “no-touch” technique) were analysed.

Results: Complete data were available for 402 patients. Overall, one-shot preoperative antibiotic therapy (1h before surgery), with a double agent covering Gram- and Gram- bacteria, was used in 69% (279) of cases. Among them, the combination of Aminoglycosides + Glycopeptides emerged as the most frequently used therapy [167 (59.8%)]. A total of 123 (31%) patients received a single drug as preoperative antibiotic prophylaxis; of them, 30.1% (37) had already received an antibiotic therapy course within 1 and 7 days before surgery. During the procedure, the application of the “no-touch” technique and the use of double gloves were reported in 13% (52) and 29% (115) of the cases, respectively. A surgical drain was placed in 44% (176) of the cases. Overall, the ISSM recommendations to reduce the risk of local infections, were thoroughly followed in only 4% (16) of the cases.

Conclusions: Perioperative management strategies to prevent surgical infection in PPI emerged to be highly heterogeneous. Physicians should be aware of the importance to properly follow the available recommendations in order to reduce the risk of infections in penile prosthesis surgery.

Disclosure: Work supported by industry: no.

670 PERCUTANEOUS ANGIOPLASTY OF INTERNAL PUDENDAL ARTERIES IN THE TREATMENT OF ERECTILE DYSFUNCTION NOT RESPONSIVE TO PHARMACOLOGICAL THERAPY. OUR INITIAL EXPERIENCE IN FIVE PATIENTS
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Objective: To assess the efficacy of percutaneous angioplasty of internal pudendal arteries (IPA) stenosis with medicated balloons in the treatment of erectile dysfunction (ED) no longer responding to pharmacootherapy.

Material and Methods: We enrolled five patients with severe ED no longer responsive to oral and intracavernosal pharmacotherapy. The mean age was 62 ± 5 years old. Serum testosterone and prolactin levels were normal in all patients, IIEF-5 ranged between 3 and 7 (mean 4.6). The penile dynamic color duplex
doppler ultrasound (D-CDDU) detected arteriogenic ED with systolic peak velocity (PSV) between 18 and 25 cm/sec (mean 22.2); in all patients penile rigidity was grade 1 on 4 according to Erection Hardness Score. Through a single or bilateral femoral percutaneous access, patients underwent angiography of internal iliac arteries and IPA. Hemodynamically significant stenosis of IPA were observed bilaterally in four patients and unilaterally in one. Stenosis were dilated with a 2.5 x 30 mm medicated balloons. Patients were discharged after one day on double antiplatelet therapy (clopidogrel 75 mg + ASA 100 mg) and atorvastatin 40 mg die.

Results: All procedures were successful with restoring of good IPA flow. No complications have been described. Patients were followed at 4 and 8 months. At the first check all patient reported a significant improvement in erections with an average increase of 9 points in the IIEF-5. Two patients had to assume sildenafil 100 mg and three 50 mg to have good erections. D-CDDU detected an average increase of 13 cm/sec in PSV. At eight months, one patient was regressed at the initial state and underwent prosthesis placement, one patient had to use intracavernosal alprostadil 10 ugr and three were stable with satisfactory erections using Sildenafil 50 mg.

Conclusions: IPA stenosis angioplasty with medicated balloons seems to be a very promising therapy for ED not responsive to pharmacotherapy. It is a safe and repeatable procedure, leads to improvement of erectile function in a significant percentages of cases and can be considered the last therapeutic opportunity before proposing a penile prosthesis.

Disclosure: Work supported by industry: no.

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PARAFILIA: ANALYSIS OF BRAZILIAN SCIENTIFIC PRODUCTIONS, IN PORTUGUESE LANGUAGE, IN THE PERIOD 2007-2017
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Paraphilias, the basis of paraphilic disorders (DSM-5) or disorder of sexual preference (ICD-10) are characterized as any intense and persistent sexual interest other than that focused on genital or preliminary stimulation with human partners that consent and present phenotype normal and physical maturity. A paraphilic disorder is a paraphilia that is causing suffering or injury to the individual or whose satisfaction entails harm or risk of personal injury to others. It is a necessary but not sufficient condition for a paraphilic disorder, and a paraphilia alone does not necessarily justify and requires clinical intervention.

Objectives: a) To analyze the Brazilian scientific production in the last 10 years on the concept of paraphilia. b) Check methodological characteristics and emphasis of studies by area of knowledge.

Method: The systematic analysis followed the guideline PRISMA, in which 22 productions between articles and theses were found in the Bases VHL, Periodicals CAPES, Scielo and Thesis and Dissertations-CAPES. Most of the methodologies are of a qualitative nature, with prevalence of case studies or non-systematic narrative analysis. Categories: By area of scientific production, they reveal that Medicine seeks to evaluate therapeutic approaches of sexual aggressors and paraphilic disorders. Psychology aims to analyze, explore and emphasize aspects related to perversion or to investigate the characteristics of self-perception of abusers and personality. In this area, most of the production is focused on psychoanalytic theory. Social Sciences and Humanities analyzes the issue of gender and the representations of users and professionals of mental health services about sexuality. The analysis of keywords separated into 6 areas (Psychology, Medicine, Psychiatry / Psychology / Health, Social, General), presents an association of paraphilia with perversion, illness and violence, perceiving this concept as a negative form of psychic structuring, linked to suffering and not as a possibility of pleasure.

Results: Studies tend to see “paraphilia” as an illness and not as a form of sexual expression. Areas of health (Medicine, Psychology) perceive paraphilias as something to be treated, deviance or transgression. Psychoanalytic theory is the main bias of analysis. Most of the works use symptomatic descriptions, without elucidating the genesis of desire. Few productions present the subject’s report, his perceptions about paraphilia and his sexual situation.

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PATTERN OF SURGICAL CARE OF PATIENTS WITH ERECTILE DYSFUNCTION: POOLED ANALYSIS FROM TWO PROSPECTIVE POPULATION-BASED REGISTRY
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Objective: The clinical practice management of erectile dysfunction (ED) may differ across countries worldwide. We compared data on surgical and peri-operative management strategies of patients submitted to penile prosthesis implantation (PPI), from two prospective multicenter population-based registries.

Materials and Methods: Data were collected from the Italian multi-institutional, monitored and internal review board (IRB) approved registry on PPI (INSIST-ED) including data from 33 institutions. Similarly, data from the IRB-approved Prospective Registry of Outcomes with Penile Prosthesis for Erectile Restoration (PROPPER), including data from 13 North American sites, were also collected. Both registries assess patient’s baseline characteristics, ED etiology, surgical and peri-operative management strategies. As a main aim of this study, a pooled data analysis was conducted to assess