application of scoparone on PCCSM pre-treated with L-NAME and ODQ significantly inhibited the relaxation. Scoparone also increased the cGMP of perfusate in a concentration-dependent manner. Furthermore, scoparone enhanced the udenafil or rilpam-induced relaxation on PCCSM.

Conclusion: Scoparone relaxed the PCCSM mainly by activating NO-cGMP signaling pathway and it may be a new promising treatment for ED patients who do not completely respond to udenafil.

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675

PENILE PROSTHESIS RESERVOIR COMPLICATIONS: NON-CONTRAST CT SCAN ASSESSMENT

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Objective: In the implantation of three-component penile prostheses (PP), the placement of the reservoir in the Retzius space or in an ectopic location requires experience because it is a blind maneuver. Viscera and vascular structures can be injured and additionally it can be localized in an incorrect space that may cause its herniation. The objective of the study is to evaluate the correct or anomalous positioning of the reservoirs by non-contrast CT scan.

Material and Methods: Retrospective data regarding the implantation of PP reservoirs during the 2009-2016 period were reviewed. Data on the type of PP, surgical technique, associated intra-postoperative complications and radiological studies were analyzed.

Results: In the study period, a total of 117 PP were implanted, 97 of them were three-component PP included in our review. The type of PP implanted were the following: 78 (60.4%) AMS 700 LGX/ CX/ CXX with spherical reservoir, 4 (3.1%) AMS 700 LGX with Conceal reservoir and 15 (15.4%) Titan Touch with Cloverleaf reservoir. In 95.9%, the reservoir was placed in a conventional laterovesical localization (image 1) and in 4.1% in ectopic localization (2 cases of medium-low localization (image 2) and 2 cases of lateral-high localization (image 3)). Vascular and visceral intraoperative complications associated with the reservoir were not observed. During the follow-up, 4.1% of complications associated with the reservoir were observed and they were confirmed by non-contrast CT scan (2 herniations of the reservoir, 1 hydrocele secondary to compression of the inguinal cord and 1 direct inguinal hernia (image 4, 5, 6, 7).

Conclusion: The placement of the reservoir during the implantation of PP is a procedure with a low rate of complications. In spite of this, symptoms of excessive discomfort, poor clinical condition of the patient or the malfunction of the prosthesis should make us think about these complications. The non-contrast CT scan provides a good anatomical evaluation of the reservoirs, being an affordable and useful modality in clinical decision making.

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676

PENILE REVASCULARIZATION SURGERY IN PATIENTS WITH DIABETIC ERECTILE DYSFUNCTION: LONG TERM RESULTS

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Objective: To determine the overall long-term success of penile revascularization surgery in the treatment of vasculogenic erectile dysfunction and also to investigate the effect of risk factors on the results of a modified Furlow-Fisher technique. We completed our revascularization surgery results in our 50 erectile dysfunction patients having no risk factors except diabetes with a long term follow-up.

Materials and Methods: Between 2004 and 2015, 225 patients with a mean age of 47.2 (range:23–73) years underwent penile revascularization surgery. Among them, 50 patients were diagnosed as having diabetes mellitus and completed the mean 60.9±1.34 months follow-up. Following the physical examination and assessment of blood tests, all the patients were referred to the internal medicine, neurology, psychiatry and anesthesiology departments for a routine interview. Before the operation, a urological assessment was made using color Doppler ultrasonography, cavemosometry, and electromyography of the corpus cavernosum (CC-EMG). At least five points of increase in the IIEF-5 score during the latest patient visit in the postoperative period compared with the preoperative period was regarded as improvement (surgical success).

Results: The mean preoperative and follow-up total IIEF scores were 28.1±5.7 and 42.2±6.3, respectively (p<0.05). The mean IIEF-5 scores were 8.3±2.2 and 17.7±2.1 preoperatively and at the end of follow-up, respectively (p<0.05). The mean score in the erectile function domain of IIEF was 11.6±3.4 before the operation and 21.7±6.1 at the end of follow-up (p<0.05). According to the IIEF-15, 32 patients achieved a no-ED threshold value of >26. According to the IIEF-5, the surgery was again successful in 35 of 50 diabetic patients (70%).

Conclusions: We suggest that penile revascularization surgery could be an alternative choice before penile prosthesis implantation in those patients having no risk factors except diabetes which is under control.
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PENILE SIZE (LENGTH AND GIRTH) IN RELATION TO SOMATOMETRIC PARAMETERS AND HORMONAL PROFILE AMONG EGYPTIAN NORMAL ADULTS

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Introduction and Objectives: Throughout history, penis size has been a mystical topic and a common subject of debate discussions. Today, there are an increasing number of men seeing urologists daily with false beliefs about penile size. The aim of this study was to investigate the relationship between penile measurements (length and girth) and somatometric parameters (height, weight, BMI); testosterone, and prolactin level in a group of healthy, adult Egyptian men.

Methods: A group of 1001 healthy Egyptian men aged 41.5 ±19.82 years, were included in this study between July 2013 and July 2015. Men with a history of penile pathology (e.g., Peyronie’s disease, penile curvature) were excluded from the study. The age, height and weight of the subjects were recorded. Penile length was measured (with the subjects standing up) in both flaccid and stretched states as described previously by Wessells et al. BMI was computed as the ratio of weight to the square of height (kg m2). The study was approved by the IRB of the faculty ethical committee and all subjects provided proper informed consent.

All measurements were performed by the same examiner to reduce inter observer error and under similar environmental conditions to avoid natural variability in size due to temporal factors such as time of day, room temperature and unreliability of measurement methods.

Results: The mean age of the subjects was 41.5 ±19.82 years.

Mean penile length in flaccid and stretched states was 10.7±3.0 cm (range 6.4-11.6) and 14.8±3.5 cm (range 10.0-13.5), respectively. There was a positive correlation between flaccid and stretched penile lengths (r=0.75, P<0.05). There was a positive correlation between flaccid penile length and penile girth, free and total testosterone (P<0.05). There was a positive correlation between erected penile length and height (P<0.05).

Penile girth correlated with penile length, free testosterone, total testosterone, and prolactin (P<0.05).

Neither penile length (flaccid and erected) nor penile girth correlated with the age of the patient.

Conclusions: These results demonstrate that somatometric parameters are correlated with penile length.

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