AB56. Current medical therapy for peyronie’s disease

Ki Hak Moon

Department of Urology, Yeungnam University College of Medicine, Daegu, Korea

Abstract: Peyronie disease (PD) is characterized as a fibrous, inelastic lesion of the tunica albuginea. It is thought to result from trauma or microtrauma to the erect penis in genetically susceptible individuals, though the mechanism of disease has not been fully elucidated. The lesion can be painful in some individuals, and can also result in erection deformities making intromission difficult or impossible. Treatment options are chosen based upon disease severity, patient preference, and surgeon’s training. Options include oral medications, intralesional injection therapy, plication procedures, incision and grafting, and placement of a penile prosthesis with or without manual modeling or other ancillary straightening techniques. Numerous nonsurgical treatment options have been utilized since PD was first descriptively named in 1743. Despite various reports in the literature of deformity stabilization and/or reduction outcomes, recent guidelines indicate that the available evidence shows generally no significant benefit from oral therapies for reducing penile deformity. However, the standard of care still involves an initial trial of either oral or intralesional treatment at first presentation. An accepted goal of medical therapy is to shorten the acute phase of PD in order to stabilize the plaque or diminish disease progression. Oral agents could be considered non-invasive relative to surgery, though for the purposes of this review we have considered them to be minimally invasive, since these agents do have effects subsequent to entering the body. Oral, systemic treatment agents include vitamin E, Potaba, tamoxifen, carnitine, colchicine, and phosphodiesterase (PDE) manipulators, such as pentoxifylline and PDE5 inhibitors. Iontophoresis, with application of verapamil or combined verapamil and dexamethasone, is believed to enhance transcutaneous absorption of the drugs through direct electrophoresis, electro-osmosis, or enhanced diffusion using surface-delivered heat or current. Current treatment with intralesional injections directly into the penile plaque includes verapamil, nicardipine, IFN α-2b, and Collagenase Clostridium histolyticum (CCH). CCH showed significant improvement in penile curvature and patient reported outcome symptom bother scores, suggesting that this may be a safe, nonsurgical alternative for PD. The molecular mechanism of action has not been defined in ESWT; however, shock waves are used to disrupt the dense tissue of the scar or plaque. Treatment occurs over weekly sessions and is well tolerated. Adverse effects include superficial bruising over the treatment site that required no analgesia.

Keywords: Current medical therapy; peyronie’s disease’ phosphodiesterase (PDE)

do: 10.3978/j.issn.2223-4683.2014.s056

Cite this abstract as: Moon KH. Current medical therapy for peyronie’s disease. Transl Androl Urol 2014;3(S1):AB56. doi: 10.3978/j.issn.2223-4683.2014.s056

AB57. Men’s health status in Middle East

Amr Jad

Department of Urology, Riyadh Military Hospital- Riyadh- KSA, Saudi Arabia

Abstract: The best way to study the Men’s health status in Middle East is to form a Men’s health report also we found a several obstacles to form a single report for our aria as it is present in two different continents and has a large surface aria with a lot of different factors as political factors, socioeconomics factors, religions and traditional factors also poor large scale statistics and surveillances. In my presentation I will summarize different factors that affect the Men’s health status and how we solve some of them and also the real need to make a Men’s health report for the in Middle East.

Keywords: Men’s health; Middle East; report
AB58. Insight into male’s health from FAMHES cohort study in South China

Zengnan Mo

Institute of Urology and Nephrology, Center for Genomic and Personalized Medicine, Guangxi Medical University, China

Abstract: Fangchenggang Area Male Health Examination Survey (FAMHES) was designed to investigate the effects of environmental and genetic factors and their interaction with the development of age-related chronic diseases. It was a population-based study conducted among non-institutionalized Chinese men aging from 17 to 88 years old in Guangxi, China. A comprehensive demographic and health survey was conducted among a consecutive series of 4,303 men participating in the routine physical examination at the Medical Centre in Fangchenggang First People’s Hospital from September 2009 to December 2009. Using the FAMHES cohort, we have performed a series of genome-wide association studies (GWAS) for more than 30 quantitative trait loci (QTL) including phenotypes which is related to the men’s health, such as PSA, male sex hormone. We found above 100 gene loci associated with the QTL phenotypes that reach GWAS significant levels and have published 14 papers including PLoS Genetics, Human Molecular Genetics and others.

Additionally, we also did the some cross section epidemiology studies in these subjects to understand the effects of some life-style, such as smoking, drinking alcohol, on the men’s health.

Firstly, we examined the association between cigarette smoking and testosterone. We found out the smoking has a positive and independent effect on testosterone levels. In another study of association between cigarette smoking and erectile dysfunction (ED), we found the heavy smokers are more likely to have ED. We also studied the association between ED and testosterone. Moreover, we examined the association between ED and metabolic syndrome (MetS). We found out that abnormal fasting blood glucose was the most significantly independent factor of MetS for ED. When we examined the association between MetS and testosterone, we found out that testosterone was the independent risk factor for MetS. Collectively, the studies mentioned above were oriented with ED. As we can see, the lifestyle smoking and the co-exist disease status MetS is the potential marker for ED.

In the studies oriented with lower urinary tract symptom (LUTS), we found out the metabolic disorder is associated with some symptoms of LUTS, and the inflammatory marker hsCRP is another indicator for LUTS. In studies oriented with Chronic Prostatitis (CP), we find out the CPSI questionnaire is not associated with the severity of CP. The main symptom of CP is pain, which is associated with metabolic factors. The prevalence of type IV CP is also reported in our cohort. In another oriented disease Non-Alcoholic Fatty Liver Disease (NAFLD), we found one of the sex hormones oestradiol may be its protective factor. Another important hormone osteocalcin is associated with NAFLD as well. Collectively, the studies mentioned above were mainly oriented with sex hormone, especially the testosterone. These studies have not only provided the baseline characteristics for the subjects so that we can set up a cohort to follow up but also paved the way to study the interaction between the various men’s diseases and metabolic diseases, such as diabetes, hypertension, metabolic syndromes. In this field, we have published 25 papers including Journal of andrology, Prostate, Urology, Journal of Clinical Endocrinology & Metabolism, Clinical endocrinology and others.

Keywords: Men’s health; South China; quantitative trait loci (QTL)

doi: 10.3978/j.issn.2223-4683.2014.s058