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Codice: C01

TITOLO

Trends and dynamics of total serum testosterone decline: a systematic review and meta-regression analysis

AUTORI

Fausto Negri[1,2], Tommy Jiang[1], Ashkan P. Langroudi[1], Massimiliano Raffo[2], Satvir S. Basran[1], Nicholas C. Sellke[1], Amy Zhang[1], Francesco Montorsi[2], Andrea Salonia[2], Michael L. Eisenberg[1]

[1] Stanford University, Stanford, CA, USA

[2] Vita-Salute San Raffaele University, Milan, Italy

Objective

Many studies have documented a decline in semen quality over recent decades, supporting the hypothesis of a broader decline in male health indicators such as testosterone levels. This study aims to determine the extent and rate of changes in total serum testosterone (TT) and to assess how much of these changes can be explained by shifts in body weight and other contributing factors.

Methods

PubMed was searched according to the PRISMA statement, without deadlines for publishing. Studies reporting quantitative values of TT in healthy men aged >18 years were included. Studies involving participants with cancer, chronic comorbidities, or suspected or diagnosed hypogonadism were excluded. Meta-regression analyses were performed using a mixed-effect model, with the midpoint of TT measurement period as moderator (independent variable: collection year), and mean TT levels as the observed effect size (dependent variable), associated with reported or calculated sampling variances and sample size. The review protocol was registered on PROSPERO (CRD 420251069558).

Results

Overall, 345 studies were selected, including 169,494 subjects. The median (IQR) age was 29 (23–50) years and BMI was 25 (23.5–26.55) kg/m². Overall, over the last six decades, TT declined by β = -2.49 (-3.73, -1.26) g/dL/year ($p<0.0001$), corresponding to an average decrease of -0.48%/year. Specifically, the findings revealed an accelerating decline in TT across successive birth cohorts. The estimated slopes were β = -2.49 (95% CI -3.73, -1.26) for men born ≥1903, β = -2.66 (-3.95, -1.36) for ≥1925, β = -3.16 (-4.73, -1.59) for ≥1950, and β = -3.73 (-31.86, 33.76) for ≥1975. The decline was steeper among younger men, with β = -3.55 (95% CI -5.56, -1.53; $p<0.0001$) ng/dL/year for those <30 years, compared with β = -2.95 (-5.67, -0.23; $p=0.03$) ng/dL/year for ages 30–40 years and -0.72 (-2.4, 0.96; $p=0.4$) ng/dL/year for men ≥40 years. The effect was also more severe in individuals with normal weight (BMI <25, β = -3.07 [-4.98, -1.17]; $p=0.002$) than in those with overweight or obesity (BMI ≥25, β = -1.96 [-3.63, -0.29]; $p=0.02$).

Conclusions

These results suggest that the age-independent decline in TT has increasingly affected younger men with normal weight over recent decades. The rate of decline was steeper in more recent birth cohorts, indicating an acceleration of this trend across generations.

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TITOLO
Outcomes of adult acquired buried penis (AABP) reconstruction: a multicentre cohort study

AUTORI
Natalia Plamadeala[1], Marco Falcone[2], Mirko Preto[1], Lorenzo Cirigliano[1], Wai Gin (Don) Lee[3], Parth Tagdiwala[3], Angelo Di Giovanni[3], David Ralph[3], Antonio Ruffo[4], Fabio Esposito[5], Martina Scavone[1], Emanuele Zupo[1], Paolo Gontero[1]
PRESENTATO DA: Giampiero Della Rosa

[1] Department of Urology - A.O.U. "Città della Salute e della Scienza" – Molinette Hospital, University of Turin, Turin, Italy
[2] Department of Urology - A.O.U. "Città della Salute e della Scienza" – Molinette Hospital, University of Turin, Turin, Italy; Neurourology Clinic - A.O.U. "Città della Salute e della Scienza" - Unità Spinale Unipolare, Turin, Italy; Department of Urology - Biruni University, Istanbul, Turkey
[3] Department of Urology - University College London Hospitals NHS Foundation Trust, London, United Kingdom
[4] Department of Urology - Department of Medicine and Health Sciences "Vincenzo Tiberio", University of Molise, Termoli, Italy
[5] Department of Urology - Casa di Cura Nostra Signora di Lourdes, Naples, Italy

INTRODUCTION
Adult Acquired Buried Penis (AABP) is a debilitating condition often requiring surgical correction. This study aimed to evaluate surgical outcomes, complications, and recurrence after AABP repair across multiple centres.

MATERIALS AND METHODS
From June 2011 to January 2025, patients undergoing surgical treatment for AABP were included in this retrospective multicentre cohort study across three high-volume referral centres. Surgical repair was classified according to the Pariser–Santucci classification. Primary outcomes were recurrence-free survival (RFS) at 12 and 24 months and at last follow-up. Secondary outcomes included predictors of recurrence, postoperative complications, and functional outcomes. Complications within 3 months were graded using the Clavien–Dindo system. Functional outcomes were assessed preoperatively and at 12 months using validated questionnaires (IIEF-15, IPSS) and patient-reported outcomes (PROs).

RESULTS
In total, 204 patients were included, with a median follow-up of 18.0 months (IQR 7.0–46.0). High-complexity procedures (Pariser ≥III) were performed in 70.6% of cases. The leading aetiological factor was BMI ≥30 kg/m² (45.1%), more prevalent in the high-complexity group ($p<0.001$), followed by lichen sclerosus (23.0%), more common in the low-complexity group ($p=0.011$), and genital lymphoedema (20.1%). Presenting complaints included sexual dysfunction (50.5%), aesthetic concerns (40.7%), and urinary symptoms (36.3%). Skin grafts were used in 44.6% of cases, more frequently in low-complexity procedures ($p<0.001$). The overall complication rate was 27.0%, higher in the high-complexity group (32.6% vs 13.3%, $p=0.005$), with surgical complexity independently predicting complications ($p=0.013$). Recurrence occurred in 12.7% of patients, with RFS rates of 91.5% and 83.7% at 12 and 24 months, respectively. Hematoma was associated with increased recurrence risk ($p<0.001$), whereas higher surgical complexity was associated with reduced recurrence ($p=0.018$). Postoperatively, stretched penile length increased by 3.0 cm, with significant improvements in urinary and sexual function ($p<0.001$) and high satisfaction rates (86.8%).

CONCLUSION
Although high-complexity AABP surgery is associated with higher complication rates, it provides durable outcomes with a lower risk of recurrence. When tailored to patient characteristics, surgical intervention leads to significant functional improvement, increased penile length, and high patient satisfaction.

Lo studio ha avuto finanziamenti: No

Codice: C03

TITOLO

Clinical Implications of Systematic ASCVD Score Assessment in Men with Suspected Vasculogenic Erectile Dysfunction: Results from a Tertiary Referral Center

AUTORI

Alessandro Bertini[1,2], Edoardo Pozzi[1,2], Marco Oddo[1,2], Fausto Negri[1,2], Massimiliano Raffo[1,2], **Ciro Piccolo[1,2]**, Gabriele Birolini[2], Simona De Luca[2], Richard Sucapuca[1], Alessia d'Arma[1], Francesco Montorsi[1,2], Andrea Salonia[1,2]

[1] IRCCS San Raffaele Scientific Institute, Urological Research Institute (URI), Milan, Italy
[2] Vita-Salute San Raffaele University, Milan, Italy

Background

Despite current Princeton IV consensus and EAU Guidelines recommending the ASCVD score for men with vasculogenic erectile dysfunction (ED), its real-life clinical relevance remains unclear. We assessed the clinical implications systematically applying the ASCVD score in men presenting with suspected vasculogenic ED at a tertiary referral center.

Methods

Data from 1,669 white-European men aged 40–79 years presenting with suspected vasculogenic ED were analyzed. The ASCVD score was computed among patients with complete sociodemographic and clinical data (n = 967). Patients were then stratified according to ASCVD score values into three categories: <5% (low risk), 5–20% (intermediate risk), and >20% (high risk). All patients completed the International Index of Erectile Function (IIEF) at baseline. Severe ED was defined as an IIEF–Erectile Function domain score <11. Logistic regression models tested the association between ASCVD score and severe ED.

Results

Of 967, 293 (30.3%), 483 (49.9%) and 191 (19.8%) patients were considered low, intermediate and high risk according to ASCVD score, respectively. High-risk patients were older [68 yrs], followed by those in the intermediate-risk group [58 yrs] and low-risk group [46 yrs] ($p<0.001$). A similar stepwise increase across risk categories was observed for BMI [25.3, 26.0 and 26.2 kg/m^2], waist circumference [94, 98 and 100 cm] and comorbidities, including arterial hypertension [12%, 36% and 68%] and diabetes [5.1%, 12% and 28%] (all $p<0.001$). Severe ED was present in 31% of low-, 43% of intermediate-, and 58% of high-risk men ($p<0.001$). Nearly half of the patients would require coronary CT for determination of coronary artery calcium (CAC) score, despite 57.4% of them presenting with only mild or moderate ED. At multivariable analysis, after adjusting for age, total testosterone levels, BMI and CCI score, a higher ASCVD score (OR=1.05, $p=0.04$) was independently associated with higher risk of severe ED.

Conclusions

Systematic ASCVD risk assessment in men with suspected vasculogenic ED revealed that nearly 50% would qualify for coronary imaging, while approximately 20% should be referred to cardiology before ED-specific therapy. Higher ASCVD scores were associated with more severe, potentially treatment-resistant ED, supporting its integration into routine diagnostic work-up.

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Codice: C04

TITOLO

Placebo effect in intralesional injection therapy for Peyronie's disease: a systematic review and meta-analysis of published prospective clinical trials

AUTORI

Sara Baldini[1,2], Giuseppe Fallara[3], Matteo Ferro[3], Nicolò Schifano[1,2], Matteo Coschignano[1,2], Alessio Villano[1,2], Ilaria Elena Zais[1,2], Asia Carlino[1,2], Riccardo Terruzzi[1,2], Simone Persico[1,2], Andrea Salonia[4,5], Federico Dehò[1,2], Paolo Capogrosso[1,2]

[1] ASST Sette Laghi – Circolo & Fondazione Macchi Hospital, Varese, Italy
[2] University of Insubria, Varese, Italy
[3] Division of Urology, ASST Santi Paolo e Carlo, Milan, Italy
[4] Division of Experimental Oncology/Unit of Urology, URI, IRCCS Ospedale San Raffaele, Milan, Italy
[5] Vita-Salute San Raffaele University, Milan, Italy

Introduction

Intralesional injection therapy represents a cornerstone of the conservative management for Peyronie's disease (PD), aiming to reduce penile curvature and plaque-related deformities through localized administration of pharmacological agents. This systematic review and meta-analysis aimed to quantify curvature variation observed in placebo arms of randomized controlled trials evaluating intralesional therapies for PD.

Methods

A systematic literature search was performed on PubMed and Scopus using the terms "Peyronie's disease", "induratio penis plastica", "injection", and "placebo" (PROSPERO ID: CRD420251159277). Random-effects meta-analysis (REML-Hartung–Knapp adjustment) was conducted to estimate standardized mean difference (SMD) in curvature change between baseline and end of therapy in placebo arms. Meta-regression evaluated the influence of mean age, penile modeling and number of injections. Risk of bias was assessed using the RoB 2 tool.

Results

After screening, 6 randomized controlled trials and 1 non-randomized controlled trial were included, with 382 placebo-treated patients overall. Mean baseline curvature ranged from 33.5° to 50.9°, with follow-up durations between 4 and 52 weeks. Placebo-treated patients experienced a modest but statistically significant reduction in penile curvature. The pooled mean difference was –5.1° (95% CI –8.0° to –2.3°; p=0.003), corresponding to an SMD of –0.38 (95% CI –0.55 to –0.20). No significant associations emerged between curvature change and age, number of injections or penile modeling. Risk of bias was overall moderate.

Conclusions

This meta-analysis demonstrates that intralesional placebo injections alone are associated with an average curvature improvement of approximately 5 degrees. This effect size should be considered when designing and interpreting clinical trials investigating novel intralesional therapies for PD.

Lo studio ha avuto finanziamenti: No

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TITOLO

Assigned female at birth (AFAB) patients' pre-operative informational needs for masculinising genital gender affirming surgery

AUTORI

Cirigliano Lorenzo[1,2], Falcone Marco[1,3,4], Guadagni Liliana[5], Ferro Ilaria[1], Preto Mirko[1], Braida Matilde[1], Plamadeala Natalia[1], **Scavone Martina[1],** Zupo Emanuele[1], Gontero Paolo[1]

[1] Urology Clinic - A.O.U. "Città della Salute e della Scienza" – Molinette Hospital, University of Turin, Italy
[2] Pediatric Urology - A.O.U. "Città della Salute e della Scienza" – Ospedale Infantile Regina Margherita, Turin, Italy
[3] Department of Urology, Biruni University, School of Medicine, Istanbul, Turkey
[4] Neurourology Clinic - A.O.U. "Città della Salute e della Scienza" - Unità Spinale Unipolare, Italy
[5] Urology Clinic, Santa Maria della Misericordia Hospital, University of Perugia, Department of Surgical and Biomedical Sciences, Perugia, Italy

Introduction & Objectives

Gender-affirming care aims to reduce gender-related distress and support identity through psychological, social, medical, and surgical interventions. Pre-operative counselling for phalloplasty/metoidioplasty in assigned female at birth (AFAB) patients remains variably delivered and inconsistently documented. We aimed to map:

1. which topics patients rate as most important before surgery;
2. which topic is actually covered and by whom;
3. the informative gap (IG) to guide patient-centred counselling.
4.

Materials & Methods

Single-centre cross-sectional survey of AFAB adults who underwent phalloplasty or metoidioplasty (2008–2024). Items were rated on 5-point Likert scales; "high importance" = 4–5. Coverage captured whether the topic was addressed and by which source. The IG [%(high importance) - %(coverage)] was calculated for each pre-operative item. Questionnaire responses were summarized using descriptive statistics with Jamovi software. Ethics: anonymous minimal-risk survey; according to local policy, formal Ethical Committee approval was not required.

Results

N=44 respondents (median age 33 years, IQR 29–39). Among pre-operative topics, the highest-priority items were: possible complications, donor-site preparation, differences between surgical techniques, and long-term follow-up/complications. The surgical team was the preferred source across items. However, coverage by the surgical team was reported for only about half of the pre-operative topics (12/24); for the remainder, >50% reported receiving no information. More than two-thirds did not receive pre-operative information on recognising/handling ischaemic complications, urethral fistula/stenosis, out-of-pocket financial costs, or the need for a structured postoperative support plan. Friends and the internet emerged as secondary sources (≈32% and ≈17%, respectively). The largest IG clustered around early complication recognition/management, financial planning and post-discharge support planning.

Conclusions

For AFAB men undergoing gender-affirming surgery, substantial pre-operative IG persists. Programmes should implement standardised information, surgeon-led education reinforced by nursing and mental-health professionals, and explicit guidance on when to seek unscheduled care. A practical checklist of pre-operative topics can help harmonise counselling and align it with patient priorities before surgery.

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TITOLO

Statin use and testosterone levels: a not-so hidden association in men over 40 with sexual dysfunctions

AUTORI

Fausto Negri[1,3], Edoardo Pozzi[1], Massimiliano Raffo[1], Alessandro Bertini[1], Ciro Piccolo[1], Marco Oddo[1], Gabriele Birolini[1], Simona De Luca[1], Luca Boeri[2], Richard Sucapuca[1], Alessia d'Arma[1], Michael L. Eisenberg[3], Francesco Montorsi[1], Andrea Salonia[1]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] IRCCS Fondazione Ca' Granda, Milan, Italy
[3] Stanford University, Stanford, CA, USA

INTRODUCTION AND OBJECTIVES

Statins are among the most prescribed medications for dyslipidemia and may potentially interfere with testosterone production. This study aimed to evaluate whether the use of statins among patients with sexual dysfunctions is associated with deficiencies in serum testosterone and other sex hormones.

METHODS

Data from 212 patients seeking medical help for sexual dysfunctions were analyzed. All patients over 40 years underwent a diagnostic work-up, and comorbidities were scored using Charlson Comorbidity Index (CCI). Male sexual dysfunctions were classified according to EAU criteria. The cohort was divided into two groups: patients using statins for at least six weeks at the time of evaluation (n=106) and patients not receiving statins (n=106). A cut-off of 3.5 ng/mL for total testosterone (tT) defined hypogonadism, while calculated free testosterone (cfT) was derived. Descriptive statistics and propensity score-matching were applied to account for confounding variables.

RESULTS

In the statin group, 66 (62.3%) patients presented with ED, 1 (0.9%) with PE, 9 (8.5%) with EjD, and 30 (28.3%) with LSD. In the non-user group, rates were 77 (72.7%), 4 (3.7%), 10 (9.4%) and 15 (14.2%), respectively. Physical activity was significantly higher in non-users (40.4 vs 49.5%, p=0.015). Statin users showed higher baseline FSH, lower tT, lower HDL, LDL and total cholesterol, and higher waist circumference compared with non-users. Men under statins also had higher prevalence of diabetes mellitus type 2 and hypertension. Groups did not differ in terms of low tT or cfT rates.

CONCLUSIONS

Statin treatment emerged as associated with a significant decrease in circulating tT and an increase in FSH levels. No differences were found in LH, estradiol and cfT values.

Lo studio ha avuto finanziamenti: No

Codice: C07

TITOLO

Post-vasectomy pain syndrome and vasectomy complications: real-life data from a single tertiary referral center

AUTORI

Massimiliano Raffo[1,2], Maurizio De Rocco Ponce[3], Paula Izquierdo[3], Jashua Haddad Baldassari[4], Julio Cesar Murillo Pinto[5], Doron Vantman Luft[3], Francesco Montorsi[1,2], Andrea Salonia[1,2], Eduard Ruiz-Castañe[3]

[1] Division of Experimental Oncology/Unit of Urology, URI, IRCCS Ospedale San Raffaele, Milan, Italy
[2] University Vita-Salute San Raffaele, Milan, Italy
[3] Fundaciò Puigvert, Andrology Department, Universitat Autònoma de Barcelona, Instituto de Investigaciones Biomédicas Sant Pau (IIB-Sant Pau), Barcelona, Spain
[4] Hospital Metropolitano de Santiago, Santiago de los Caballeros, Republica Dominicana
[5] Clinica de Marly Jorge Cavelier Gaviria, Bogota, Colombia

Introduction and Aims

Vasectomy is an increasingly utilized method of permanent male contraception. No-scalpel vasectomy (NSV) is the preferred technique due to its favorable safety profile and low complication rates. However, complications such as infection, hematoma, and chronic post-vasectomy pain syndrome (PVPS) can occur. The true incidence and risk factors for PVPS remain uncertain. This study aims to evaluate the rates of PVPS and other complications following vasectomy, as well as to identify associated risk factors.

Materials and Methods

This retrospective study evaluated 1,774 sexually active men undergoing vasectomy between 2016 and 2024 at a single tertiary-referral center. Baseline data, including age, number of children, and BMI, were collected preoperatively. Postoperative follow-up assessed complications, need for repeat surgery, and results of post-vasectomy semen analysis (PVSA) performed three months after the procedure. Statistical analysis utilized nonparametric tests and multivariate logistic regression to identify independent risk factors for complications (significance: $p<0.05$).

Results

Patients had a median age of 42 years (IQR 7.0), median BMI 26.95 (IQR 4.96), and median follow-up of 101 months (IQR 97–104). Most patients (90%) completed PVSA; 94.9% achieved azoospermia at first analysis, with 2% requiring re-vasectomy, and 0.2% undergoing vasovasostomy or TESE for regret. Postoperative recovery was uneventful in 97.3% of cases; infection and hematoma rates were 1.5% and 1.1%, respectively. PVPS occurred in 0.7% (n=14); most cases were managed with NSAIDs, while a minority required escalated treatment, including one surgical re-intervention. Multivariate analysis identified postoperative complications and higher BMI as independent risk factors for PVPS; age was not significant.

Conclusions

No-scalpel vasectomy offers high efficacy and safety for male sterilization, with rare complications and a low PVPS incidence. Postoperative complications and elevated BMI independently increase PVPS risk and may merit consideration during preoperative counseling and risk stratification.

Lo studio ha avuto finanziamenti: No

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TITOLO

Sexual Dysfunction in Patients with Inflammatory Bowel Disease: Role of Disease Activity, Mediterranean Diet Adherence and Quality of Life

AUTORI

Lorenzo Romano[1], **Simone Tammaro[1],** Andrea Rubinacci[1], Lorenzo Spirito[1], Lorenzo Romano[1], Carmelo Quattrone[1], Francesco Bottone[1], Davide Arcaniolo[1], Celeste Manfredi[1], Marco De Sio[1]

[1] Department of Woman, Child, General and Specialized Surgery, Urology Unit, University of Campania Luigi Vanvitelli

Introduction

Sexual dysfunction (SD) is frequently reported in chronic gastrointestinal disorders. The prevalence of SD in inflammatory bowel disease (IBD) and the potential role of Mediterranean diet (MD) adherence and quality of life (QoL) remain insufficiently explored. The aim of the study was to evaluate the prevalence of SD in patients with IBD and to assess the association between SD and clinical-demographic variables, MD adherence, and QoL.

Methods

We performed a multicenter cross-sectional observational study including 301 adult patients with established IBD (134 females, 167 males; 119 Crohn's disease, 182 ulcerative colitis) enrolled between January and October 2023. Female sexual function was assessed using the Female Sexual Function Index (FSFI), and male sexual function using the International Index of Erectile Function (IIEF-15). Adherence to MD was evaluated through the 9-point MD Score. QoL was measured using the 12-item Short-Form Health Survey (SF-12), generating Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Disease activity was assessed using patient-reported outcomes. Multivariate logistic regression analyses were performed to identify predictors of SD.

Results

The prevalence of SD was 61.9% in females and 59.9% in males; 52.1% of males presented erectile dysfunction. No significant differences were observed between Crohn's disease and ulcerative colitis. Active disease was significantly associated with SD in both sexes. In females, higher MD adherence (OR 0.8, 95% CI 0.653–0.974, p=0.027), higher PCS (OR 0.936, 95% CI 0.891–0.983, p=0.008), and higher MCS (OR 0.9, 95% CI 0.906–0.985, p=0.008) were independently associated with a lower likelihood of SD. Hypertension was associated with impaired female sexual function (OR 23.3, 95% CI 1.737–312.124, p=0.017). In males, increasing age was a risk factor (OR 1.05, 95% CI 1.017–1.082, p=0.003), whereas higher PCS was protective (OR 0.9, 95% CI 0.891–0.978, p=0.004).

Conclusions

Sexual dysfunction is highly prevalent among patients with IBD, with no differences between Crohn's disease and ulcerative colitis. Disease activity is associated with SD in both sexes. Higher MD adherence and better physical and mental health are protective in females, while better physical health is protective in males. Systematic assessment of sexual function in IBD patients may allow early identification and timely management of SD.

Lo studio ha avuto finanziamenti: No

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TITOLO

Signal Detection of Depression and Suicidality with the 5-Alpha Reductase Inhibitors: Evidence from the Food and Drug Administration (FDA) Adverse Event Reporting System (FAERS) database

AUTORI

Stefania Chiappini[1], Asia Carlino[1], Nicolò Schifano[1], Alessio Villano[1], John M. Corkery[2], Amira Guirguis[3], Alessio Mosca[4], Davide Arillotta[5], Giovanni Martinotti[6], Federico Dehò[1], Fabrizio Schifano[2]

PRESENTA: Sara Baldini

[1] Università degli Studi Dell'Insubria - ASST Sette Laghi - Ospedale di Circolo e Fondazione Macchi, Varese, Italy
[2] Psychopharmacology, Drug Misuse and Novel Psychoactive Substances Research Unit, Hertfordshire Medical School, University of Hertfordshire, UK
[3] Pharmacy, Swansea University Medical School, Swansea University, Wales, UK
[4] Department of Neuroscience, Imaging and Clinical Sciences "G. D'Annunzio" University, Chieti, Italy
[5] Department of Neuroscience, Psychology, Drug Research, and Child Health, Section of Pharmacology and Toxicology, University of Florence, Florence, Italy
[6] Department of Neuroscience, Imaging and Clinical Sciences "G. D'Annunzio" University, Chieti, Italy

Background

Finasteride and dutasteride are 5-alpha reductase inhibitors (5-ARIs) prescribed for benign prostatic hyperplasia (BPH) and androgenetic alopecia. These agents have recently raised concerns due to their possible association with psychiatric adverse drug reactions (ADRs), including depression and suicidality. We investigated this issue using data from the U.S. Food and Drug Administration (FDA) Adverse Event Reporting System (FAERS) via disproportionality analysis.

Methods

All ADRs listing finasteride or dutasteride as suspected agents in the FAERS database were analysed. ADRs were classified according to the Medical Dictionary for Regulatory Activities (MedDRA) preferred terms. Psychiatric ADRs were categorized into depressive, suicidality, anxiety, and libido-related groups. Duplicate entries were excluded. Reporting Odds Ratios with 95% confidence intervals (CIs) were calculated to evaluate disproportional reporting of psychiatric ADRs linked to 5-ARIs.

Results

27,578 ADRs were reported for finasteride, including 8,087 (29.3%) classified as psychiatric. When finasteride was the sole suspected drug, 6,754 psychiatric ADRs were identified, of which 5,170 (76.6%) were serious and 1,584 (23.4%) non-serious. After deduplication, 4,132 serious cases were analysed, most commonly depressive disorders (n=2,252), anxiety (n=1,524), suicidality (n=1,109), and libido disorders (n=2,122). For dutasteride, 9,161 total ADRs were reported, of which 1,219 (13.3%) were psychiatric. When dutasteride was the sole suspected ingredient, 595 psychiatric ADRs were identified, with 333 serious cases after deduplication. The most frequent events included depressive symptoms (n=55), libido disorders (n=57), anxiety (n=27), and suicidality (n=24). Disproportionality analysis showed higher reporting for finasteride than dutasteride, with RORs (95% CI) of 3.20 (2.72–3.76) for depression-related, 2.72 (2.18–3.39) for suicide-related, 2.68 (2.29–3.15) for libido-related, and 3.78 (3.07–4.67) for anxiety-related events.

Conclusions

Although psychiatric ADRs are more disproportionately reported with finasteride vs. dutasteride, these reports are prevalent for both molecules. A causal link between psychiatric issues and 5-ARIs cannot be conclusively established due to the inherent limitations of pharmacovigilance. Continued post-marketing surveillance and well-designed prospective studies are needed to clarify the neuropsychiatric safety profile of 5-ARIs.

Lo studio ha avuto finanziamenti: No

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TITOLO
Un caso di disfunzione della tumescenza glandulare con abnorme comunicazione tra vena dorsale profonda e vena grande safena sinistra

AUTORI
Fabio Pezzoni[1], Fabrizio Ildefonso Scroppo[2], Francesco Gaeta[3], Alessandro Zucchi[4]

[1] Chirurgo Vascolare UNI Mi - Socio SIA
[2] Casa di Cura Villa Aprica, Como
[3] Ospedale Militare, Milano
[4] Università di Pisa

Introduzione ed obiettivi
Presentiamo un caso di disfunzione della tumescenza glandulare (TG) in presenza di abnorme comunicazione tra vena dorsale profonda (VDP) e vena grande safena (GF) sinistra.

Materiali e metodi
Il paziente, 42 anni, accusava da sempre scarsa tumescenza glandulare e un modesto deficit erettile del mantenimento (IIEF=18). Normali esame obiettivo locale e profilo androgenico. Eiaculazione ed orgasmo presenti. Nessun distress di coppia. Ecocolor penieno dinamico (PGE1 20 mcg) evidenziava normale velocità sistolica cavernosa (>35 cm/sec), normale velocità telediastolica (5 cm/sec), espressione di buona tenuta veno-occlusiva cavernosa, e velocità aumentata sulla VDP (>30 cm/sec); erezione rigida all'asta perdurata 45 minuti. Il glande, in accordo con il riscontro di deflusso accelerato sulla VDP, presentava insufficiente tumescenza. Il paziente è stato sottoposto a Spongioso RX, con iniezione endoglandulare di papaverina 40 mg e 50 cc di mezzo di contrasto. Si osservava, oltre a una precoce opacizzazione della VDP, la presenza di una vena collaterale che la metteva in comunicazione con la GF sinistra. Si osservava inoltre un'immagine di stop del mezzo di contrasto al terzo superiore di coscia in corrispondenza della prima valvola safenica continente. Si è proceduto con legatura ed escissione della vena anomala, isolamento della VDP e successiva escissione completa della stessa con legatura selettiva delle vene cavernose.

Risultati
A un mese veniva riferita ottima TG, confermata al follow-up a 1 anno; valutazione IIEF=23.

Conclusioni
La Spongioso RX, esame radiologico raramente impiegato, è stata dirimente nell'evidenziare un'anomalia anatomica vascolare all'origine della disfunzione. Il dato è stato corroborato dalla concomitante scarsa opacizzazione del Plesso di Santorini, confermando che il "furto venoso" avveniva quasi completamente mediante il circolo safenico. Il Color Doppler dell'ostio safeno-femorale sinistro è risultato continente, giustificando l'effetto di aspirazione ematica a scapito del circolo della VDP e parzialmente anche delle vene cavernose tributarie, verso il circolo venoso femoro-iliaco omolaterale.

Lo studio ha avuto finanziamenti: No

Codice: C11

TITOLO

Ejaculatory Function Preservation after Aquablation versus Holmium Laser Enucleation of the Prostate: Results from a Prospective Multicentre Comparative Study

AUTORI

Juan Justo Quintas[2], **Andrea Rubinacci[1]**, Simone Tammaro[1], Lorenzo Spirito[1], Lorenzo Romano[1], Carmelo Quattrone[1], Francesco Bottone[1], Javier Romero Otero[2], Davide Arcaniolo[1], Celeste Manfredi[1], Marco De Sio[1]

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy
[2] Department of Urology, HM Hospitales, Madrid, Spain

Introduction

Ejaculatory dysfunction represents a major concern after surgical treatment for benign prostatic hyperplasia (BPH), particularly following holmium laser enucleation of the prostate (HoLEP). Aquablation system has been developed to minimize thermal injury and potentially preserve sexual function. We aimed to compare ejaculatory outcomes between Aquablation and HoLEP, considering sexual function as the primary endpoint. Urinary functional outcomes and perioperative safety were evaluated as secondary endpoints.

Methods

We performed a prospective, non-randomized, multicentre study conducted between July 2021 and July 2023. Consecutive patients with moderate-to-severe lower urinary tract symptoms due to BPH, prostate volume 30–120 mL, and failure of medical therapy were included. Seventy-five patients underwent HoLEP and 75 Aquablation. Ejaculatory function (yes/no questionnaire) and erectile function assessed by the 15-item International Index of Erectile Function (IIEF-15) were recorded at baseline and 6 months.

Results

At 6 months, ejaculatory dysfunction was significantly higher after HoLEP compared with Aquablation (89.3% vs 6.6%, $p<0.001$). No significant differences were observed in IIEF-15 changes between groups. Both procedures significantly improved IPSS, IPSS-QoL, Qmax, and PVR compared to baseline ($P<0.05$), without differences between groups at 6 months (IPSS 7.6±6.9 vs 5.0±4.9; Qmax 28.6±8.8 vs 23.8±9.3 mL/s; all $P>0.05$). No severe complications were reported according to Clavien-Dindo classification. Continence rates were comparable between the two groups.

Conclusions

Aquablation and HoLEP provide similar short-term urinary functional outcomes and safety profiles. However, Aquablation is associated with a markedly lower rate of ejaculatory dysfunction. When preservation of sexual function is a priority, Aquablation may represent a preferable surgical option for men with BPH.

Lo studio ha avuto finanziamenti: No

Codice: C12

TITOLO

VERY LONG TERM OUTCOMES AFTER TESTICULAR FIXATION FOR INTERMITTENT TESTICULAR TORSION IN ADULTS

AUTORI

Alessio Villano[1,2], Nicolò Schifano[1,2], Maria Grazia Alberio[1,2], Riccardo Terruzzi[1,2], Andrea Folcia[4], **Sara Baldini[1,2]**, Matteo Coschignano[1,2], Ilaria Elena Zais[1,2], Gabriele Antonini[1,2,3], Paolo Capogrosso[1,2], Federico Dehò[1,2]

[1] Circolo Hospital and Macchi Foundation, ASST Sette Laghi, Varese, Italy
[2] University of Insubria, Varese, Italy
[3] Antonini Urology, Rome, Italy
[4] IRCCS San Raffaele Hospital – Vita-Salute San Raffaele University, Milan, Italy

Background

Orchidopexy has been reported as a surgical solution for testicular chronic pain and testicular loss in patients with intermittent testicular torsion, although its rationale and efficacy remain debated. We aimed to retrospectively assess the very long-term outcomes of elective orchidopexy for preventing recurrent testicular pain episodes and testicular loss in adult patients with intermittent testicular torsion.

Methods

We retrospectively analyzed data from 42 patients who underwent elective orchidopexy for recurrent testicular pain due to intermittent testicular torsion at our center between 2015 and 2024 and had at least one year of follow-up after surgery. Complete clinical data including follow-up were available for 31 patients. Demographic data, comorbidities, intraoperative data and complications during follow-up were collected. Complications were graded according to the Clavien-Dindo classification. Patient-reported satisfaction was assessed according to a Visual Analogue Scale (VAS) ranging from 1 to 5. Descriptive statistics were used to analyze the data. The primary outcome was to determine the efficacy of the procedure in preventing testicular loss and resolving chronic or recurrent testicular pain.

Results

Median follow-up was 71 months (IQR 19–82). Median patient age was 23 years (IQR 19–31). Elective orchidopexy was unilateral in 16 patients (52%) and bilateral in 15 (48%). A 100% efficacy in preventing testicular loss due to torsion was achieved. Twenty-nine patients (93%) reported complete pain resolution, while 2 patients (7%) complained of persistent pain after surgery. No perioperative complications other than these two cases of persistent pain were observed. At follow-up, most patients reported high satisfaction (median VAS 4.2).

Conclusions

This series provides the longest available follow-up in the literature for adult patients treated with elective orchidopexy for intermittent testicular torsion. Despite the study limitations, these data suggest possible efficacy of orchidopexy in controlling intermittent testicular pain episodes and preventing testicular loss, with an acceptable safety profile.

Lo studio ha avuto finanziamenti: No

Codice: C13

TITOLO
Sessualità e qualità di vita dopo impianto precoce di protesi peniena soffice per priapismo ischemico: esperienza monocentrica

AUTORI
Giorgio Gentile[2], Riccardo Melloni[1,2], Federico Bevilacqua[1], Camilla Mencaroni[1], Leonardo Rossi[1], Alessandro Franceschelli[2], Fulvio Colombo[2]

[1] U.O. di Urologia, IRCCS Policlinico di Sant'Orsola, Università di Bologna, Bologna, Italia
[2] SSD di Andrologia, IRCCS Policlinico di Sant'Orsola, Università di Bologna, Bologna, Italia

Introduzione e obiettivi
Il priapismo ischemico prolungato determina nella maggior parte dei casi una disfunzione erettile irreversibile. Il posizionamento differito di una protesi peniena risulta spesso tecnicamente complesso a causa della fibrosi cavernosa che si sviluppa nel tempo. Per tale ragione viene suggerito l'impianto precoce di protesi peniena. Tuttavia, tale approccio può comportare la perdita definitiva di una eventuale residua funzione erettile spontanea. I dati in letteratura sulla soddisfazione dei pazienti sottoposti a impianto precoce sono limitati. Scopo dello studio è stato valutare, mediante questionario validato, sessualità e qualità di vita dei pazienti sottoposti a impianto immediato di protesi peniena soffice durante il trattamento del priapismo.

Materiali e metodi
Sono stati inclusi e analizzati i risultati di 13 pazienti sottoposti, tra il 2015 e il 2026, presso il nostro Centro, a impianto immediato (entro 96 ore dall'esordio del priapismo ischemico) di protesi peniena soffice (Zephyr ZSI 100 CF). Tutti i pazienti hanno compilato il questionario validato Quality of Life and Sexuality with Penile Prosthesis Questionnaire, che attribuisce un punteggio compreso tra 0 e 80 (valori più elevati indicativi di maggiore soddisfazione). È stata inoltre valutata la presenza di erezione fisiologica complementare.

Risultati
Il punteggio mediano del questionario è stato pari a 55 (IQR 38–65). Nove pazienti (69,2%) hanno riportato un punteggio ≥50, indicativo di buona soddisfazione globale. I punteggi più bassi sono stati osservati principalmente nelle dimensioni relative alla soddisfazione del partner e all'impatto psicologico e sociale del dispositivo. Sette pazienti (53,8%) hanno riferito la presenza di erezione fisiologica complementare.

Conclusioni
I nostri dati mostrano un buon livello di soddisfazione globale nella maggior parte dei pazienti. L'impianto precoce di protesi peniena soffice consente, in una quota di pazienti, il mantenimento di un'erezione fisiologica complementare, prevenendo al contempo l'accorciamento penieno secondario alla fibrosi cavernosa. Nonostante alcune criticità negli aspetti relazionali e psicologici, la protesi peniena soffice rappresenta una valida opzione terapeutica per il recupero della funzione sessuale in pazienti con priapismo ischemico prolungato.

Lo studio ha avuto finanziamenti: No

Codice: C14

TITOLO

Dual dimensions of care: assessing sexual dysfunction and mood together

AUTORI

Fausto Negri[1,3], Edoardo Pozzi[1], Massimiliano Raffo[1], Alessandro Bertini[1], Ciro Piccolo[1], Marco Oddo[1], Gabriele Birolini[1], Simona De Luca[1], Luca Boeri[2], Richard Sucapuca[1], Alessia d'Arma[1], Michael L. Eisenberg[3], Francesco Montorsi[1], Andrea Salonia[1]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] IRCCS Fondazione Ca' Granda, Milan, Italy
[3] Stanford University, Stanford, CA, USA

INTRODUCTION

Sexual dysfunction in men can impact emotional well-being, often leading to mood disturbances. This study aims to explore whether different validated questionnaires for assessing sexual dysfunction capture distinct nuances of mood alterations associated with impaired sexual health.

METHODS

Data from 570 patients presenting with sexual dysfunction were analyzed. All patients underwent comprehensive diagnostic assessment. Comorbidities were scored using Charlson Comorbidity Index (CCI). Mood deflection was evaluated using Beck Inventory Depression (BDI), while sexual function was assessed using both the International Index of Erectile Function (IIEF), including its five domains (erectile function [EF], orgasmic function [OF], intercourse satisfaction [IS], overall satisfaction [OS], and sexual desire [SD]), and the Male Sexual Health Questionnaire (MSHQ), comprising four domains (EF, ejaculatory function [EjF], satisfaction [ST] and SD). In this study, IIEF-IS and IIEF-OS domains were compared with the ST domain of MSHQ. Linear regression analyses were conducted to evaluate associations between each sexual function domain and BDI.

RESULTS

Median (IQR) age was 48 (36–59) years. Of 570, 412 (72.3%) men reported having a stable sexual relationship. Overall, BMI was 25.1 (23.2–27.5) kg/m^2; 94 (16.5%) patients had a CCI ≥1. Across all four models, lower sexual function was significantly associated with higher mood deflection symptoms. Both MSHQ-EF ($\beta = -0.31$, $p<0.001$) and IIEF-EF ($\beta = -0.14$, $p=0.004$) domains depicted a significant negative association with BDI. Similarly, satisfaction domains (MSHQ-ST: $\beta = -0.32$, $p<0.001$ vs IIEF-IS/OS: $\beta = -0.29$, $p<0.001$) and SD domain (MSHQ-SD: $\beta = -0.49$, $p<0.001$ vs IIEF-SD: $\beta = -0.86$, $p<0.001$) demonstrated a significant negative association, which was also observed between MSHQ-EjF and IIEF-OF domains and BDI ($\beta = -0.12$, $p=0.02$ vs $\beta = -0.26$, $p=0.04$). Although effect sizes were modest (R^2 range 0.01–0.07), all associations indicated that worse sexual function profiles were consistently associated with more relevant mood deflection across both questionnaires.

CONCLUSIONS

Sexual dysfunction exerts a negative influence on multiple dimensions and has a measurable impact on mood. Both instruments demonstrated a comparable ability to detect associations between sexual dysfunction and mood deflection, thereby reinforcing their clinical utility. This consistency supports their application, including contexts where sexual orientation is relevant.

Lo studio ha avuto finanziamenti: No

Codice: C15

TITOLO

Corporal Flow Reserve Assessed via Dynamic Penile Color Doppler Duplex Ultrasound: Translating a Cardiological Paradigm to Evaluate Arteriogenic Erectile Dysfunction

AUTORI

Edoardo Pozzi[1,2], Marco Oddo[1,2], Alessandro Bertini[1,2], Ciro Piccolo[1,2], Massimiliano Raffo[1,2], Fausto Negri[1,2], Gabriele Birolini[2], Simona De Luca[2], Luca Boeri[3], Richard Sucapuca[2], Alessia d'Arma[2], Francesco Montorsi[1,2], Andrea Salonia[1,2]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] Division of Experimental Oncology/Unit of Urology, Urological Research Institute, IRCCS Ospedale San Raffaele, Milan, Italy
[3] IRCCS Fondazione Ca' Granda, Policlinico di Milano, Milan, Italy

INTRODUCTION

Coronary Flow Reserve, the ratio of maximal to baseline coronary blood flow, is a validated marker of endothelial and microvascular dysfunction in cardiology. Since penile arteries share similar endothelial pathophysiology with coronary vessels, we translated this concept to assess penile vascular reserve capacity, introducing Corporal Flow Reserve (CFR). We investigated the distribution of CFR and its association with arteriogenic erectile dysfunction (ED) in men consecutively undergoing dynamic penile color Doppler ultrasound (CDDU) at a single academic center.

METHODS

Data from 478 men complaining of ED who underwent CDDU were analyzed. Sociodemographic, clinical characteristics, serum hormones and penile hemodynamic parameters were collected. Peak systolic velocity (PSV) was measured at baseline and 20 minutes after intracavernosal injection of 20 mcg Alprostadil. CFR was calculated as the ratio of PSV at 20 minutes to PSV at baseline for each cavernosal artery. Arteriogenic ED was defined as average PSV <35 cm/s at 20 minutes. Men with venous leak (RI<85) who did not achieve maximal erection during CDDU were excluded. Descriptive statistics compared groups (arteriogenic vs non-arteriogenic ED). ROC analysis determined the optimal CFR cut-off using Youden's index. Multivariable logistic regression explored the predictive ability of CFR for arteriogenic ED.

RESULTS

Median (IQR) age was 53 (42.8–61) years. Median IIEF-EF score was 13 (7–21) and CFR 2.5 (1.8–4). Patients with arteriogenic ED (n=133, 27.9%) had lower CFR than non-arteriogenic ED: 2 (1.5–2.6) vs 2.8 (2–4.4), p<0.001. They were older 59 (50–64) vs 52 (40–60) years, had higher BMI 26.3 (24.3–29) vs 25 (23–27.1) kg/m², and lower tT 4.7 (3.5–6) vs 5.5 (4.2–7.3) ng/mL (all p<0.05). At univariable logistic regression, CFR was associated with arteriogenic ED (OR 0.67, 95% CI 0.57–0.79; p<0.001). ROC AUC was 0.692 (95% CI 0.636–0.747) with optimal cut-off 2.98 (sensitivity 83.5%, specificity 49%). At multivariable analysis, CFR remained associated with arteriogenic ED (OR 0.72, 95% CI 0.51–0.95; p=0.04) after adjusting for age, BMI, diabetes, LDL, hypertension and tT.

CONCLUSIONS

CFR is a novel quantitative hemodynamic parameter reflecting penile vascular reserve capacity. Lower CFR is independently associated with arteriogenic ED after adjusting for cardiovascular risk factors. This study represents the first application of the flow reserve concept from cardiology to andrology, potentially providing a new tool in ED work-up.

Lo studio ha avuto finanziamenti: No

Codice: C16

TITOLO

Validation of optimal peak systolic velocity thresholds for the diagnosis of arteriogenic erectile dysfunction via penile Color Doppler Duplex Ultrasound: insights from a single-center comparative cohort study

AUTORI

Edoardo Pozzi[1,2], Marco Oddo[1,2], Alessandro Bertini[1,2], Ciro Piccolo[1,2], Massimiliano Raffo[1,2], Fausto Negri[1,2], Gabriele Birolini[2], Simona De Luca[2], Luca Boeri[3], Richard Sucapuca[2], Alessia d'Arma[2], Francesco Montorsi[1,2], Andrea Salonia[1,2]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] Division of Experimental Oncology/Unit of Urology, Urological Research Institute, IRCCS Ospedale San Raffaele, Milan, Italy
[3] IRCCS Fondazione Ca' Granda, Policlinico di Milano, Milan, Italy

INTRODUCTION

Peak systolic velocity (PSV) at Color Doppler Duplex Ultrasound (CDDU) is widely used to diagnose arteriogenic erectile dysfunction (ED), yet thresholds differ. Traditional cut-offs (25, 30, and 35 cm/s) lack robust validation in large cohorts stratified by ED severity. We aimed to evaluate the diagnostic performance of established PSV cut-offs and identify the optimal threshold for severe arteriogenic ED in men undergoing CDDU.

METHODS

Data from 636 men undergoing CDDU were analyzed. Of 636, 514 (80.8%) men had ED (IIEF-EF<26) and 122 (19.2%) were controls with Peyronie's disease but without ED (IIEF-EF≥26). Patients with incomplete response (RI<0.85) were excluded. PSV was assessed 20 minutes after 20 mcg intracavernosal Alprostadil injection and manual stimulation. ED severity was classified according to Cappelleri's criteria. Descriptive statistics explored differences between groups and detailed PSV distribution across ED severity cohorts. Spearman correlation assessed the relationship between PSV and IIEF-EF. ROC curve analysis evaluated PSV diagnostic accuracy for severe ED (IIEF-EF≤11), with optimal cut-off determined using Youden's index. Sensitivity (SENS), specificity (SPEC), PPV and NPV were calculated for traditional cut-offs (25, 30, 35 cm/s).

RESULTS

Median (IQR) age was 54 (43–61) years. Among ED men the median IIEF-EF score was 17 (11–24). Median PSV decreased progressively with ED severity: 21.0 (16.0–25.0) cm/s in severe ED (n=151), 40.3 (31.5–50.6) cm/s in moderate ED (n=148), 45.2 (37.6–55.7) cm/s in mild ED (n=215), and 50.6 (41.2–60.0) cm/s in controls (n=122) (p<0.001). PSV strongly correlated with IIEF-EF scores (Spearman's rho=0.56, p<0.001). The area under the ROC curve for PSV in predicting severe ED was 0.91 (95% CI 0.88–0.94), with optimal cut-off of 26.0 cm/s (SENS 79.5%, SPEC 89.1%, PPV 69.4%, NPV 93.3%). Performance of traditional cut-offs was PSV <25 cm/s (SENS 76.8%, SPEC 89.9%); PSV <30 cm/s (SENS 82.1%, SPEC 82.9%); PSV <35 cm/s (SENS 88.7%, SPEC 74.4%).

CONCLUSIONS

PSV demonstrates excellent diagnostic accuracy for predicting severe ED. The data-driven optimal cut-off validates the traditional threshold of <25 cm/s, providing high specificity for identifying arterial insufficiency in men with severe ED. Higher cut-offs increase sensitivity but reduce specificity. Higher PSV values may still indicate arterial insufficiency in milder ED, warranting further investigation and clinical implications.

Lo studio ha avuto finanziamenti: No

Codice: C17

TITOLO

Early Multicenter Experience with the Adjustable Artificial Urinary Sphincter VICTO™ for the Treatment of Severe Male Stress Urinary Incontinence

AUTORI

Sollazzi Eleonora[1], Belkahia Ghali[2], Costa Grau Meritxell[3], Carracedo Calvo David[2], Martínez-Sapina Ignacio[4], González Dacal Juan Andrés[5], Alcaraz Asensio Antonio[3], González López Raquel[6], Del Olmo Duran Pedro [7], Peri Cusí Lluís[3], Zucchi Alessandro[1], Garcia Rojo Esther[2], Romero Otero Javier[2], Fraile Poblador Agustín [2]

[1] University Hospital of Pisa, Urology, Pisa, Italy
[2] ROC Clinic, Urology, Madrid, Spain
[3] Hospital Clinic of Barcelona, Urology, Barcelona, Spain
[4] Complejo Hospitalario Universitario de Vigo, Urology, Vigo, Spain
[5] Complejo Hospitalario Universitario de Pontevedra, Urology, Pontevedra, Spain
[6] Hospital Universitario Fundación Jiménez Díaz, Urology, Madrid, Spain
[7] Hospital Universitario Ramón y Cajal, Urology, Madrid, Spain

Introduction & Objectives

Severe male stress urinary incontinence (SUI) remains a challenging condition with a major impact on quality of life. The artificial urinary sphincter (AUS) is the standard treatment, and the AMS 800 (Boston Scientific) has long been considered the gold standard. However, it has relevant limitations, including revision rates, complications (urethral atrophy, erosion, infection, mechanical failure), and continence rates of 45–60%. The VICTO AUS (Promedon) is a preconnected three-component device with a self-sealing port allowing postoperative in-office pressure adjustment. This enables individualized urethral compression and may improve functional outcomes while reducing ischemic complications. The aim of this study was to evaluate the safety and outcomes of the VICTO AUS in a multicenter cohort of patients with severe SUI.

Materials & Methods

A multicenter retrospective analysis included patients with severe SUI who underwent VICTO AUS implantation between December 2023 and July 2025. Preoperative assessment included medical history, physical examination, urinalysis, bladder diary, urethrocystoscopy, and post-void residual. Continence outcomes were assessed using the 24-hour pad-weight test (24hPWT) and daily pad use. Complications were graded according to Clavien–Dindo. Postoperative adjustments and patient satisfaction were recorded.

Results

Twenty-seven patients underwent VICTO implantation; 15 (55.6%) had at least one risk factor such as prior prostate radiotherapy, urethral surgery, or sling placement. Median follow-up was 5.8 months (IQR 2.2; range 2.2–16.4). No intraoperative complications or postoperative urinary retention occurred. Postoperative complications occurred in 5 patients (18.5%): one minor (Clavien–Dindo ≤II) and four major (Clavien–Dindo III). Two devices were explanted, one due to pump infection and one due to urethral erosion. After activation, 85.2% of patients required at least one refill and 55.6% two or more (median 2; IQR 1–2; range 0–4). Median 24hPWT decreased from 765 g (IQR 450–1200) to 40 g (IQR 10–118), and pads/day from 4 (IQR 3–5) to 1 (IQR 1–2) ($p<0.001$). Except for the two therapeutic failures, 92.6% of patients reported satisfaction.

Conclusions

The VICTO™ AUS appears safe and effective with high patient satisfaction. Most patients required at least one postoperative adjustment.

Lo studio ha avuto finanziamenti: No

Codice: C18

TITOLO

Association Between Isolated Postprandial Dyslipidemia And Erectile Dysfunction

AUTORI

Celeste Manfredi[1], **Simone Tammaro[1],** Giampiero Della Rosa[1], Lorenzo Spirito[1], Lorenzo Romano[1], Andrea Rubinacci[1], Carmelo Quattrone[1], Francesco Bottone[1], Marco Falcone[2], Javier Romero Otero[3], Davide Arcaniolo[1], Marco De Sio[1]

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy
[2] Department of Urology, A.O.U. Città della Salute e della Scienza, Turin, Italy
[3] Department of Urology, HM Hospitales, Madrid, Spain

Introduction

Erectile dysfunction (ED) has been consistently associated with dyslipidemia and lipid assessment is traditionally performed in the fasting state. However, the clinical relevance of fasting measurements has been increasingly questioned. Recent evidence suggests that non-fasting lipid levels may be equivalent, or potentially superior, in predicting cardiovascular risk. The aim of this study was to evaluate the frequency and severity of ED in men with isolated postprandial dyslipidemia (PPD) compared to subjects without PPD.

Methods

We conducted an observational study enrolling consecutive men ≥18 years old from an outpatient clinic. ED was diagnosed (≤21 points) and graded using the five-item International Index of Erectile Function (IIEF-5). Dyslipidemia was defined according to Adult Treatment Panel III criteria. Serum lipids were measured in fasting (9 hours from last meal) and postprandial (2 hours from last meal) states on the same day. Clinical and metabolic variables were recorded.

Results

Sixty-seven men were included. Isolated PPD was identified in 37 subjects, while 30 did not show postprandial dyslipidemia. The two groups did not significantly differ in age, body mass index, or other investigated ED risk factors. No significant differences were observed in fasting lipid levels between groups ($p>0.05$). The TyG index was similar ($p=0.332$). ED was detected in 26 (70.3%) men with PPD and in 9 (30.0%) men without PPD ($p=0.041$). Median IIEF-5 score was significantly lower in the PPD group compared to controls (19 vs 23 points; $p=0.037$).

Conclusions

Men with isolated PPD showed a higher prevalence of ED and lower IIEF-5 scores compared to men without PPD. Further studies are warranted to confirm these findings.

Lo studio ha avuto finanziamenti: No

Codice: C19

TITOLO

Sexual Dysfunction in Patients with Well-Compensated Chronic Liver Disease: The Role of Etiology, Mediterranean Diet, and Quality of Life

AUTORI

Lorenzo Romano[1], Andrea Rubinacci[1], **Simone Tammaro[1],** Lorenzo Spirito[1], Lorenzo Romano[1], Carmelo Quattrone[1], Francesco Bottone[1], Davide Arcaniolo[1], Celeste Manfredi[1], Marco De Sio[1]

[1] Department of Woman Child General and Specialized Surgery, Urology Unit, University of Campania Luigi Vanvitelli, Naples, Italy

Introduction

Sexual dysfunction (SD) is common in patients with chronic liver disease (CLD). The aims of this study were:

1. to assess the prevalence of SD in patients with well-compensated CLD;
2. to determine whether metabolic dysfunction-associated steatosic liver disease (MASLD) represents a risk factor for SD;
3. to evaluate the role of adherence to the Mediterranean diet (MD) and quality of life (QoL).

Methods

This multicentre, cross-sectional observational study included 207 adult patients with Child–Pugh A CLD (123 males, 84 females; median age 57 years); 96 had MASLD and 111 non-MASLD aetiologies. SD was assessed using the International Index of Erectile Function (IIEF-15) in men and the Female Sexual Function Index (FSFI-19) in women. Adherence to the Mediterranean diet was evaluated using the MD score. QoL was assessed with the Short Form-12 (SF-12), including Physical (PCS) and Mental (MCS) Component Summary scores. Multivariate logistic regression analysis was performed to identify independent predictors of SD; results were expressed as odds ratios (OR) with 95% confidence intervals (CI). A p-value <0.05 was considered statistically significant.

Results

Overall SD prevalence was 157/207 (75.8%): 68/84 women (80.9%) and 89/123 men (72.3%). SD prevalence was higher in MASLD compared to non-MASLD patients (86/96 [89%] vs 71/111 [64%], p<0.001). In women, multivariate analysis showed that body mass index (OR 0.779, 95% CI 0.640–0.948, p=0.013) and MCS (OR 0.840, 95% CI 0.741–0.953, p=0.007) were protective factors, whereas age (OR 1.115, 95% CI 1.040–1.263, p=0.006) and type 2 diabetes mellitus (OR 120.894, 95% CI 1.396–10.741, p=0.035) were independent predictors of SD. In men, age (OR 1.088, 95% CI 1.032–1.148, p=0.002) and MASLD (OR 4.075, 95% CI 1.120–14.828, p=0.033) were risk factors, while PCS (OR 0.928, 95% CI 0.865–0.995, p=0.036) and disease duration (OR 0.393, 95% CI 0.187–0.822, p=0.013) were protective. Adherence to the Mediterranean diet was lower in MASLD patients (p=0.004) but was not an independent predictor of SD.

Conclusions

Among patients with well-compensated CLD, the prevalence of sexual dysfunction is high, particularly in those with MASLD. Quality of life significantly influences sexual function, whereas adherence to the Mediterranean diet does not appear to be an independent protective factor. Systematic evaluation of sexual function in this population is recommended to allow early diagnosis and management.

Lo studio ha avuto finanziamenti: No

Codice: C20

TITOLO

Climacturia after Laser Enucleation for Benign Prostatic Obstruction: A Novel Analysis of Incidence and Early Recovery

AUTORI

Ilaria Elena Zais[1], Nicolò Schifano[2], Sara Baldini[1], Matteo Coschignano[1], Alessio Villano[3], Matteo Broggini[1], Giuseppe Gianesini[2], Paolo Capogrosso[1,2], Federico Dehò[1,2]

[1] Università degli Studi dell'Insubria, Varese, Italy
[2] ASST Sette Laghi, Varese, Italy
[3] Università degli Studi di Brescia, Brescia, Italy

Background

Climacturia is defined as an orgasm disorder (OD) characterized by orgasm-associated urinary leakage. This entity has been extensively reported after radical prostatectomy but has never been systematically described following endoscopic laser enucleation for benign prostatic obstruction (BPO). With the growing diffusion of Holmium (HoLEP) and Thulium (ThuLEP) laser techniques, the evaluation of postoperative functional outcomes, including sexual function, has become increasingly relevant.

Methods

We conducted a prospective study including 202 patients undergoing laser enucleation for BPO. Preoperative clinical, functional and anatomical parameters were collected. The incidence of climacturia was assessed at 3, 6, 9 and 12 months postoperatively and logistic regression analysis was performed including only preoperative predictors.

Results

Orgasm-associated incontinence occurred in 16% of patients (33/201) at 3 months. Larger prostate volume was identified by multivariate analysis as the only independent predictor of early climacturia (OR 1.01; 95% CI 1.00–1.02; p=0.015). Age and BMI showed no association with the event. At 12 months climacturia resolved in all cases.

Conclusions

Orgasmic disorders following prostatic surgery have been thoroughly analyzed in the field of radical prostatectomy; this study provides the first systematic description of climacturia following laser enucleation. The condition appears relatively common in the early postoperative months, although self-limiting, with complete recovery within one year. According to our analysis, larger prostate volume might predispose patients to early postoperative climacturia. Physicians should consider such orgasmic disorders to better counsel patients both preoperatively and immediately postoperatively regarding potential bothersome changes in overall sexual function.

Lo studio ha avuto finanziamenti: No

Codice: C21

TITOLO
Il counseling nelle partner di pazienti sottoposti a prostatectomia radicale robot assistita nerve sparing: valutazione clinica

AUTORI
D'Achille G., Miacola C., Saraceno T., Guglielmi G., Spilotros M., Lucarelli G., Ditonno P., Marialexandra Papadopoulos.

Urologia Universitaria Policlinico di Bari

Introduzione
Le disfunzioni sessuali della sfera femminile sono patologie molto diffuse ma non completamente conosciute. Nel DSM-IV (American Psychiatric Association, 1994) le disfunzioni sessuali femminili sono definite come disturbi del desiderio sessuale che determinano cambiamenti psicologici nei rapporti interpersonali. L'ICD-10 (International Classification of Disease, 1992) ha definito la disfunzione sessuale come diversi modi nei quali un individuo non riesce a partecipare ad una relazione sessuale nel modo in cui desidererebbe. L'approccio a queste problematiche richiede la compartecipazione di più specialisti e una valutazione anamnestica, obiettiva, laboratoristica e strumentale. Alcuni reports hanno riferito come il 20% delle partner di uomini sopra la quinta decade di vita soffra di problematiche sessuali. Partendo da questo presupposto, abbiamo valutato l'incidenza delle disfunzioni sessuali femminili nelle partner stabili di pazienti sottoposti a prostatectomia radicale robotica nerve sparing (RARPNS), cercando di comprendere se tale valutazione possa rappresentare un criterio aggiuntivo nella selezione dei candidati a procedura nerve sparing.

Materiali e metodi
Dal giugno 2021 al giugno 2022 sono stati considerati 51 pazienti (età media 59 anni; range 42–64) sottoposti a RARPNS e le rispettive partner (età media 45 anni; range 40–63). Nella valutazione preoperatoria sono stati somministrati IIEF-15 e Lisat-5 agli uomini e FSFI-19 alle donne. Tutto il campione femminile è stato sottoposto ad anamnesi volta a escludere patologie neuro-endocrine correlate a disfunzioni sessuali. Sono state escluse donne con precedenti interventi ginecologici, terapia ormonale sostitutiva o FSFI alterato in tutti i domini. Trentuno pazienti presentavano stadiazione clinica T1NXMX e 20 T2NXMX. Tutti avevano criteri di eleggibilità per chirurgia nerve sparing. In 31 pazienti è stata eseguita RARP nerve sparing bilaterale e in 20 monolaterale.

Risultati
In 9 donne (17%) il FSFI non evidenziava alterazioni sessuali. In 12 (23%) era presente una notevole insoddisfazione della vita sessuale, in 9 (17%) una moderata insoddisfazione, in 6 (11%) una riduzione del desiderio sessuale e in 15 (29%) una marcata riduzione dell'orgasmo. I risultati mostravano una correlazione con l'età anagrafica delle pazienti. In nessun caso erano presenti patologie neurologiche o endocrinologiche in grado di spiegare i disturbi riportati. L'IIEF postoperatorio risultava nella norma in 24/27 pazienti (47%).

Conclusioni
La valutazione sessuale femminile dovrebbe essere sempre eseguita nel contesto della chirurgia prostatica radicale nerve sparing. Solo nel 17% dei casi non sono state rilevate alterazioni sessuali al questionario FSFI preoperatorio, con stabilità nel postoperatorio. Nell'83% dei casi erano invece presenti problematiche sessuali femminili sia pre che post intervento. Le disfunzioni sessuali femminili risultano correlate all'età e interessano prevalentemente desiderio ed eccitazione sessuale. Una valutazione multidisciplinare della sessualità di coppia potrebbe rappresentare un utile supporto nella selezione e nel follow-up dei pazienti candidati a RARPNS.

Codice: C22 – NON PRESENTATO

Codice: C23

TITOLO
Implantation of a Zephyr Penile Prosthesis 100 FTM in the Neophallus: Case Report and Review of the Literature

AUTORI
Patrizio Vicini[1], **Giulia Provenza[2],** Riccardo Danuso[2], Sara Tomasella[2], Alessandra Sartorel[2], Giovanni Liguori[2]

[1] Saint Camillus University, Rome Unicamillus, Rome, Italy
[2] Urologic Clinic, Department of Medicine, Surgery and Health Sciences, University of Trieste, Trieste, Italy

Abstract
Penile prosthesis implantation in the neophallus remains one of the most challenging steps in genital gender-affirming surgery due to the absence of corporal cavernosa and tunica albuginea. We report the case of a 36-year-old transgender man who underwent implantation of a Zephyr ZSI 100 FtM malleable prosthesis after neophallus reconstruction using Pryor's suprapubic flap and Norfolk glans sculpting. Through a right inguinal approach, the device was anchored to the pubic periosteum without catheter or drain placement. At 12 months, the prosthesis was stable, complication-free, and allowed satisfactory penetrative intercourse. Dedicated devices may enhance fixation reliability and functional outcomes.

1. Introduction
Phalloplasty represents a key step in genital gender-affirming surgery for transgender men, enabling the construction of a neophallus for aesthetic, urinary, and sexual purposes. However, achievement of penetrative rigidity typically requires penile prosthesis implantation. This procedure is technically demanding because the neophallus lacks corpora cavernosa and tunica albuginea, and scar tissue may exhibit reduced vascularization and immune response, increasing the risk of complications and potentially shorter device longevity compared with implantation in a native penis [1–5].
Historically, hydraulic prostheses designed for cisgender men (e.g., AMS 700, Coloplast Titan) were adapted for implantation in the neophallus. In the absence of corpora cavernosa and tunica albuginea, additional synthetic sleeves or caps were often employed to provide structural support. However, these adaptations were associated with mechanical instability and higher rates of device-related complications, including dislocation and perforation [4,5]. To overcome these anatomical and biomechanical limitations, dedicated devices such as the Zephyr ZSI 475 FtM and ZSI 100 FtM were subsequently developed [1–4,6].

2. Case Presentation
A 36-year-old transgender man on long-term testosterone therapy, with a medical history significant only for dyslipidemia, presented with the desire to develop penetrative sexual function. He had previously undergone chest masculinization surgery, hysteroannessiectomy, and phalloplasty using Pryor's suprapubic flap 24 months earlier. Six months before prosthesis implantation, he underwent glans sculpting according to the Norfolk technique to refine distal contour and aesthetic appearance. The interval between glans reconstruction and prosthesis implantation allowed adequate tissue healing and stabilization of the distal neophallus before device placement.
Preoperative evaluation demonstrated a stable neourethra without strictures or fistulas, the ability to void while standing, and no evidence of active infection. After counseling regarding risks, benefits, and alternatives, implantation of a Zephyr ZSI 100 FtM malleable penile prosthesis was elected. The decision to implant a malleable device was guided by patient preference and by the intention to favor mechanical simplicity and minimize potential device-related complications.
The procedure was performed under general anesthesia through a right inguinal incision, allowing exposure of the pubic symphysis. The ZSI 100 FtM single-cylinder device with integrated proximal anchoring plate was inserted into the neophallus and secured to the pubic periosteum using four non-absorbable sutures to ensure stable fixation.

No urethral catheter or surgical drain was placed at the end of the procedure. The postoperative course was uneventful, and the patient was discharged on postoperative day 3. At 12-month follow-up, the prosthesis remained well-positioned and functional, providing satisfactory rigidity for sexual intercourse without evidence of infection, erosion, or mechanical failure. The patient reported high satisfaction and regular sexual activity without device-related discomfort.

3. Discussion

Implantation of penile prostheses in the neophallus presents specific anatomical and biomechanical challenges due to the absence of corpora cavernosa and tunica albuginea: the need to create an artificial prosthetic cavity, the requirement for stable fixation, and adequate distal support to minimize erosion and perforation [1–4].

Before the availability of dedicated devices, inflatable prostheses originally designed for cisgender men (e.g., AMS 700 and Coloplast Titan) were implanted off-label in the neophallus. To enhance mechanical stability and mitigate the risk of distal erosion or perforation, synthetic sleeves or caps were often employed as adjunctive measures [4,5].

In recent years, Zephyr Surgical Implants (ZSI, Geneva, Switzerland) has developed prostheses specifically designed for transgender men undergoing phalloplasty, including the ZSI 475 FtM inflatable model and the ZSI 100 FtM malleable model. Both devices incorporate an integrated proximal anchoring plate intended for fixation to the pubic periosteum, aiming to enhance mechanical stability and eliminate the need for synthetic sleeves. In addition, they are equipped with a dedicated distal system to reduce the risk of erosion or perforation [1–4,6].

The ZSI 475 FtM features a hydraulic system with a testicle-shaped pump designed to improve cosmetic integration within the neo-scrotum [1–3,5]. In contrast, the ZSI 100 FtM provides a mechanically simpler, semirigid alternative that avoids hydraulic components. Although the absence of a fully flaccid state may affect aesthetic satisfaction, malleable implants remain a viable option in selected cases, including patients at increased risk of infection or following inflatable device failure [6], consistent with broader experience with semirigid prostheses [7].

Published series of Zephyr implantation report generally satisfactory functional outcomes and acceptable device survival rates. Nevertheless, complication rates remain clinically significant, particularly during the surgeon's learning curve. Reported adverse events include infection, erosion or exposure, dislocation, and mechanical malfunction [1–6,9]. Importantly, the available evidence is limited by retrospective design, small patient cohorts, and relatively short follow-up durations, and comparative studies between Zephyr and other prosthetic systems are still lacking [1–4]. Furthermore, psychosexual outcomes and quality-of-life measures are inconsistently reported despite their importance in transgender care [3,4].

4. Conclusion

Zephyr penile prostheses represent a dedicated option for recreating erectile function in the neophallus, incorporating a fixation system tailored to transgender anatomy. This case demonstrates a feasible surgical approach with satisfactory early and mid-term outcomes. However, complication rates reported in the literature remain non-negligible, and larger prospective multicenter studies are required to better define long-term safety, durability, and patient-reported outcomes [1–4,6,9].

Lo studio ha avuto finanziamenti: No

Codice: C24

TITOLO
Use of ultrasonic torsional device during penoscrotal vaginoplasty surgery with scrotal skin graft for male to female sexual characters reassignment

AUTORI
Alessandra Sartorel[1], Giulia Provenza[1], Sara Tomasella[1], Riccardo Danuso[1], Giovanni Liguori[1], Patrizio Vicini[2]

[1] UNITS Department of Urology
[2] UNITORVERGATA / UNICAMILLUS Roma Department of Urology

Introduction/Objectives
Gender-affirming surgery has significantly evolved in recent years, with increasing focus on safety and functional outcomes. Penoscrotal vaginoplasty with scrotal skin graft remains one of the most established techniques for male-to-female reassignment. Alongside surgical advances, interest has grown in tools that enhance precision and reduce tissue trauma. Ultrasonic torsional devices are particularly valuable, as they allow simultaneous dissection and hemostasis, especially in the anatomically complex genital region. This study aimed to describe the benefits of their systematic use during vaginoplasty, evaluating their impact on operative time, blood loss, and postoperative recovery.

Materials and Methods
From January 2019 to March 2023, 20 patients aged 19–28 years underwent penoscrotal vaginoplasty according to international eligibility criteria. All procedures were performed by the same surgical team using a standardized technique with an ultrasonic torsional device in key phases. A heart-shaped perineoscrotal incision allowed flap harvesting and preparation of vulvovaginal structures. Bilateral orchiectomy preserved peritesticular fat for labia minora reconstruction. The neovaginal cavity was created between the prostate and rectum with careful dissection to minimize risks. The urethra was isolated maintaining adequate length, while clitoroplasty required precise dissection of the neurovascular bundle to preserve sensation. Resection of the corporal bodies and urethral reconstruction improved vestibular expansion. Final vulvoplasty defined aesthetic outcomes, using scrotal tissue for labia minora. The ultrasonic device enabled precise dissection with continuous hemostasis throughout the procedure.

Results
The device significantly reduced intraoperative blood loss by combining cutting and coagulation, while also minimizing thermal damage. Operative time was shorter, leading to reduced anesthesia exposure and improved early recovery.
Ultrasonic energy offers advantages in genital reconstructive surgery, including cleaner dissection, reduced thermal injury, and improved hemostasis, consistent with existing literature. However, the study is limited by its descriptive design and lack of a control group, and further comparative studies with long-term follow-up are needed.

Conclusions
The use of an ultrasonic torsional device in penoscrotal vaginoplasty proved safe and effective, improving hemostasis, reducing operative time, and enhancing recovery.
Lo studio ha avuto finanziamenti: No

Codice: C25

TITOLO

Spermatic cord block as a treatment modality in chronic scrotal pain: a tertiary referral center study

AUTORI

Massimiliano Raffo[1,2], Doron Vantman Luft[3], Paula Izquierdo[3], Josvany Rene Sanchez Curbelo[3], Maurizio De Rocco Ponce[3], Luis Malca Caballero[3], Jose Antonio Arrus Soldi[3], Ricardo Contreras Garcia[3], Sebastian Dumas[3], Gabi Adalid[3], Francesco Montorsi[1,2], Andrea Salonia[1,2], Eduard Ruiz-Castañe[3]

[1] Division of Experimental Oncology/Unit of Urology; URI; IRCCS Ospedale San Raffaele, Milan, Italy
[2] University Vita-Salute San Raffaele, Milan, Italy
[3] Fundaciò Puigvert, Andrology Department, Universitat Autònoma de Barcelona, Instituto de Investigaciones Biomédicas Sant Pau (IIB-Sant Pau), Barcelona, Spain

Introduction

Chronic scrotal pain (CSP) is a multifactorial and often idiopathic condition that significantly affects quality of life in men. Treatment algorithms remain undefined, and conservative therapies are frequently ineffective. The aim of this study was to characterize the clinical profile of men with CSP and to evaluate therapeutic responses to spermatic cord block with local anesthesia at a tertiary referral center.

Materials and Methods

We retrospectively assessed data from 30 men with CSP who underwent spermatic cord block injections between 2019 and 2024 at a single academic institution. Exclusion criteria included previous vasectomy. Demographic and clinical variables, pain characteristics, treatment response, number of injections, complications, and use of adjunctive therapies were systematically recorded.

Results

Patients had a median age of 50 years (SD: 14.2); 18 (60%) had a history of pelvic or genital surgery, notably 8 men (44.4%) underwent inguinal hernioplasty and 6 (33.3%) varicocelectomy. CSP was unilateral in 26 men (86.7%) and bilateral in 4 patients (13.3%), with an initial mean VAS of 5.6 (SD: 2.2). The average duration of pain before treatment was 32.8 months (SD: 40.2). A total of 76 injections were administered, with a median of 3 injections per patient (SD: 1.4), ranging from 1 to 7, and a mean interval between injections of 56.4 days (SD: 102.8).

After the first injection, 25 (83.3%) patients reported pain improvement with a mean VAS reduction to 2.4 (SD: 2.5). Seventeen patients (58.6%) initially experienced pain relief following the injection, but pain returned to baseline levels after a few hours. At the end of treatment, 11 men (38%) reported complete pain resolution, 9 (31%) partial improvement, and 9 (31%) no improvement, with a mean final VAS of 2.5 (SD: 2.6). Complications included spermatic cord hematoma in 3 (10%) cases. Seven patients (24%) who failed to respond were referred for specialized pain management, and 4 patients (13.4%) underwent microsurgical denervation, with 3 (75%) achieving complete pain resolution.

Conclusion

Spermatic cord block is a moderately effective and low-risk intervention for CSP in selected patients, particularly those who do not respond to conservative therapy and lack identifiable organic causes.

Lo studio ha avuto finanziamenti: No

Codice: C26

TITOLO

PENILE CARCINOMA IN A PATIENT WITH RECURRING URETHRAL STRICTURE DISEASE ASSOCIATED WITH LICHEN SCLEROSUS: A CASE REPORT

AUTORI

Dalila Carino[1], Vincenzo Cangemi[2], Stefano Toso[3], Omid Sedigh[4], Enzo Palminteri[2,3]

[1] Department of Maternal Infant and Urologic Sciences, University of Rome La Sapienza, Rome, Italy
[2] Department of Urology, Humanitas Cellini Hospital, Turin, Italy
[3] Department of Urology, University of Modena e Reggio Emilia, Modena, Italy
[4] Urology and Reconstructive Andrology Department, Humanitas Gradenigo Hospital, Torino, Italy

Introduction and objectives

Lichen Sclerosus is a chronic inflammatory disease of the male genital tract, frequently associated with urethral stricture and recognized as a risk factor for penile carcinoma. Oncological diagnosis may be delayed, particularly in patients lost to follow-up. The aim of this report is to describe a case of penile carcinoma arising in a patient with a long-standing history of urethral stricture associated with Lichen Sclerosus, highlighting the clinical implications for long-term surveillance.

Materials and methods

A male patient was diagnosed with urethral stricture disease and treated with meatotomy in 2006, followed by three Direct Vision Internal Urethrotomies (DVIU) between 2011 and 2012 and subsequent urethral dilatations. In 2016, he underwent Johanson penile urethrostomy and bulbar urethroplasty with a ventral buccal mucosa graft. Histological examination demonstrated Lichen Sclerosus. Postoperative follow-up showed marked improvement in urinary flow and quality of life. From 2017 onward, the patient was lost to follow-up.

Results

In January 2026, the patient returned for evaluation due to the development of a painful, pruritic, ulcerated nodular lesion located between the glans and foreskin. Abdominal magnetic resonance imaging (MRI) revealed a heterogeneous mass measuring 2.2 × 3.5 cm on the right side of the glans, associated with bilateral inguinal lymphadenopathy suggestive of secondary involvement. While awaiting completion of staging with total body computed tomography, the patient underwent partial penectomy with immediate neoglans reconstruction using a split-thickness skin graft (STSG) harvested from the right thigh with a dermatome, according to the reconstructive technique originally described by Palminteri et al. [1]. Definitive histopathological examination revealed a keratinizing squamous cell carcinoma, pT2, G2.

Conclusions

This case supports the association between Lichen Sclerosus, urethral stricture, and increased risk of penile carcinoma. Loss to follow-up may contribute to delayed oncological diagnosis. Long-term clinical surveillance and a high index of suspicion for malignant transformation are essential in patients with urethral stricture disease associated with Lichen Sclerosus.

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Codice: C27

TITOLO
L'uso innovativo della frazione vascolare stromale Hy-Tissue nel trattamento dei pazienti affetti da malattia di Peyronie: serie di casi monocentrica

AUTORI
Giuseppe Guglielmi, Umberto Carbonara, Carlos Miacola, Marco Spilotros, Giuseppe Lucarelli, Pasquale Ditonno, Teresa Saraceno, **Giuseppe Dachille,** Marialexandra Papadopoulos.

Urologia Policlinico di Bari

Introduzione
La terapia con cellule staminali che utilizza la frazione vascolare stromale (SVF) comprende una miscela di cellule staminali derivate dal tessuto adiposo, cellule precursori endoteliali e cellule immunomodulatrici che agiscono in modo sinergico per facilitare l'angiogenesi e la differenziazione delle cellule epiteliali. Questa tecnologia rappresenta un'opzione interessante per i disturbi sessuali maschili che richiedono la ricostituzione della vascolarizzazione e del rivestimento endoteliale, come la malattia di Peyronie (PD).

Obiettivo
L'obiettivo di questa serie di casi è descrivere i risultati preliminari dell'utilizzo della SVF nel trattamento della malattia di Peyronie.

Metodi
Questo case series monocentrico ha incluso cinque uomini che hanno ricevuto una singola iniezione di SVF tra settembre 2025 e ottobre 2025. Tutti i pazienti presentavano una curvatura peniena complessa o severa dovuta a PD stabilizzata da oltre sei mesi. Nessuno ha ricevuto altri trattamenti infiltrativi o con onde d'urto. La singola iniezione è stata eseguita all'interno della placca utilizzando un dispositivo certificato chiamato Hy-Tissue SVF. Si tratta di un dispositivo medico monouso a circuito chiuso per il processamento del tessuto adiposo lipoaspirato, destinato all'impianto autologo in un'unica fase chirurgica. Il tessuto iniziale non è sottoposto a manipolazioni sostanziali; tuttavia, il processo (filtrazione e centrifugazione) rientra tra le manipolazioni minime elencate nel Regolamento (CE) 1394/2007.
La tecnica prevedeva una liposuzione per rimuovere 50 ml di grasso attraverso un'incisione addominale, seguita da microframmentazione manuale e microfiltrazione attraverso una rete da 120 micron. Il campione risultante veniva raccolto in siringhe da 20 ml e centrifugato a 1800 rpm per 10 minuti, ottenendo 15 ml di tessuto adiposo mesenchimale con SVF, di cui 8 ml utilizzati per la singola iniezione.

Risultati
I dati non mostrano reazioni avverse al trattamento con SVF. Quattro pazienti su cinque hanno sperimentato un miglioramento della curvatura peniena, con un paziente che ha mostrato la completa risoluzione delle placche. La funzione sessuale, misurata tramite IIEF-5, ha evidenziato un miglioramento medio significativo di 7 punti. Le dimensioni delle placche, valutate mediante ecografia, si sono ridotte significativamente al follow-up a 2 mesi.
Un paziente non ha mostrato benefici in termini di curvatura o funzione sessuale. Lo studio è limitato dalla ridotta dimensione del campione; pertanto, le conclusioni su sicurezza ed efficacia devono essere interpretate con cautela.

Conclusioni
Sebbene diverse discipline mediche stiano esplorando l'uso della SVF in varie patologie, i dati preclinici e clinici sulla sua applicazione nella disfunzione sessuale maschile sono ancora limitati. I risultati preliminari mostrano esiti promettenti in termini di curvatura peniena e qualità della funzione sessuale.

Codice: C28

TITOLO

Targeting the acute phase of Peyronie's disease: preliminary experience with Perovial®, a novel hyaluronic acid formulation

AUTORI

Marco Falcone[1,2,3], Lorenzo Cirigliano[4,5], Massimiliano Raffo[6,7], Mirko Preto[4], Massimiliano Timpano[8]

[1] Urology Clinic - A.O.U. "Città della Salute e della Scienza" - Molinette Hospital, University of Turin, Turin, Italy
[2] Department of Urology, Biruni University, School of Medicine, Istanbul, Turkey
[3] Neurourology Clinic - A.O.U. "Città della Salute e della Scienza" - Unità Spinale Unipolare, Turin, Italy
[4] Urology Clinic - A.O.U. "Città della Salute e della Scienza" - Molinette Hospital, University of Turin, Turin, Italy
[5] Pediatric Urology - A.O.U. "Città della Salute e della Scienza" - Ospedale Infantile Regina Margherita, Turin, Italy
[6] Division of Experimental Oncology/Unit of Urology; URI; IRCCS Ospedale San Raffaele, Milan, Italy
[7] University Vita-Salute San Raffaele, Milan, Italy
[8] Medical Director at MediCare - Center for Sexual and Reproductive Medicine, Turin, Italy

Introduction and aims

Peyronie's disease (PD) in its acute phase may be characterized by pain, progressive curvature, and active inflammation, with limited effective treatment options. Intralesional therapies are mainly indicated in the chronic phase, while management of acute PD remains controversial. The aim of this study was to show the preliminary results in the treatment of PD in the acute phase with Perovial® (0.8% highly purified sodium hyaluronate, 16 mg/2 mL; IBSA, Lodi, Italy), a new hyaluronic acid specifically designed for PD.

Materials and methods

We retrospectively evaluated data from 22 patients with acute-phase PD treated with weekly intraplaque injections of Perovial® for 10 sessions. Eligibility criteria included penile pain, disease duration ≤12 months, and presence of a palpable plaque, while patients with stable disease, calcified plaques, or prior treatments were excluded. Treatment was combined with daily penile modeling, stretching exercises, and vacuum therapy.

Penile curvature was assessed using Doppler ultrasound with pharmacologically induced erection, while pain was measured using a visual analogue scale (VAS) and symptom burden through the Peyronie's Disease Questionnaire (PDQ). Statistical analysis was performed using nonparametric tests (Wilcoxon test), with $p<0.05$ considered significant.

Results

The median age of patients was 55 years (IQR 51–57) with a median baseline curvature of 43° (IQR 31–63). Five patients (22.7%) were smokers, 1 (4.5%) had diabetes, and 2 (9%) presented cardiovascular disease or a history of penile trauma. Nineteen patients (86.3%) had dorsal curvature, while 3 (13.7%) presented lateral curvature.

Median baseline curvature was 43° (IQR 30–62), which decreased to 28° (IQR 18–59). Pain, assessed by VAS, improved from a median of 4 (IQR 4–5) to 2 (IQR 1–4). No serious adverse events occurred; minor complications were reported in 2 patients (9%), consisting of transient ecchymosis.

After treatment, 19 patients (86.3%) showed curvature improvement, with a median reduction of 15° (IQR 8–19.5) ($p=0.01$). Pain significantly decreased from a median VAS of 4 (IQR 4–5) to 2 (IQR 1–4) ($p=0.01$). Significant improvements were observed across all PDQ domains ($p<0.001$).

Conclusions

Perovial® intraplaque injections combined with mechanical therapy appear to be a safe and potentially effective treatment for acute-phase PD, providing significant improvements in penile curvature, pain, and patient-reported outcomes.

Lo studio ha avuto finanziamenti: No

Codice: C29

TITOLO

Impact of body fat and body fact distribution on testicular function in men with primary infertility

AUTORI

Fausto Negri[1,3], Edoardo Pozzi[1], Massimiliano Raffo[1], Ciro Piccolo[1], Alessandro Bertini[1], Marco Oddo[1], Christian Corsini[1], Gabriele Birolini[1], Simona De Luca[1], Luca Boeri[2], Richard Sucapuca[1], Rayan Matloob[1], Alessia d'Arma[1], Michael L Eisenberg[3], Francesco Montorsi[1], Andrea Salonia[1]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] IRCCS Fondazione Ca' Granda, Milan, Italy
[3] Stanford University, Stanford, CA, USA

INTRODUCTION AND OBJECTIVES

Obesity is a major contributor to male infertility risk. Furthermore, sperm function seems particularly influenced by patterns of body fat distribution, which may affect key infertility markers. We aimed to examine the association between anthropometric parameters and both exocrine and endocrine testicular function in a cohort of men presenting with primary couple's infertility linked to male factor infertility (MFI).

METHODS

Data from 2808 white-European, non-Finnish men with MFI were analyzed. All patients underwent a comprehensive diagnostic work-up. Specifically, BMI, neck and waist circumference, and waist-to-height ratio (WtHR) were considered as anthropometric parameters. According to WHO 2021 criteria, the following cut-off values were applied to identify measurements above reference limits: 20 million for total motile sperm count (TMSC), 39 million for total sperm count, and 30% for progressive sperm motility. Descriptive statistical analyses were applied for the entire cohort, and correlations between semen and hormonal parameters and anthropometric measures were assessed and visualized using a correlation map.

RESULTS

Of 2808 men, the median (IQR) age was 37 (33–41). When stratified by TMSC, men with lower TMSC had higher BMI (25.1 [23.3–27.1] vs. 24.7 [23–26.6] kg/m²; p=0.002), higher waist circumference (94 [87–101] vs. 92 [86–99] cm, p=0.008), and higher WtHR (0.53 [0.49–0.57] vs. 0.52 [0.48–0.55], p=0.002). When stratified by total sperm count, men below the reference value had higher BMI (25.3 [23.3–27.4] vs. 24.7 [23–26.8] kg/m²; p<0.001), greater waist circumference (95 [87–101] vs. 93 [86–99] cm, p<0.001), and higher WtHR (0.53 [0.49–0.57] vs. 0.52 [0.48–0.56], p<0.001). When stratified by progressive motility, men with lower sperm motility had higher BMI (25.4 [23.4–27.4] vs. 24.8 [23.2–26.9] kg/m²; p=0.023). No significant differences were detected in neck circumference or total serum testosterone across any stratification. Figure 1 shows strength and direction of associations, as defined by Pearson's coefficient, between anthropometric parameters and testis functions.

CONCLUSIONS

The current analysis suggests that obesity, as assessed through anthropometric measures, may influence testicular function in multiple ways. Indices of central obesity demonstrated strong associations with all evaluated exocrine parameters.

Lo studio ha avuto finanziamenti: No

Codice: C30

TITOLO

Second semen analysis after first assessment: Challenging the current European Association of Urology guidelines using a trial emulation design study

AUTORI

Fausto Negri[1,3], Edoardo Pozzi[1], Massimiliano Raffo[1], Alessandro Bertini[1], Ciro Piccolo[1], Marco Oddo[1], Christian Corsini[1], Gabriele Birolini[1], Simona De Luca[1], Luca Boeri[2], Richard Sucapuca[1], Rayan Matloob[1], Alessia d'Arma[1], Michael L Eisenberg[3], Francesco Montorsi[1], Andrea Salonia[1]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] IRCCS Fondazione Ca' Granda, Milan, Italy
[3] Stanford University, Stanford, CA, USA

INTRODUCTION

In the context of male infertility, whether a single test is sufficient when semen analyses are normal according to WHO reference criteria remains a matter of debate. Current EAU guidelines recommend not repeating semen analysis if the initial test is within normal limits. This study aims to investigate if infertile men with first semen parameters at or above WHO reference limits mat still deserve a second semen test.

METHODS

Data from 2,070 consecutive infertile men at a single tertiary referral center were analyzed. All patients underwent at least one semen analysis, evaluated according to WHO 2021 criteria. Two groups were defined: i) normal, when all parameters were at or above the reference limits; and ii) abnormal, when at least one parameter was below the reference limits. We employed a synthpop-based trial simulation across 1,000 iterations to model two scenarios: i) testing both groups; and ii) guideline adherence (testing only group 2). This statistical analysis was used to estimate the diagnostic yield under both scenarios.

RESULTS

Overall, the median (IQR) age was 37 (34–41) years and total motile sperm count 12 mln (1.5–46.9). Men with abnormal semen analysis were older than those with normal semen analysis (37 [34–41] vs 36 [32–40] yrs, p=0.034), had a higher BMI (25.2 [23.4–27.4] vs 24.7 [22.8–26.6], p=0.030), and a significantly higher rate of hypertension (9.2% vs 0.8%, p=0.003). Men with abnormal semen analysis also showed a higher prevalence of chromosomal abnormalities (2% vs 0.8%, p=0.004), cryptorchidism (14.5% vs 1.7%, p<0.001) and reduced testicular volume (15 [12–20] vs 20 [15–25] Prader, p<0.001). To quantify missed diagnoses under guideline-based screening, trial simulations estimated that adherence to guidelines (group 2) would fail to detect 16.4% (95% CI: 15.5–17.3%) of semen abnormalities upon repeat analysis. Conversely, repeating the test when the initial semen analysis was altered resulted in a normal semen analysis in 2.5% (1.7–2.9%) of group 1 and 2.4% (1.8–3%) of group 2 (Figure 1).

CONCLUSION

Application of current guidelines would miss approximately one in six cases of semen test worsening at second analysis. These findings challenge current recommendations and suggest that revised criteria may be considered for specific subgroups of infertile men.

Lo studio ha avuto finanziamenti: No

Codice: C31

TITOLO

Missed karyotype abnormalities and Y-chromosome microdeletions in male infertility: trial simulation challenges current European Association of Urology guidelines genetic testing thresholds

AUTORI

Edoardo Pozzi[1,2], Fausto Negri[1,2], Massimiliano Raffo[1,2], Alessandro Bertini[1,2], Marco Oddo[1,2], Ciro Piccolo[1,2], Gabriele Birolini[2], Simona De Luca[2], Luca Boeri[3], Richard Sucapuca[2], Alessia d'Arma[2], Francesco Montorsi[1,2], Andrea Salonia[1,2]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] Division of Experimental Oncology/Unit of Urology, Urological Research Institute, IRCCS Ospedale San Raffaele, Milan, Italy
[3] IRCCS Fondazione Ca' Granda, Policlinico di Milano, Milan, Italy

INTRODUCTION

Current EAU guidelines recommend karyotyping for infertile men with sperm concentrations <5 million/mL and Y-chromosome microdeletion testing for ≤1 million/mL, with consideration between 1–5 million/mL. The proportion of genetic diagnoses missed under guideline-adherent versus universal screening remains unknown. We used synthpop-based trial simulation to quantify diagnostic yield loss, providing estimates with confidence intervals unattainable from observational data alone.

METHODS

We analyzed 641 consecutive white-European infertile men who underwent comprehensive genetic screening (karyotype and Y-microdeletion testing). We employed trial simulation across 1000 iterations to model three scenarios: (1) testing all; (2) inclusive guideline adherence (Y-microdeletions for <5 million/mL); and (3) strict guideline adherence (Y-microdeletions only for ≤1 million/mL, karyotype for <5 million/mL). This statistical approach estimated diagnostic yield under each scenario with quantified uncertainty through confidence intervals.

RESULTS

Overall, median (IQR) age was 36 years (33–40) and sperm concentration 1.8 mln/mL (0.3–6.7). Of all, 53 (8.3%) men with genetic abnormalities were detected (i.e., 22 [3.4%] with Y chromosome microdeletions and 35 [5.5%] with karyotype abnormalities). Detection rates varied by sperm concentration: 12.6% (non-obstructive azoospermia), 8.9% (≤1 million/mL), 10.4% (1–5 million/mL), and 3.7% (≥5 million/mL). Men with genetic abnormalities had significantly lower median (IQR) sperm concentration: 1.0 (0.1–2.0) vs 1.8 (0.3–6.7) million/mL, p=0.012; and smaller mean testicular volume: 12 (4.5–12) vs 12 (10–20) mL, p=0.003. To quantify missed diagnoses under guideline-based screening, trial simulation across 1000 iterations estimated that strict guidelines (scenario 3) would fail to detect 20.6% of genetic abnormalities (95% CI: 7.5–35.8%), including Y-microdeletions and karyotype abnormalities. Inclusive guidelines (scenario 2) would reduce missed diagnoses to 7.2% (95% CI: 3.8–18.8%).

CONCLUSIONS

Strict application of current guidelines (Y-microdeletions only for ≤1 million/mL, karyotype for <5 million/mL) would miss one in five genetic diagnoses. Expanding testing to <5 million/mL reduces this to one in fourteen. The trial simulation methodology provides more robust estimates of missed diagnoses with quantified uncertainty. These findings challenge threshold-based screening recommendations and suggest cutoffs may be reconsidered.

Lo studio ha avuto finanziamenti: No

Codice: C32

TITOLO

Risultati clinici del sistema Remeex® nel trattamento dell'incontinenza urinaria maschile da sforzo: esperienza monocentrica

AUTORI

Giada Macrì[1], Eleonora Sollazzi[1], Matteo Pacini[1], Alessandro Perotti[1], Alessandro Zucchi[1], Riccardo Bartoletti[1]

[1] Azienda Ospedaliero Universitaria Pisana

INTRODUZIONE

L'incontinenza urinaria da sforzo (IUS) maschile rappresenta una complicanza relativamente frequente dopo chirurgia prostatica e può compromettere significativamente la qualità di vita. Il sistema Remeex® è uno sling sottouretrale regolabile inizialmente sviluppato per il trattamento dell'incontinenza urinaria femminile e successivamente adattato all'utilizzo nell'uomo. Tuttavia, le evidenze disponibili nella popolazione maschile sono ancora limitate. Scopo del presente studio è valutare efficacia e sicurezza del sistema Remeex® nel trattamento dell'IUS maschile nella nostra esperienza iniziale.

MATERIALI E METODI

È stato condotto uno studio osservazionale retrospettivo su 11 pazienti sottoposti a impianto di sling regolabile Remeex® per IUS maschile tra maggio 2024 e febbraio 2026. L'età media era di 75 ± 4 anni (70–84) e il follow-up medio di 9,7 ± 6,4 mesi (1–21). L'eziologia dell'incontinenza era rappresentata da prostatectomia radicale nel 90,9% dei pazienti (n = 10) e da enucleazione prostatica con laser ad olmio (HoLEP) nel 9,1% (n = 1). La gravità dell'incontinenza è stata valutata mediante numero di pad/die e, quando disponibile, tramite pad test delle 24 ore. L'endpoint primario era la continenza sociale (0–1 pad/die). Gli endpoint secondari includevano guarigione completa, miglioramento clinico (riduzione ≥50% del numero di pad), numero di regolazioni postoperatorie e complicanze.

RISULTATI

Il numero mediano di pad/die si è ridotto significativamente da 4 (IQR 2–5) nel preoperatorio a 1 (IQR 1–1) al follow-up (test di Wilcoxon, p = 0,003). La continenza sociale è stata ottenuta nell'81,8% dei pazienti (n = 9), di cui il 18,2% (n = 2) completamente continenti. Un miglioramento ≥50% delle perdite è stato osservato nell'81,8% dei pazienti (n = 9). Complessivamente, il 90% dei pazienti (n = 9) ha richiesto almeno una regolazione postoperatoria, con una media di 1,5 regolazioni per paziente. È stata osservata una sola complicanza (9,1%; n = 1), consistente in ematoma scrotale autorisolto (Clavien–Dindo I). Non sono state osservate erosioni uretrali né necessità di revisione chirurgica o espianto del dispositivo.

CONCLUSIONI

Nella nostra esperienza preliminare, il sistema Remeex® ha mostrato risultati funzionali promettenti e un profilo di sicurezza favorevole. Saranno necessari campioni più ampi e follow-up prolungato per confermare questi risultati.

Lo studio ha avuto finanziamenti: No

Codice: C33

TITOLO

Predictors of Treatment Regret after Laser Enucleation of the Prostate for Benign Prostatic Obstruction: choosing between Micturition and Antegrade Ejaculation

AUTORI

Ilaria Elena Zais[1], Nicolò Schifano[2], Sara Baldini[1], Matteo Coschignano[1], Alessio Villano[3], Matteo Broggini[1], Giuseppe Gianesini[2], Paolo Capogrosso[1,2], Federico Dehò[1,2]

[1] Università degli Studi dell'Insubria, Varese
[2] ASST Sette Laghi, Varese
[3] Università degli Studi di Brescia

BACKGROUND

Anatomical endoscopic laser enucleation of the prostate (AEEP) is recognized as a first-line surgical treatment for benign prostatic obstruction (BPO), however the loss of antegrade ejaculation is a frequent condition post-operatively. The aim of this study was to analyze data on possible regret and the factors that might influence patient's dissatisfaction.

METHODS

We analyzed data from a prospectively maintained database, including 202 consecutive patients treated in the same institution, either with holmium or thulium laser AEEP for BPO. Preoperative and perioperative clinical and functional data, including the International Prostate Symptom Score (IPSS) and Sexual Encounter Profile (SEP) 2-3 questionnaire, were collected. All patients were reassessed at regular follow-up visits after surgery. Treatment regret was evaluated at 12 months postoperatively with a dedicated questionnaire during a routinary urologic check-up. Logistic regression analysis was used to identify preoperative and postoperative predictors of regret.

RESULTS

Overall, 75 (37%) and 127 (63%) patients were treated with HoLEP and ThuLEP, respectively. Median (IQR) age was 71 (65, 75) years with a body mass index (BMI) of 22.4 (20.6, 25.8). Patients had a high median prostate volume [94 (65, 113) ml] with a median PSA of 3.3 (1.4, 6.9) ng/mL and an IPSS of 20 (11, 25). A total of 118 (58%) patients were sexually active with normal erection according to SEP 2-3 questions. Dissatisfaction with the loss of antegrade ejaculation was reported by 24% (N=49) of the patients, with 46% (N=92) of them reporting being sexually active after surgery. Upon logistic regression, younger age (OR 1.13; 95% CI 1.06–1.20; $p<0.001$) and being sexually active preoperatively (OR 0.39; 95% CI 0.17–0.89; $p=0.025$) were identified as independent predictors of regret. No differences were reported for the type of laser enucleation nor significant postoperative complications influenced regret.

CONCLUSIONS

This study reports how younger patients and those who were sexually active preoperatively are more likely to regret the loss of ejaculation. Preoperative counseling should consider ejaculation-sparing techniques for selected patients to more effectively tailor patient management.

Lo studio ha avuto finanziamenti: No

Codice: C34

TITOLO

Surgical outcomes of genital reconstructive surgery using the anterolateral thigh (ALT) flap: results from our center

AUTORI

Falcone M[1,2,3], Preto M[1], Cirigliano L[1,4], Zupo E[1], Plamadeala N[1], **Scavone M**[1], Raffo M[1,5], Della Rosa G[1,6], Bartolini S[1], Gontero P[1]

[1] Urology Clinic - A.O.U. "Città della Salute e della Scienza" - Molinette Hospital, University of Turin, Turin, Italy
[2] Department of Urology, Biruni University, School of Medicine, Istanbul, Turkey
[3] Neurourology Clinic - A.O.U. "Città della Salute e della Scienza" - Unità Spinale Unipolare, Turin, Italy
[4] Pediatric Urology - A.O.U. "Città della Salute e della Scienza" - Ospedale Infantile Regina Margherita, Turin, Italy
[5] University Vita-Salute San Raffaele, Milan, Italy
[6] University San Federico, Naples, Italy

INTRODUCTION

Phalloplasty represents a complex procedure within the field of genital reconstructive and gender-affirming surgery in AFAB (assigned female at birth) patients. The anterolateral thigh (ALT) flap has been proposed as an alternative to the radial forearm flap (RFF), in order to reduce donor-site visibility. The aim of this study is to analyze our center's experience with ALT flap phalloplasty, evaluating patient characteristics, etiology, and surgical outcomes.

MATERIALS AND METHODS

We retrospectively evaluated data from patients who underwent ALT flap phalloplasty between January 2020 and May 2025. Clinical data were collected from patients' medical records. Surgical outcomes evaluated included operative time, length of hospital stay, neophallus length, and postoperative complications classified according to the Clavien–Dindo system.

RESULTS

A total of 16 patients were included. 2 (10%) patients were smokers, 4 (25%) had arterial hypertension, and none had diabetes or chronic renal insufficiency. The primary indication was gender genital affirming surgery in AFAB patients (12, 75%), followed by genital reconstruction after penectomy due to malignancy or trauma (3, 18%) and congenital micropenis (1/16, 7%). In 3 cases (18%), surgery was performed as salvage phalloplasty after previous failed procedures. In all patients, the ALT flap was based on a single vascular pedicle, corresponding to the descending branch of the lateral circumflex femoral artery. The median neophallus length was 13 cm (IQR 12–14). Median operative time was 288.5 minutes (IQR 260–310), while the mean length of hospital stay was 9.7 days (IQR 8–12). No intraoperative complications occurred. Early postoperative complications were observed in 6 patients (37%), mostly classified as Clavien–Dindo grade I (5/6). Only one major complication (grade IIIb) was recorded, requiring surgical revision with neophallus amputation. In one case (1/16, 7%), complete phallic reconstruction with simultaneous urethral creation using the "tube-in-tube" technique was performed.

CONCLUSIONS

ALT flap phalloplasty represents a valid alternative to RFF phalloplasty across different etiologies, including salvage cases. As a pedicled rather than free flap, it does not require microvascular anastomosis. The outcomes observed at our center are consistent with those reported in the literature, with acceptable operative times, relatively short hospital stay, and a low rate of major complications.

Lo studio ha avuto finanziamenti: No

Codice: C35

TITOLO

OLTRE IL PARADIGMA DELLA ICSI: ANALISI CLINICA SULL'INTEGRAZIONE DELL'ANDROLOGO NEI PERCORSI DI PMA E SULLA PROPENSIONE ALLO SCREENING SISTEMICO

AUTORI

Kinzikeeva Ella[1], Menozzi Massimo[1], Gastaldi Christian[1], Abdrakhimov Ruslan[3], Vardikian Andranik[3], Terzoni Stefano[2], Pini Giovannalberto[1], Sangalli Mattia Nicola[1], Perri Davide[1], Calcagnile Tommaso[1], Paffoni Alessio[1], Bianchi Marco Claudio[1], Pavlov Valentin[3], Bozzini Giorgio[1], Maruccia Serena[1]

[1] ASST Lariana, Unità Operativa Complessa di Urologia / Centro PMA, Cantù (CO), Italia
[2] Università degli Studi di Milano, Dipartimento di Scienze Biomediche per la Salute, Milano, Italia
[3] Bashkir State Medical University (BSMU), Clinica di Urologia, Ufa, Russia

INTRODUZIONE ED OBIETTIVI

Sebbene la componente maschile sia determinante nella salute riproduttiva, persiste una carenza strutturale di specialisti andrologi nei centri di Procreazione Medicalmente Assistita (PMA); già Nangia et al. (2010) evidenziavano la presenza di soli 197 andrologi per 390 centri statunitensi. Nell'attuale era della Iniezione Intracitoplasmatica dello Spermatozoo (ICSI), il partner maschile viene spesso ridotto a mero fornitore di gameti, privandolo di screening essenziali per rischi oncologici, cardiovascolari e metabolici correlati infertilità. Il presente studio si propone di indagare l'attitudine dei pazienti verso la valutazione andrologica come strumento di prevenzione e di identificare le strategie per ottimizzare l'integrazione multidisciplinare.

MATERIALI E METODI

L'indagine ha coinvolto 30 soggetti afferenti a un centro clinico di PMA (giugno-luglio 2025). Attraverso un questionario qualitativo strutturato (10 min), sono stati analizzati i profili socio-demografici, la cronicità infertilità e la percezione della figura andrologica. I criteri di inclusione prevedevano la padronanza della lingua italiana e il consenso al trattamento dei dati. L'analisi è stata focalizzata sulla variazione della consapevolezza preventiva post-counselling specialistico.

RISULTATI

Il campione presentava un'età media di 38,2±6,08 anni, con una durata media di infertilità di 3,17±2,86 anni (range 0,5-10) e una prevalenza di infertilità primaria dell'80%. Al basale, è emersa una totale assenza di monitoraggio andrologico preventivo annuale: il 63% consultava lo specialista solo in fase sintomatica e il 73% afferiva alla valutazione attuale unicamente su input ginecologico. Tuttavia, l'attenzione del centro verso l'area andrologica ha ricevuto un punteggio di 9,34±1,19/10. Significativamente, dopo il colloquio specialistico, il 93% dei pazienti ha manifestato una solida propensione agli screening annuali e il 90% ha riportato un maggiore coinvolgimento attivo (engagement) nel trattamento. Il 97% ha confermato la necessità di un andrologo strutturato nel team del centro.

CONCLUSIONI

L'analisi documenta un marcato sottoutilizzo della diagnostica preventiva nell'uomo infertile. Pertanto, l'integrazione dell'andrologo nei centri PMA non rappresenta solo un'istanza dell'utenza, ma una priorità clinica per la tutela della salute globale maschile. Superare l'attuale modello assistenziale focalizzato sul fattore femminile è fondamentale per approdare a una medicina della riproduzione realmente multidisciplinare, capace di migliorare l'alleanza terapeutica e prevenire le comorbidità sistemiche nel partner maschile.

Lo studio ha avuto finanziamenti**:** No

Codice: C36

TITOLO

Predictors of successful penile block using local anaesthetics for adult circumcision

AUTORI

Alessio Villano[1], Nicolò Schifano[2], Maria Grazia Alberio[2], Sara Baldini[1], Matteo Coschignano[1], Simone Persico[1], **Ilaria Elena Zais[1],** Gabriele Antonini[2], Paolo Capogrosso[1,2], Federico Dehò[1,2]

[1] Università degli Studi dell'Insubria
[2] ASST Sette Laghi, Varese

INTRODUCTION

Although circumcision typically allows for performing the procedure using penile block with local anaesthetics (LA), offering an effective analgesia while reducing the possible systemic side-effects of general anaesthesia (GA) and allowing for shorter recovery, very few studies investigated on this matter. We aimed to evaluate: a) the outcomes of LA circumcisions vs. those being performed under GA, and b) the possible predictors of a successful LA.

METHODS

A retrospective analysis was conducted on 101 patients undergoing circumcision at our institution from 2020 to 2025. The primary endpoint was to define the predictors of a successful penile block using LA, defined as no-need for conversion to GA. We aimed also to define if the type of anaesthesia being adopted had any impact on the time to perform the procedure, being defined as the surgical time + the time to obtain an effective analgesia. Complications were evaluated based on the Clavien-Dindo classification. Descriptive statistics was used to describe the data. Mann-Whitney test was used to compare the median procedure-time in the LA- vs the GA- penile procedures. Univariate binomial logistic regression analyses were performed to define whether age predicted possible GA conversion.

RESULTS

The median (interquartile range-IQR) age of the patients was 39 (21.5-66.5) years old. 87 and 14 patients underwent the circumcision under LA and GA, respectively. Overall, 23 procedures (26%) initially being performed under LA required conversion to GA. The median (IQR) procedure time was 38.5 (35-50) and 40 (38.5-48) minutes in the LA vs. GA group, respectively (p=0.5). At the univariate analysis, a younger age predicted an higher likelihood of GA conversion (OR 2.0, p=0.006). Overall, 10 patients had pain requiring the use of on-demand oral analgesics, 5 had circumcision-infection requiring antibiotics, and one required surgical revision due to penile haematoma.

CONCLUSIONS

These data seem to suggest that there may not be significant difference in terms of number of circumcisions being performed in an unit of time if the procedure is performed under LA vs. GA. Although LA seems safe and feasible for any patient undergoing a circumcision, and with a relatively-low probability of needing to convert to GA, some patient-related characteristics including a younger age should be considered in the counseling of these patients.

Lo studio ha avuto finanziamenti: No

Codice: C37

TITOLO

Prime evidenze degli effetti delle Microplastiche sulla Funzione Erettile in giovani maschi. EcoFoodFertility project

AUTORI

Salvatore Raimondo[1], **Mariacira Gentile[2],** Marina Piscopo[3], Maria Ricciardi[4], Raffaella Gentile[1], Paola Rapisarda[5], Gea Oliveri Conti[5], Margherita Ferrante[5], Alberto Gentile[1], Oriana Motta[6], Gennaro Maria Abagnale[1], Luigi Montano[7]

[1] Laboratorio "Gentile"- Centro Ricerche, Gragnano (NA), Italia
[2] Università degli Studi di Milano-Bicocca - Laboratorio di Medicina, Dip. di Medicina e Chirurgia, Italia
[3] Università degli Studi di Napoli "Federico II" - Dipartimento di Biologia, Italia
[4] Università degli Studi di Salerno - Dipartimento di Chimica e Biologia, Italia
[5] Università degli Studi di Catania – Dip. di Scienze Mediche, Chirurgiche e Tecnologia Avanzata, Italia
[6] Università degli Studi di Salerno - Dipartimento di Medicina Chirurgica e Odontoiatrica "Scuola Medica Salernitana", Italia
[7] Ospedale S. Francesco D'Assisi - Unit. di Andrologia e Servizio di Medicina dello Stile di Vita in UroAndrologia, Oliveto Citra (SA), Italia

INTRODUZIONE E OBIETTIVI

Molti studi riportano la presenza di microplastiche (MP) in tutto il corpo, interessando testicoli, spermatozoi e recentemente anche il pene, organo particolarmente vulnerabile alla contaminazione per l'elevato flusso sanguigno durante l'erezione. L'obiettivo di questo lavoro è valutare il loro effetto sulla Funzione Erettile (FE) e se le loro dimensioni hanno una valenza.

MATERIALI E METODI

51 ragazzi di età 28-32 anni (29,96 ± 1,88), riferivano Disfunzioni Erettile (DE) di vario grado. Esami: MP nel Siero (S) e nel Liquido Seminale (LS) a tempo 0 (T0); Testosterone totale (Tt; v.n. 300-1000 ng/dL) a T0 e dopo 30 giorni di terapia (T30) e la valutazione della funzione erettile con il questionario dell'Indice Internazionale di Funzione Erettile (IIEF-5; score: 22-25=nessuna DE; 17-21=DE lieve; 12-16=DE lieve-moderata; 8-11= DE moderata; 5-7= DE grave) a T0 e T30.
Lo studio è stato condotto secondo le linee guida e le norme descritte dal Codice Etico della World Medical Association (Dichiarazione di Helsinki). Tutti i partecipanti hanno letto e firmato un consenso informato.

RISULTATI

I valori di Tt a T0 = 336,51 ± 84,19. Le MP erano presenti sia in S che LS con dimensioni variabili. In base alle dimensioni delle MP i partecipanti sono stati suddivisi in: Gruppo A (27), diametro <10µm (2,23 ± 0,81) e Gruppo B (24), diametro >10µm (16,77 ± 5,86). Lo score dell'IIEF-5 a T0 = 8,25±1,47.
Tutti i partecipanti hanno utilizzato Testosterone (T) in gel (50mg /24h/30gg). I valori di Tt a T30 = 567,18 ± 101,51, indice di buon assorbimento del farmaco. Il questionario IIEF-5 T0 → T30: Gruppo A; 8,25 ± 1,47 --> 8,53 ± 1,27 (NS) e Gruppo B; 8,25 ± 1,47 --> 15,23 ± 2,28 ($p<0,0001$).

CONCLUSIONI

I dati indicano che le MP sono in grado di ridurre la produzione di Tt sia direttamente e/o come trasportatore di altre sostanze tossiche e i loro effetti possono manifestarsi con lesioni testicolari e/o disturbi sull'asse Ipofisi-Gonadi.
Gli effetti delle MP sulla DE, è più evidente in quei soggetti che hanno prevalenza di MP di diametro ridotto (gruppo A) e il non recupero come per il gruppo B, visto il Tt normalizzato con terapia a base di T, è ipotizzabile sia dovuta a danni all'endotelio e alla muscolatura liscia, impedendo il normale afflusso di sangue essenziale per l'erezione.
Il nostro studio aggiunge argomenti al dibattito in corso sugli effetti degli inquinanti ambientali sulla salute umana, con un focus specifico sulla salute sessuale maschile.

Lo studio ha avuto finanziamenti: No

Codice: C38 – NON PRESENTATO

Codice: C39

TITOLO

Beyond Reproduction: Male Infertility as a Sentinel Marker of Men's Health

AUTORI

Alberto Mariotti[1], Gemma Cianchi[2], Luisa Moscardi[2], Daniele Paganelli[2], Ilaria Natali[4], Maria Elisabetta Coccia[3], Fabrizio Travaglini[2], Alessandro Natali[2]

[1] Department of Urology, Apuane Hospital, Massa, Italy
[2] Oncologic Minimally Invasive Urology and Andrology Unit, Department of Experimental and Clinical Medicine, Careggi Hospital, University of Florence, Florence, Italy
[3] Department of Biomedical, Experimental and Clinical Sciences "Mario Serio", University of Florence, AOU Careggi, Florence, Italy
[4] Accademia Italiana di Ricerca in Seminologia (AIRS)

INTRODUCTION

Growing evidence has recently highlighted male infertility as a potential marker of overall systemic health. A consistent body of literature suggests an association between impaired semen parameters and increased cardiometabolic risk, metabolic syndrome, insulin resistance and diabetes. Moreover, male infertility has been linked to a higher incidence of certain malignancies, such as testicular and prostate cancer, and psychological burden (anxiety, depression, reduced quality of life). The aim of this study is to assess the overall health status of patients attending the Assisted Reproduction Urology Clinic of Careggi University Hospital and to compare it with that of the general Italian population.

MATERIALS AND METHODS

We analysed data about overall health status of 88 azoospermic patients (aged between 31 and 49 years, mean age 38 years) referring to the assisted reproduction Urology Clinic of Careggi University Hospital. These patients underwent TEsticular Sperm Extraction (TESE) or Testicular Fine Needle Aspiration (TEFNA) between 2018 and 2025. Patients' comorbidities were assessed, including developmental anomalies, oncological diseases, and chronic conditions requiring long-term pharmacological treatment. We analysed the shape of the empirical probability distribution of the comorbidity variable. We then compared our data to Italian epidemiological data (National Institute of Health – ISS, Epicentro, PASSI surveillance system).

RESULTS

Patients' comorbidities mainly consisted of hypercholesterolemia, hypertension, hypothyroidism, diabetes mellitus, asthma, and other allergic disorders. The empirical distribution was examined and distributional homogeneity was assessed by calculating the Gini index (0.49). It emerged that our study cohort had a significantly higher probability of presenting with at least one chronic condition (46% vs. 12.4%) and with multiple chronic conditions (15% vs. 1.9%) compared to the general Italian population in the 2023–2024 period.

CONCLUSIONS

This result supports the interpretation of male infertility as a potential marker of impaired general health, highlighting the need for a comprehensive and multidisciplinary approach to the evaluation of the infertile male, moving beyond an exclusively reproductive perspective. It also underscores the need for long-term follow-up aimed at assessing the overall health of infertile men, in addition to hormonal profiles and oncological risk.

Lo studio ha avuto finanziamenti: No

Codice: C40

TITOLO
Quando il peso conta davvero: impatto del BMI sugli outcome della chirurgia andrologica di routine

AUTORI
Massimo Menozzi, Christian Gastaldi, Filippo Orlandi, Daniele De Nicolo, Christian Carelli, Ilaria Ferrari, Matteo Maltagliati, Serena Maruccia, Ella Kinzikeeva, Nene Senee, Lorenzo Rivolta, Davide Perri, Giorgio Bozzini, Salvatore Micali
PRESENTA Alice Stradaioli

- Università di Modena e Reggio Emilia, Ospedale Sant'Anna (Como)
- ASST Lariana, Ospedale Sant'Anna (Como)
- Università di Modena e Reggio Emilia, Ospedale Civile di Baggiovara

INTRODUZIONE
L'obesità è sempre più frequente nella pratica andrologica quotidiana e può trasformare interventi considerati routinari in procedure tecnicamente più complesse, con un decorso post-operatorio più impegnativo per il paziente. Dolore, edema e tempi di recupero incidono direttamente sulla qualità dell'esperienza chirurgica. I dati sull'impatto del BMI sugli outcome della chirurgia andrologica restano tuttavia limitati. Scopo dello studio è valutare l'influenza dell'obesità sugli esiti intra- e post-operatori di circoncisione, idrocelectomia e varicocelectomia.

MATERIALI E METODI
Studio retrospettivo monocentrico condotto su 94 pazienti sottoposti a chirurgia andrologica tra maggio 2025 e dicembre 2025. I pazienti sono stati suddivisi in due gruppi in base al BMI: non obesi (BMI <30 kg/m², n=62) e obesi (BMI ≥ 30 kg/m², n=32). Gli interventi eseguiti comprendevano circoncisione (n=51), varicocelectomia (n=25) e idrocelectomia (n=18). Sono stati valutati tempo operatorio, difficoltà tecniche intraoperatorie, complicanze post-operatorie entro 30 giorni, dolore post-operatorio (VAS) e tempi di recupero.

RISULTATI
Nei pazienti obesi il tempo operatorio medio è risultato significativamente maggiore rispetto ai non obesi (61 $\pm$ 13 vs 47 $\pm$ 10 minuti; $p < 0,01$), soprattutto negli interventi scrotali. Le difficoltà tecniche intraoperatorie sono state osservate nel 28% dei pazienti obesi rispetto all'11% dei non obesi. Le complicanze minori si sono verificate nel 22% dei pazienti obesi contro il 10% dei non obesi, principalmente edema prolungato, ematoma e infezioni superficiali. Il dolore persistente a 7 giorni (VAS ≥ 4) è stato riportato dal 25% dei pazienti obesi rispetto al 14% dei non obesi, con tempi di recupero più lunghi (18 $\pm$ 6 vs 14 $\pm$ 5 giorni). Non sono state osservate complicanze maggiori.

CONCLUSIONI
Il BMI elevato influisce concretamente sugli outcome della chirurgia andrologica di routine, aumentando difficoltà tecniche e problematiche post-operatorie, pur mantenendo un buon profilo di sicurezza. Una pianificazione accurata e un counselling realistico risultano fondamentali per migliorare l'esperienza del paziente obeso.

Lo studio ha avuto finanziamenti: No

Codice: C41

TITOLO

Plaque Incision and Grafting Corporoplasty with Soft Axial Support: 20-Year Outcomes in Penile Curvature Correction

AUTORI

Pela Bisatti[1], **Angelo Orsini[2],** Giuseppe Torre[1], Paolo Minafra[1], Massimo Borrelli[3], Roberto Renzetti[2], Michele Rizzo[5], Giovanni Liguori[5], Antonio Vitarelli[1]

[1] Urology Unit, Mater Dei Hospital, Bari, Italy
[2] Department of Surgeries, Urology Unit, Santo Spirito Hospital, Pescara, Italy
[3] School of PhD Programmes Life Sciences and Technologies, University Magna Graecia of Catanzaro, Italy
[4] Department of Surgeries, Urology Unit, Santo Spirito Hospital, Pescara, Italy
[5] Department of Urology, University of Trieste, Trieste, Italy

INTRODUCTION AND OBJECTIVES

Plaque incision and grafting is an established surgical option for the correction of severe penile curvature in Peyronie's disease (PD), particularly in patients with preserved erectile function. However, this technique is associated with a relevant risk of postoperative erectile dysfunction and graft-related complications. The addition of soft axial support implants has been proposed to improve functional outcomes, but long-term data are limited.
The aim of this study was to evaluate the long-term efficacy, functional outcomes, and complication rates of plaque incision and grafting corporoplasty combined with soft axial support implants in patients with severe PD.

MATERIALS AND METHODS

We performed a single-center retrospective cohort study including 59 consecutive patients who underwent plaque incision and grafting corporoplasty with bilateral soft axial support implantation between 2004 and 2024. All patients presented with severe penile curvature (>60°) and preserved or mildly impaired erectile function preoperatively. Outcomes assessed included curvature correction, erectile function (IIEF-5), ability to achieve penetrative intercourse, patient satisfaction, and postoperative complications over long-term follow-up.

RESULTS

Mean patient age was 61 years. Complete curvature correction was achieved intraoperatively in all patients, with no cases of curvature recurrence or graft contracture during follow-up. At last evaluation, 52 patients (88%) maintained the ability to engage in penetrative intercourse and reported satisfaction with surgical outcomes. Erectile function was preserved in the majority, with no significant difference between pre- and postoperative IIEF-5 scores ($p > 0.05$). Seven patients (12%) required subsequent conversion to inflatable penile prosthesis due to severe erectile dysfunction or mechanical complications, including distal implant extrusion and graft-site tunical aneurysm. No infectious complications were observed.

CONCLUSIONS

Plaque incision and grafting corporoplasty with soft axial support implants provides durable correction of severe penile curvature with high long-term functional success and preservation of erectile function. This technique may represent a valuable length-preserving surgical option in selected PD patients with adequate baseline erectile function.

Lo studio ha avuto finanziamenti: No

Codice: C42

TITOLO
Virtual reality in the management of male sexual dysfunction: an updated narrative review of the literature

AUTORI
Pramod Krishnappa[2]; **Simone Tammaro**[1]; Andrea Rubinacci[1]; Lorenzo Spirito[1]; Lorenzo Romano[1]; Carmelo Quattrone[1]; Francesco Bottone[1]; Davide Arcaniolo[1]; Celeste Manfredi[1]; Marco De Sio[1]

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy
[2] Department of Urology and Reproductive Medicine, NU Hospitals, Orchidz Health, Bangalore, India

INTRODUCTION
Virtual reality (VR) is increasingly applied in several medical fields and its role in male sexual dysfunction (MSD) remains largely unexplored. Current diagnostic and therapeutic approaches for erectile dysfunction (ED), premature ejaculation (PE), and Peyronie's disease (PD) present clinical challenges. This narrative review aims to summarize the current evidence on the use of VR in the diagnosis and management of MSD and to highlight its potential clinical applications.

METHODS
A comprehensive bibliographic search was conducted in October 2024 using Google Scholar, PubMed, Scopus, and Web of Science. No chronological restrictions were applied. Predefined keywords related to VR and male sexual disorders were used. The PICO strategy included men with sexual dysfunction undergoing VR-based interventions, with or without comparison groups, and assessment of sexual outcomes. Prospective and retrospective studies were considered. After removal of duplicates and application of eligibility criteria, 13 studies were included.

RESULTS
Available evidence suggests that VR may support both diagnostic and therapeutic processes in MSD. VR-based audiovisual sexual stimulation has been explored to improve the assessment of erectile function, to evaluate sexual preferences, sexual aversion disorder, and sexually problematic behaviours in controlled and immersive environments. However, no specific guidelines for VR in sexual health are currently available.

CONCLUSIONS
VR represents a promising tool for the assessment and management of MSD although its integration into routine urological practice remains limited. Rigorous, large-scale, and standardized studies are required to validate efficacy, define protocols, and clarify cost-effectiveness before widespread clinical implementation.

Lo studio ha avuto finanziamenti: No

Codice: C43

TITOLO

Phenotyping testicular reserve: What real-life data reveal

AUTORI

Edoardo Pozzi[1], Fausto Negri[1], Massimiliano Raffo[1], Alessandro Bertini[1], Ciro Piccolo[1], Luca Boeri[2], Rayan Matloob[1], Alessia d'Arma[1], Massimo Alfano[1], Francesco Montorsi[1], Andrea Salonia[1]

[1] IRCCS Ospedale San Raffaele, Milan, Italy
[2] IRCCS Fondazione Ca' Granda, Milan, Italy

INTRODUCTION AND OBJECTIVES

We hypothesized that an integrated model combining anti-Müllerian hormone (AMH) measurement with testicular parameters could enable effective risk stratification of spermatogenic reserve, independent of traditional hormonal assessments.

METHODS

We analysed cross-sectional data from 1,085 white-European, non-Finnish men classified as fertile (n=116), primary male factor infertility (n=791), or non-obstructive azoospermia (n=178). Serum total testosterone (tT), AMH, testicular volume (TV; Prader's orchidometer) and age were considered primary predictors of spermatogenic reserve. Comorbidity burden was assessed via Charlson Comorbidity Index (CCI ≥1 vs. 0). Endocrine markers including FSH were excluded. Total motile sperm count (TMSC) was categorized as severe (≤1×10⁶), intermediate (1–20×10⁶), or preserved (≥20×10⁶). Logistic regression identified independent predictors of compromised reserve (TMSC <20×10⁶). Model performance was validated via AUC calculation of receiver operating characteristic curves.

RESULTS

Median age was 37 years (IQR 32–42), TV 16 mL (IQR 14–20), AMH 6.15 ng/mL (IQR 3.85–10.92), and TMSC 14.20×10⁶ (IQR 1.00–92.70). Multivariate analysis identified TV as the dominant predictor, with each 1-mL increase reducing the odds of TMSC <20×10⁶ by 17.5% (OR 0.83; 95% CI 0.80–0.85; p<0.001). AMH was independently associated with TMSC reduction (OR 0.82; 95% CI 0.68–0.99; p=0.041). Neither tT (p=0.914), age (p=0.159), nor CCI≥1 (p=0.228) independently predicted TMSC. Excluding FSH did not impair discrimination (AUC 0.79; 95% CI 0.76–0.82).
Risk stratification defined three phenotypes:

- **Low-risk** (n=146; 13.5%): TV 25.4 mL, AMH 8.97 ng/mL, 34.9% prevalence of TMSC <20×10⁶
- **Intermediate-risk** (n=322; 29.7%): TV 20.4 mL, AMH 7.07 ng/mL, 50.9% prevalence
- **High-risk** (n=617; 56.8%): TV 11.9 mL, AMH 5.97 ng/mL, 83.3% prevalence

TV and AMH differed significantly between fertility groups (p<0.001), even after adjusting for age and comorbidity.

CONCLUSIONS

AMH is an independent and underutilized biomarker of testicular spermatogenic reserve. An AMH-based model excluding FSH distinguished three risk phenotypes of impaired spermatogenesis. These results highlight AMH's role in male reproductive assessment and support prospective studies to define its clinical utility in managing men with impaired spermatogenesis.

Lo studio ha avuto finanziamenti: No

Codice: C44

TITOLO

Fatty liver index is associated with low serum total testosterone values in infertile men

AUTORI

Fausto Negri[1,3], Edoardo Pozzi[1], Massimiliano Raffo[1], Alessandro Bertini[1], Ciro Piccolo[1], Marco Oddo[1], Gabriele Birolini[1], Simona De Luca[1], Luca Boeri[2], Richard Sucapuca[1], Alessia d'Arma[1], Michael L. Eisenberg[3], Francesco Montorsi[1], Andrea Salonia[1]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] IRCCS Fondazione Ca' Granda, Milan, Italy
[3] Stanford University, Stanford, CA, USA

INTRODUCTION

Male factor infertility (MFI) is often associated with metabolic syndrome (MetS). Specifically, non-alcoholic fatty liver disease (NAFLD) is considered a hallmark of MetS. We aimed to investigate the relationship between NAFLD, assessed by fatty liver index (FLI), and both hormonal and semen parameters.

METHODS

Data from 1,318 men with MFI were analyzed. Patients underwent a comprehensive diagnostic work-up. Comorbidities were scored using the Charlson Comorbidity Index (CCI). FLI was calculated according to the algorithm proposed by Bedogni et al., based on BMI, waist circumference, serum triglycerides, and gamma-glutamyl transferase levels. The cohort was stratified according to FLI values, with FLI ≥60 indicating a high probability of NAFLD, while FLI between 30 and 60 represented a grey zone. Insulin resistance was estimated using the Homeostasis Model Assessment of Insulin Resistance (HOMA-IR). A total testosterone cut-off of 3.5 ng/mL was used to define hypogonadism. Descriptive statistics and logistic regression analyses were applied.

RESULTS

Of 1,318 patients, 365 (27.7%) showed FLI ≥60. Compared to those with FLI <60, patients with FLI ≥60 showed a significantly higher prevalence of CCI ≥1 (12.3% vs 5.9%, p<0.001) and hypertension (12.6% vs 5.6%, p<0.001), higher BMI (28.4 [26.2–30.8] vs 24.3 [22.8–25.9] kg/m², p<0.001), higher prevalence of BMI ≥30 (38.3% vs 0.8%, p<0.001), and greater waist circumference (103 [98–111] vs 92 [86–97] cm, p<0.001).
Men with FLI ≥60 also had significantly lower total testosterone (3.8 [2.7–4.7] vs 4.7 [3.6–6.2] ng/mL, p<0.001), SHBG (25 [23–29] vs 36 [26–44] nmol/L, p=0.001), and inhibin B levels (19 [10–50] vs 111 [49–168] pg/mL, p<0.001). Regarding metabolic profile, men with FLI ≥60 had higher LDL cholesterol (133 [112–162] vs 121 [100–140] mg/dL, p=0.044), triglycerides (164 [112–257] vs 93 [62–123] mg/dL, p<0.001), and HOMA-IR values (3.18 [2.52–4.72] vs 1.87 [1.25–2.31], p=0.002).
At multivariable logistic regression, higher SHBG levels were independently associated with a lower risk of hypogonadism (OR 0.95 [0.91–0.98], p=0.007). Men with FLI ≥60 had a significantly higher risk of hypogonadism compared to those with FLI <30 (OR 13.39 [2.89–69.41], p=0.001), after accounting for age and BMI.

CONCLUSIONS

Almost one out of three infertile men showed a high probability of NAFLD according to FLI values. FLI emerged as a risk factor for low testosterone levels. However, these findings should be interpreted with caution, as the relatively small sample size resulted in substantial variability.

Lo studio ha avuto finanziamenti: No

Codice: C45

TITOLO

Long-Term Reproductive Hormonal Outcomes After TESE: A Six-Year Follow-Up Study

AUTORI

Alberto Mariotti[1], Gemma Cianchi[2], Luisa Moscardi[2], Daniele Paganelli[2], Ilaria Natali[4], Maria Elisabetta Coccia[3], Fabrizio Travaglini[2], Alessandro Natali[2]

[1] Department of Urology, Apuane Hospital, Massa, Italy
[2] Oncologic Minimally Invasive Urology and Andrology Unit, Department of Experimental and Clinical Medicine, Careggi Hospital, University of Florence, Florence, Italy
[3] Department of Biomedical, Experimental and Clinical Sciences "Mario Serio", University of Florence, AOU Careggi, Florence, Italy
[4] Accademia Italiana di Ricerca in Seminologia (AIRS)

INTRODUCTION

Testicular sperm extraction (TESE) is a key procedure to enable biological fatherhood in men with azoospermia. Beyond local complications such as hematoma, inflammation, and testicular scarring, a potential negative impact on testicular endocrine function has been described, including reduced total testosterone (TT) levels and possible development of hypogonadism. Available literature on testosterone trends after TESE remains controversial. This prospective study aimed to evaluate the impact of surgical sperm retrieval (SSR) on testosterone levels and the risk of hypogonadism in azoospermic men.

MATERIALS AND METHODS

We analysed clinical and hormonal data from 88 azoospermic patients aged 31–49 years (mean age 38 years) referred to the Assisted Reproduction Urology Clinic of Careggi University Hospital. Patients underwent SSR, including TESE or testicular fine needle aspiration (TEFNA), between 2018 and 2025. Follow-up assessments were performed at 6 and 12 months and annually thereafter, up to a maximum of 6 years, evaluating TT levels and symptoms suggestive of hypogonadism.

RESULTS

Among the 44 patients who attended at least one follow-up visit, a progressive and statistically significant decline in TT over time was observed, with a mean decrease of −1.5 nmol/L between consecutive measurements. This decline exceeded the expected physiological age-related reduction. Despite this hormonal decrease, clinically relevant hypogonadism was uncommon, with only one previously eugonadal patient requiring testosterone replacement therapy.
A weak but statistically significant association was observed between higher preoperative FSH levels and greater post-SSR TT decline, suggesting a potential predictive role of this parameter.

CONCLUSIONS

SSR appears to be associated with a progressive decline in TT levels, particularly in patients with higher preoperative FSH values, supporting the need for long-term hormonal follow-up. However, the clinical impact on hypogonadal symptoms was limited. Larger studies are needed to confirm these findings and better define patient risk profiles.

Lo studio ha avuto finanziamenti: No

Codice: C46

TITOLO
LUTS e funzione sessuale negli uomini MSM: esiste un profilo clinico specifico?

AUTORI
Massimo Menozzi, Christian Gastaldi, Filippo Orlandi, Daniele De Nicolo, Christian Carelli, Ilaria Ferrari, Matteo Maltagliati, Serena Maruccia, Ella Kinzikeeva, Nene Senee, Lorenzo Rivolta, Davide Perri, Giorgio Bozzini, Salvatore Micali
PRESENTA Alice Stradaioli

Università di Modena e Reggio Emilia; ASST Lariana, Ospedale Sant'Anna (Como); Ospedale Civile di Baggiovara

INTRODUZIONE
Negli uomini che fanno sesso con uomini (MSM), i sintomi urinari e la funzione sessuale sono poco studiati. Pratiche sessuali anali, microtraumi pelvici e infiammazione prostatica cronica potrebbero contribuire a un quadro clinico peculiare, ma i dati disponibili sono scarsi. Comprendere le caratteristiche di questi pazienti può favorire un approccio urologico-andrologico più mirato e sensibile alle loro esigenze.

MATERIALI E METODI
Tra agosto e dicembre 2025 sono stati valutati 21 uomini MSM afferenti all'ambulatorio andrologico. I pazienti hanno compilato questionari standardizzati:

- IPSS per i LUTS
- IIEF-15 per la funzione sessuale
- NIH-CPSI per la prostatite cronica

Sono stati inoltre raccolti un diario urinario settimanale e un questionario dedicato alle pratiche sessuali e al benessere pelvico. Tutti i pazienti sono stati sottoposti a esplorazione rettale digitale.

RISULTATI
Quindici pazienti (71%) riportavano LUTS, con IPSS medio pari a 14,6 ± 2,8. Undici soggetti (52%) presentavano sintomi moderati-severi interferenti con sonno e vita quotidiana. L'età media di comparsa dei sintomi era relativamente giovane (38,3 ± 5,6 anni).
La prostatite cronica è stata identificata in 9 uomini (43%), con punteggi NIH-CPSI suggestivi di dolore e disagio persistente. La funzione erettile risultava compromessa in 12 soggetti (57%), soprattutto in termini di soddisfazione sessuale e frequenza dei rapporti.
I pazienti con LUTS più severi tendevano inoltre a presentare un peggioramento della funzione sessuale, suggerendo una correlazione tra sintomi urinari, dolore pelvico e benessere sessuale.

CONCLUSIONI
Nei pazienti MSM, i LUTS sembrano rappresentare parte di un quadro clinico complesso, nel quale dolore pelvico e alterazioni della funzione sessuale risultano strettamente interconnessi. La comparsa precoce dei sintomi e il loro impatto sulla qualità di vita sottolineano l'importanza di un approccio multidimensionale che consideri anche le abitudini sessuali e il vissuto quotidiano del paziente.

Lo studio ha avuto finanziamenti: No

Codice: C47

TITOLO
L'Indice di Teratozoospermia Adjusted per la morfologia degli spermatozoi supera in efficacia quello dell'Organizzazione Mondiale della Sanità nel distinguere le alterazioni patologiche della morfologia

AUTORI
Ilaria Natali[1], Sergio Siondino[1]

[1] Accademia Italiana di Ricerca in Seminologia

Introduzione ed obiettivi
Il Manuale di laboratorio dell'Organizzazione Mondiale della Sanità (OMS) per l'esame e il trattamento del liquido seminale (2021) introduce l'Indice di Teratozoospermia (TZI) degli spermatozoi come utile misura dell'alterazione morfologica. Tuttavia, tale indice si rivela inefficace nel distinguere pazienti con morfologia alterata degli spermatozoi con significato patologico da quelli con morfologia alterata in modo non patologico.

Materiali e metodi
E' stato ottenuto un TZI alternativo rispetto al tradizionale elaborando una semplice formula matematica nella quale il numero delle anomalie della coda viene tolto dal numeratore della formula ed inserito al suo denominatore.
TZI = (anomalie testa + anomalie tratto intermedio + anomalie coda + residui citoplasmatici)/numero totale anomalie
TZIad = (anomalie testa + anomalie tratto intermedio + residui citoplasmatici)/(numero totale anomalie + anomalie coda)
Sono stati valutati i parametri seminali secondo le linee-guida dell'OMS di una popolazione maschile affetta da varicocele (n=213) e quelli di una popolazione non affetta (n=516). Per prima cosa, sono stati confrontati i TZI con i TZIadjusted (TZIad) della popolazione affetta, successivamente, sono stati confrontati i TZI con i TZIad della popolazione non affetta. Infine, è stato applicato il test bilaterale sulla differenza delle medie. In entrambe le popolazioni si è cercato di vedere se il TZIad è più sensibile del TZI nell'individuare l'alterazione patologica della morfologia.

Risultati
Nonostante il TZIad sia maggiormente variabile rispetto al TZI (con valore di alfa piuttosto elevato) nella sola popolazione degli affetti da varicocele, è emerso che mentre il TZI non riesce a discriminare tra patologici e non patologici, il TZIad è in grado di farlo grazie ad una maggiore capacità discriminatoria. TZIad è sicuramente un indicatore più sensibile di TZI e lo dimostra con un aumento della variabilità e della media dei valori che risultano significative statisticamente.

Conclusioni
Sebbene il TZI sia il metodo di riferimento attuale per l'OMS, la misurazione alternativa con il TZIad offre un vantaggio significativo in termini di utilità, rendendolo una valida e preferibile alternativa a completamento dell'esame laboratoristico e come conferma della diagnosi clinica.
Inoltre, l'uso del TZIad non richiede una strumentazione diversa da quella presente abitualmente nei laboratori o operatori altamente specializzati.

Lo studio ha avuto finanziamenti: No

Codice: C48

TITOLO

The association between semen parameters and sleep quality in a cohort of healthy men

AUTORI

Fausto Negri[1,2], Satvir S Basran[1], Ashkan P Langroudi[1], Nicholas Sellke[1], Shufeng Li[1], Andrea Salonia[2], Michael L Eisenberg[1]

[1] Stanford University, Stanford, CA, USA
[2] Vita-Salute San Raffaele University, Milan, Italy

Introduction

Short sleep duration and poor sleep quality are increasingly prevalent in modern society. The association between sleep quality and semen parameters remains unclear. Given that poor sleep quality may affect spermatogenesis yet remains underrecognized determinant of male reproductive health, this study aimed to investigate the relationship between semen parameters and sleep quality in an unselected group of men.

Methods

We conducted a cross-sectional study of 291 healthy men without known fertility issues, enrolled between June 2018 and March 2025. Participants completed a questionnaire on sleep duration and quality, and provided a semen sample. Sleep quality was assessed using three indicators – snoring, daytime sleepiness, and difficulty sleeping – each rated on a four-point scale ('never', 'rarely', 'sometimes', 'often/always'). Semen parameters were analyzed according to WHO 2021 criteria, including volume, progressive and total motility, concentration, total motile sperm count (TMSC), and morphology. The Kruskal-Wallis test, Cochran-Armitage trend test, and a generalized linear model were used to compare cohort characteristics.

Results

Mean (SD) age was 29.4 (7.2) yrs with an average BMI of 23.9 (3.4) kg/m2. 43 (14.9%) men sleep < 7 hours/night and 39 (13.5%) <9. 149 (51.2%), 268 (92.1%) and 100 (75.2%) reported some degree of snoring, daytime sleepiness and difficulty sleeping, respectively. Median semen volume differed across sleep-duration categories with a significant trend (p-trend = 0.03).The proportion of men with volume below the cutoff increased across snoring categories (7.7 to 20%, p-trend=0.04). With increasing daytime sleepiness, progressive motility declined (73 [57-86] to 60% [41-73], p=0.04 and p-trend=0.04), as did morphology (6 [4-6] to 4% [3-5], p=0.01 and p-trend<0.01) and TMSC (209 [77-313] to 108 [40-218] M, p-trend=0.02). Among men reporting difficulty sleeping, TMSC was highest in men without problems and lowest in those reporting 'often/always' difficulty (299 [126–420] to 104 (77–150) M/ejaculate, p=0.04 and p-trend=0.02). Total (p-trend=0.02) and progressive motility (p-trend=0.04) also declined with increasing frequency of difficulty sleeping.

Conclusion

Sleep quality was associated with semen parameters, particularly daytime sleepiness and difficulty sleeping. As modifiable lifestyle factors remain insufficiently integrated into andrological research, sleep hygiene should be considered a potential target.

Lo studio ha avuto finanziamenti: No

Codice: C49

TITOLO

The role of osteocalcin in male infertility: challenging the bone-gonadal axis in humans in a real-life cross-sectional study

AUTORI

Edoardo Pozzi[12], Fausto Negri[12], Massimiliano Raffo[12], Alessandro Bertini[12], Ciro Piccolo[12], Christian Corsini[12], Marco Oddo[12], Gabriele Birolini[2], Simona De Luca[2], Luca Boeri[3], Richard Sucapuca[1], Alessia d'Arma[1], Francesco Montorsi[12], Andrea Salonia[12]

[1] Vita-Salute San Raffaele University, Milan, Italy
[2] Division of Experimental Oncology/Unit of Urology, Urological Research Institute, IRCCS Ospedale San Raffaele, Milan, Italy
[3] IRCCS Fondazione Ca' Granda, Policlinico di Milano, Milan, Italy

Introduction

In the context of male infertility, whether a single test is sufficient when semen analyses are normal according to WHO reference criteria remains a matter of debate. Current EAU guidelines recommend not repeating semen analysis if the initial test is within normal limits. This study aims to investigate if infertile men with first semen parameters at or above WHO reference limits mat still deserve a second semen test.

Methods

Data from 2,070 consecutive infertile men at a single tertiary referral center were analyzed. All patients underwent at least one semen analysis, evaluated according to WHO 2021 criteria. Two groups were defined: i) normal, when all parameters were at or above the reference limits; and ii) abnormal, when at least one parameter was below the reference limits. We employed a synthpop-based trial simulation across 1,000 iterations to model two scenarios: i) testing both groups; and ii) guideline adherence (testing only group 2). This statistical analysis was used to estimate the diagnostic yield under both scenarios.

Results

Overall, the median (IQR) age was 37 (34-41) years and total motile sperm count 12 mln (1.5-46.9). Men with abnormal semen analysis were older than those with normal semen analysis (37 [34–41] vs 36 [32–40] yrs, p=0.034), had a higher BMI (25.2 [23.4–27.4] vs 24.7 [22.8–26.6], p=0.030), and a significantly higher rate of hypertension (9.2% vs 0.8%, p=0.003). Men with abnormal semen analysis also showed a higher prevalence of chromosomal abnormalities (2% vs 0.8%, p = 0.004), cryptorchidism (14.5% vs 1.7%, p<0.001) and reduced testicular volume (15 [12-20] vs 20 [15-25] Prader, p<0.001). To quantify missed diagnoses under guideline-based screening, trial simulations estimated that adherence to guidelines (group 2) would fail to detect 16.4% (95% CI: 15.5-17.3%) of semen abnormalities upon repeat analysis. Conversely, repeating the test when the initial semen analysis was altered resulted in a normal semen analysis in 2.5% (1.7-2.9%) of group 1 and 2.4% (1.8-3%) of group 2 (Figure 1).

Conclusion

Application of current guidelines would miss approximately one in six cases of semen test worsening at second analysis. These findings challenge current recommendations and suggest that revised criteria may be considered for specific subgroups of infertile men.

Lo studio ha avuto finanziamenti: No

Codice: C50

TITOLO

Intralesional Platelet-Rich Plasma for Chronic Peyronie's Disease: A Single-Center Retrospective Cohort Study

AUTORI

Celeste Manfredi[1] MD, PhD; Simone Tammaro[1] MD, BSc; **Andrea Rubinacci[1] MD**; Lorenzo Spirito[1] MD, PhD; Lorenzo Romano[1] MD, PhD; Carmelo Quattrone[1] MD, PhD; Francesco Bottone[1] MD, PhD; Davide Arcaniolo[1] MD, PhD; Marco De Sio[1] MD, PhD

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy

Introduction

Peyronie's disease (PD) is a chronic fibrotic disorder of the tunica albuginea causing penile deformity and sexual dysfunction. Platelet-rich plasma (PRP) has been proposed as a regenerative therapy with potential disease-modifying properties, but evidence in chronic PD is scarce. This study evaluated the efficacy and safety of intralesional PRP injections in men with stable PD.

Methods

A single-center retrospective cohort study was conducted including men with chronic PD treated with three weekly intralesional PRP injections (April 2022–April 2025). Inclusion required curvature stability for ≥6 months and absence of prior PD therapy. The primary outcome was change in penile curvature at 4 weeks post-treatment. Secondary outcomes included plaque thickness (ultrasound), erectile function (IIEF-5), and safety (Clavien–Dindo grading).

Results

Thirty-six men (mean age 61.2 ± 10.4 years) completed treatment. Mean penile curvature decreased from 30.5 ± 7.3° to 24.2 ± 8.3° ($\Delta = -6.3°$, 95% CI −7.7 to −5.3; $p < 0.001$); 25% achieved a ≥10° reduction. Mean plaque thickness declined from 3.25 ± 0.69 mm to 2.91 ± 0.76 mm ($\Delta = -0.34$ mm; $p < 0.001$). IIEF-5 increased modestly (+1.1; $p = 0.142$). Only mild, transient adverse events occurred (pain 5.6%, hematoma 2.8%).

Conclusion

Intralesional PRP was safe and yielded statistically significant but modest reductions in penile curvature and plaque thickness in chronic PD. Clinically meaningful improvement occurred in a minority of patients. These findings support keeping PRP investigational pending well-designed randomized controlled trials with standardized protocols and longer follow-up.

Lo studio ha avuto finanziamenti: No

Codice: C51

TITOLO
Potenzialità riproduttive nella Sindrome di Klinefelter

AUTORI
Alessandro Franceschelli[2], Leonardo Notarangelo[1], Giulia Borghese[1], Beatrice Ceccotti[1], Umberto Cimmino[2], Linda Cipriani[1], Fulvio Colombo[2], Giuseppe Damiano[1], Lucia De Meis[1], Maria Dirodi[1], Marisol Doglioli[1], Natalia Fava[1], Giorgio Gentile[2], Michele Miscia[1], Sofia Nanni[1], Claudia Pancani[1], Francesca Pennetta[1], Maria Lucrezia Tranquillo[1], Rossella Vicenti[1], Silvia Zuffa[1], Renato Seracchioli[1]

[1] Struttura Semplice Infertilità e Procreazione Medicalmente Assistita – IRCCS, Azienda Ospedaliero-Universitaria di Bologna
[2] Struttura Semplice Dipartimentale di Andrologia – IRCCS, Azienda Ospedaliero-Universitaria di Bologna

Introduzione ed obiettivi
La sindrome di Klinefelter è responsabile dell'1-2% dei casi di infertilità maschile e dell'11% dei casi di azoospermia.
L'obiettivo di questo lavoro è valutare l'esistenza di una eventuale correlazione tra il recupero degli spermatozoi e i fattori predittivi della fertilità quali l'età del paziente, i valori ormonali (T, FSH, LH) e il volume testicolare nel cariotipo Klinefelter, nonché gli esiti riproduttivi nelle tecniche di procreazione medicalmente assistita (PMA) e il follow-up dei bambini nati.

Materiali e metodi
Sono stati analizzati i dati di 35 pazienti affetti da sindrome di Klinefelter, di cui 30 con cariotipo 47,XXY e 5 con mosaicismo 46,XY/47,XXY (età media 28,98 ± 8,32 anni). Sono stati valutati i tassi di recupero degli spermatozoi da eiaculato e mediante estrazione testicolare (TeSE/MicroTeSE). Sono inoltre stati analizzati i parametri demografici, ormonali ed ecografici come possibili predittori del recupero. Nei pazienti in cui sono stati ottenuti spermatozoi utilizzabili, sono stati valutati gli esiti dei cicli di PMA e il follow-up dei nati.

Risultati
Il tasso di recupero degli spermatozoi è risultato pari all'11,43% (4/35) da eiaculato e al 17,86% (5/28) da TeSE/MicroTeSE. Nessuno dei parametri demografici, ormonali ed ecografici è risultato predittivo del recupero. Quattro pazienti con cariotipo 47,XXY hanno effettuato complessivamente 5 cicli di PMA con partner 46,XX. Gli embrioni non sono stati sottoposti a Test Genetico Preimpianto per lo screening delle aneuploidie cromosomiche (PGT-A).
Sono state ottenute 4 gravidanze (80%), con esito in 5 nati vivi (3 femmine 46,XX e 2 maschi 46,XY). Il follow-up dei nati ha evidenziato APGAR score, parametri antropometrici, tasso di malformazioni congenite e sviluppo fisico e psicomotorio nella norma.

Conclusioni
I nostri dati, seppure numericamente limitati, dimostrano che, sebbene non siano emersi fattori predittivi del recupero degli spermatozoi, anche nelle coppie con partner Klinefelter si realizzano gravidanze biologiche. Nel nostro campione, inoltre, non è emerso un aumento del rischio di trasmettere alla prole aneuploidie cromosomiche rispetto agli uomini 46,XY e i nati da padri Klinefelter hanno presentato buone condizioni di salute nel follow-up disponibile.

Lo studio ha avuto finanziamenti: No

Codice: C52

TITOLO

Congenital Penile Curvature Is Associated with Larger Penile Dimensions: A Matched Case–Control Study

AUTORI

Celeste Manfredi[1] MD, PhD; **Simone Tammaro[1]** MD, BSc; Andrea Rubinacci[1] MD; Lorenzo Spirito[1] MD, PhD; Lorenzo Romano[1] MD, PhD; Andrea Rubinacci[1] MD; Carmelo Quattrone[1] MD, PhD; Francesco Bottone[1] MD, PhD; Marco Falcone[2] MD, PhD; Javier Romero Otero[3] MD, PhD; Davide Arcaniolo[1] MD, PhD; Marco De Sio[1] MD, PhD

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy
[2] Department of Urology, A.O.U. Città della Salute e della Scienza, Turin, Italy
[3] Department of Urology, HM Hospitales, Madrid, Spain

Introduction

Clinical observation has long suggested that men with congenital penile curvature (CPC) may present with larger penile dimensions compared with the general population. However, this presumed association has never been objectively evaluated. Clarifying whether CPC is linked to increased penile size may contribute to a more accurate morphometric characterization of this condition, improve preoperative counselling, and refine reference standards for normative penile measurements

Materials and Methods

This single-center, retrospective, matched case–control study was performed at a tertiary referral andrology center. Consecutive men diagnosed with lifelong penile curvature ≥30°, in the absence of plaques, fibrosis, or history of penile trauma, were included. Diagnosis and curvature assessment were performed using standardized methods, either through pharmacologically induced erection or validated self-photography according to the Kelami method. Stretched penile length (SPL) was measured dorsally from the pubo-penile junction to the tip of the glans under mild traction. Mid-shaft penile circumference was measured in the flaccid state. The primary outcome was SPL, while mid-shaft penile circumference was considered a secondary outcome.

Results

A total of 50 men with CPC and 100 matched controls were included in the analysis. Men with CPC exhibited significantly greater SPL compared with controls, with a mean within-set difference of 1.82 cm (95% CI: 1.48–2.16; $p<0.001$). Mid-shaft penile circumference was also significantly larger in the CPC group, with a mean difference of 0.72 cm (95% CI: 0.48–0.96; $p<0.001$). Furthermore, SPL differences increased with curvature severity, ranging from 1.65 cm in men with curvature <45° to 1.96 cm in those with curvature ≥45°, suggesting a positive association between penile size and curvature magnitude.

Conclusion

This study provides the first objective evidence that congenital penile curvature is associated with greater penile dimensions, defining CPC as a distinct morphometric phenotype. Awareness of this association may enhance surgical counselling, and normative references.

Lo studio ha avuto finanziamenti: No

Codice: C53

TITOLO

Partnership status and contraceptive method distributions in vasectomy patients with and without children: a single-center analysis

AUTORI

Massimiliano Raffo[1,2], Josvany Rene Sanchez Curbelo[3], Maurizio De Rocco Ponce[3], Luis Malca Caballero[3], Jose Antonio Arrus Soldi[3], Ricardo Contreras Garcia[3], Sebastian Dumas[3], Gabi Adalid[3], Francesco Montorsi[1,2], Andrea Salonia[1,2], Eduard Ruiz-Castane[3], Doron Vantman Luft[3]

[1] Division of Experimental Oncology/Unit of Urology; URI; IRCCS Ospedale San Raffaele, Milan, Italy
[2] University Vita-Salute San Raffaele, Milan, Italy
[3] Fundaciò Puigvert, Andrology Department, Universitat Autònoma de Barcelona, Instituto de Investigaciones Biomédicas Sant Pau (IIB-Sant Pau), Barcelona, Spain

Introduction and aims

Men without children represent a distinct subset of vasectomy candidates. This study aimed to compare demographic and behavioral characteristics between vasectomy candidates with no children and those with ≥1 child, focusing on age, partnership status, and contraceptive method distributions.

Materials and methods

This retrospective study analyzed 1,732 sexually active men who underwent vasectomy between 2016 and 2024 at a single tertiary center. Baseline data—age, number of children, and contraceptive methods—were collected. Patients were grouped by child status: group 1 (no children), group 2 (≥ children). Descriptive statistics summarized the cohort; two-proportion z-tests and chi-square were used to compare partnership prevalence and contraceptive method distributions between groups.

Results

Group 1 included 117 men (6.7%) with a median age of 41 years (IQR 37–45). Among them, 38 (32.4%) were not in a relationship, while 79 (67.6%) were in a relationship. Contraceptive methods were distributed as follows: 52 men (44.4%) didn't use contraceptive methods, 65 (55.6%) used contraceptive methods. Of them, 45 (69.2%) condoms, 13 (20%) oral anticontraceptives, 6 (9.2%) intrauterine disposables, and 1 (1.6%) injectable anticontraceptives. Group 2 included 1615 men (93.3%) with a median age of 42 years (IQR 36-46). Of them, 194 (12%) were not in a relationship, while 1421 (88%) were in a relationship. Of Group 2, 416 men (25.8%) did not use contraceptive methods while, 1199 (74.2%) used contraceptive methods. Of them, 823 (68.6%) used condoms, 209 (17.4%) oral anticontraceptives, 144 (12%) intrauterine disposables, and 18 (2%) injectable anticontraceptives.
Partnership prevalence was significantly lower in Group 1 than in Group 2 (64.96%, 76/113 vs 87.99%, 1421/1610; $p < 0.001$); contraceptive method distributions also differed between groups (chi-square $p < 0.001$), and sensitivity analysis showed greater use of no contraceptive method in Group 1 compared with Group 2 ($p < 0.001$). The chi-square test shows a statistically significant difference in distribution ($p = 0.00016$), indicating contraceptive method choice is significantly associated with having children in this subgroup.

Conclusion

Vasectomy patients with 0 children have lower prevalence of being in a relationship compared to men with ≥ child. Group 1 demonstrated a distinct contraceptive method pattern compared with Group 2.

Lo studio ha avuto finanziamenti: No

Codice: C54

TITOLO

Management of Severe External Urethral Meatal Stenosis, Distal Urethral Stricture, Multiple Urethrovaginal Fistulas, and Labial Adhesions Following Penoscrotal Vaginoplasty for Male-to-Female Gender-Affirming Surgery

AUTORI

Patrizio Vicini[1], **Sara Tomasella**[2], Riccardo Danuso[2], Giulia Provenza[2], Alessandra Sartorel[2], Giovanni Liguori[2]

[1] Saint Camillus University, Rome Unicamillus, Rome, Italy
[2] Urologic Clinic, Department of Medicine, Surgery and Health Sciences, University of Trieste, Trieste, Italy

Penile inversion vaginoplasty is the most common technique in gender-affirming surgery. Despite that it is associated with a significant rate of postoperative complications requiring complex reconstructive management. We report the case of a patient presenting with severe external urethral meatal stenosis, distal urethral stricture, multiple urethrovaginal fistulas, and labial adhesions following gender-affirming surgery, in whom a complete preoperative diagnostic evaluation was not feasible. Total urethral mobilization and correction of the distal stenosis enabled catheter placement and subsequent identification of multiple fistulous tracts using surgical probes. Fistula repair, meatoplasty and release of labial adhesions were performed concomitantly. At 6-month follow-up, voiding was normal, with no vaginal leakage and no evidence of recurrent stenosis or fistula. This type of complications and their management underscore the importance to improve reconstructive skills and advanced surgical abilities in specialized centers where gender-affirming surgery is performed.

Lo studio ha avuto finanziamenti: No

Codice: C55

TITOLO

INFILTRAZIONE INTRATESTICOLARE DI CELLULE STAMINALI E PLASMA PIASTRINICO IN PAZIENTE AFFETTO DA AZOOSPERMIA SECRETORIA

AUTORI

Patrizio Vicini[1]; Ilaria Ortensi[2]; Silvana Campisi[3]

[1]Unicamillus University Rome
[2] Criobiolab Rome
[3] Armesia Lab Rome

Caso Clinico

Il caso clinico è un paziente di 34 anni sottoposto all'età di 17 anni a 4 interventi consecutivi per osteosarcoma di Ewind del femore destro recidivante + 4 cicli di polichemioterapia adiuvante.
Effettuava due esami completi del liquido seminale con esito "Azoospermia".
Effettuava successiva biopsia testicolare bilaterale con esito "Azoospermia secretoria non ostruttiva".

Materiali e Metodi

Il primo passo consiste nel metodo di Liposuzione con cannule, per ottenere 50-80 ml di lipoaspirato dal tessuto adiposo periombelicale.
Durante il primo step viene ottenuta, con filtro da 1200 micron, una microframmentazione.
Tramite filtro di 700 micron viene eseguita una nanofiltrazione.
Il prodotto ottenuto contiene i "preadipociti".
Si effettua successivamente un prelievo di sangue venoso di circa 20 cc eseguito secondo la convenzione in atto con il SIMT competente. Adoperando le provette Bct Regenlab dì Logya si ottengono circa 6 cc di PRP aliquotati in siringhe da 2,5 ml.
Successivamente, viene prelevato con una adeguata "punch pen" un frustolo di circa 6 mm di tessuto sottocutaneo, che sarà destrutturato e filtrato in una capsula Medigraft, per ottenere 1/1,5 ml di materiale cellulare iniettabile

Risultati

Lo spermiogramma a 3 mesi ha rilevato presenza di spermatozoi con criptozoospermia (rarissimi spermatozoi maturi).
Lo spermiogramma a 6 mesi ha mostrato alternanze tra criptozoospermia ed azoospermia e quindi il paziente rimane in attesa di eventuale crioconservazione.

Discussione e Conclusione

Trattasi di metodica off label e l'alternativa all'intervento chirurgico proposto consiste nel non effettuare l'intervento.
Nonostante gli studi esistenti abbiano dimostrato un alto profilo di sicurezza ed efficacia di PRP e cellule staminali nella NOA (azoospermia non ostruttiva), sono necessarie indagini approfondite e ben progettate per convalidare l'utilità clinica e identificare il massimo potenziale terapeutico di questa modalità di trattamento.

Lo studio ha avuto finanziamenti: No

Codice: C56

TITOLO

L'IMPATTO DELLA VALUTAZIONE CLINICA ANDROLOGICA SULL'OUTCOME COMUNICATIVO E SUL DISAGIO MASCHILE NEI PERCORSI DI PROCREAZIONE MEDICALMENTE ASSISTITA

AUTORI

Kinzikeeva Ella[1], Menozzi Massimo[1], Gastaldi Christian[1], Abdrakhimov Ruslan[3], Vardikian Andranik[3], Terzoni Stefano[2], Pini Giovannalberto[1], Sangalli Mattia Nicola[1], Perri Davide[1], Calcagnile Tommaso[1], Paffoni Alessio[1], Bianchi Marco Claudio[1], Pavlov Valentin[3], Bozzini Giorgio[1], Maruccia Serena[1]

[1] ASST Lariana, Unità Operativa Complessa di Urologia / Centro PMA, Cantù (CO), Italia
[2] Università degli Studi di Milano, Dipartimento di Scienze Biomediche per la Salute, Milano, Italia
[3] Bashkir State Medical University (BSMU), Clinica di Urologia, Ufa, Russia

Introduzione ed obiettivi

I trattamenti per la fertilità possono causare un significativo disagio (distress) nei pazienti maschi, spesso marginalizzati rispetto alla centralità clinica della partner. Questo studio mira a esplorare la percezione dei partner maschili nei confronti della figura dell'andrologo all'interno dei centri clinici di Procreazione Medicalmente Assistita (PMA) e a valutare se la consulenza specialistica migliori la comunicazione e il coinvolgimento maschile nel percorso di cura.

Materiali e metodi

Tra giugno e luglio 2025, 17 pazienti (57% del campione) afferenti a un centro clinico di PMA hanno completato un questionario psicosociale anonimo basato su una scala Likert a 7 punti. Sono stati valutati i seguenti parametri: chiarezza della diagnosi clinica, livello di imbarazzo, comfort comunicativo, capacità di esprimere i propri pensieri e percezione di essere ascoltati. I dati clinici sono stati analizzati utilizzando il t-test di Student, correlando i risultati a stato civile, durata infertilità e presenza di figli.

Risultati

L'88% dei pazienti si è dichiarato soddisfatto della chiarezza della diagnosi clinica (media 6.35 ± 0.7). Il 76% non ha riportato imbarazzo durante il colloquio clinico (media 2.35 ± 2.03); i pazienti già padri hanno mostrato meno disagio rispetto a chi non aveva figli. L'82% ha riferito comfort nel discutere i propri problemi di salute clinica (media 5.82 ± 1.47), libertà di espressione (media 5.88 ± 1.49) e la sensazione di essere ascoltati (media 6.29 ± 0.77). Complessivamente, l'82% ha percepito un maggiore coinvolgimento nel percorso clinico di fertilità dopo la valutazione andrologica (media 6.12 ± 0.99), dato particolarmente significativo tra gli uomini con infertilità di lunga durata.

Conclusioni

La presenza dell'andrologo nei centri clinici di PMA aumenta in modo significativo la soddisfazione e il coinvolgimento del partner maschile. Una comunicazione specialistica mirata è essenziale per rispondere efficacemente alle necessità psicologiche e cliniche dell'uomo all'interno del percorso riproduttivo di coppia.

Lo studio ha avuto finanziamenti: No

Codice: C57

TITOLO

"Chirurgia andrologica minore": un mito da sfatare. La curva di apprendimento riduce davvero le complicanze post-operatorie?

AUTORI

Massimo Menozzi[1], **Christian Gastaldi[2]**, Filippo Orlandi[1], Daniele De Nicolo[1], Christian Carelli[2], Ilaria Ferrari[2], Dottor Matteo Maltagliati[2], Serena Maruccia[2], Ella Kinzikeeva[2], Nene Senee[1], Lorenzo Rivolta[2], Davide Perri[2], Giorgio Bozzini[2], Professor Salvatore Micali[1]

[1] Università di Modena e Reggio Emilia, Ospedale Civile di Baggiovara, Modena, Italia
[2] ASST Lariana, Ospedale Sant'Anna, Como, Italia

Introduzione

Gli interventi di chirurgia andrologica definiti "minori" vengono spesso percepiti come semplici e a basso rischio. Nella vita quotidiana dei pazienti, tuttavia, dolore, edema, infezioni della ferita e accessi non programmati possono trasformare anche un'operazione apparentemente semplice in un'esperienza stressante e fastidiosa. In centri di medio volume, i dati sull'effetto della curva di apprendimento sugli outcome post-operatori sono scarsi. Lo scopo di questo studio è comprendere come l'esperienza chirurgica influisca concretamente sulla riduzione delle complicanze e sulla qualità del decorso post-operatorio.

Materiali e metodi

Studio osservazionale prospettico condotto su 107 pazienti consecutivi sottoposti a chirurgia andrologica tra gennaio 2025 e dicembre 2025. Gli interventi includevano 75 circoncisioni (70,1%), 20 varicocelectomie (18,7%) e 12 idrocelectomie (11,2%). I pazienti sono stati suddivisi cronologicamente in tre gruppi: Gruppo A (n=35), Gruppo B (n=35) e Gruppo C (n=37). Sono stati registrati tempo operatorio, complicanze secondo Clavien-Dindo, dolore (VAS a 24 ore e 7 giorni), edema persistente (>14 giorni), infezioni superficiali della ferita, ematomi e accessi ambulatoriali non programmati entro 30 giorni.

Risultati e conclusioni

Con l'esperienza, i miglioramenti sono stati evidenti. Il tempo operatorio medio è sceso dal 52 ± 11 minuti del Gruppo A ai 38 ± 8 minuti del Gruppo C. L'incidenza complessiva delle complicanze post-operatorie è diminuita dal 28,6% al 10,8%. L'edema persistente ha interessato il 20,0% dei pazienti nel Gruppo A, riducendosi al 5,4% nel Gruppo C. Il dolore a 7 giorni (VAS ≥4) è passato dal 31,4% al 8,1%, mentre le infezioni superficiali della ferita sono scese dal 11,4% al 2,7%. Gli ematomi, più frequenti dopo varicocelectomia e idrocelectomia, sono passati dal 14,3% al 2,7%. Gli accessi non programmati si sono ridotti dal 22,9% all'8,1%. Nessuna complicanza maggiore (Clavien ≥III) è stata osservata. Ogni numero rappresenta un paziente reale che ha vissuto un percorso post-operatorio più sereno grazie all'esperienza maturata.

Anche la chirurgia andrologica considerata "minore" richiede esperienza e attenzione. La curva di apprendimento riduce in modo concreto dolore, edema, infezioni e visite non programmate, migliorando l'esperienza dei pazienti. I dati evidenziano che anche per interventi routinari, la qualità dell'esito dipende dall'esperienza del chirurgo e dalla cura del decorso post-operatorio, ricordandoci che dietro ogni numero c'è una persona il cui benessere conta.

Lo studio ha avuto finanziamenti: No

Codice: C58

TITOLO

Utilità della sperimentazione in vitro nella valutazione dell'efficacia di un integratore di nuova formulazione

AUTORI

Ilaria Natali[1], Sergio Siondino[2], Fabrizio Gallo[3], Alberto Mariotti[4], Luca Ricciardi[5], Alessandro Natali[6]

[1] Ospedale SS. Cosma e Damiano, Azienda USL Toscana Centro, Italia
[2] Accademia Italiana di Ricerca in Seminologia, Genova, Italia
[3] Ospedale S. Paolo, Azienda Sanitaria Locale 2 Savonese, Italia
[4] Ospedale Apuane, Azienda USL Toscana Nord-Ovest, Italia
[5] Farmacista Clinico, Farmacia di Contea, Firenze, Italia
[6] Università degli Studi di Firenze, Firenze, Italia

Introduzione ed obiettivi

La presentazione di un nuovo integratore in ambito andrologico, mirato al miglioramento del benessere maschile, riguarda solitamente una serie di effetti dal punto di vista clinico ma non prende in considerazione i possibili effetti sui parametri seminali. Una valutazione in vitro di questi effetti può rappresentare un elemento di fondamentale supporto e migliore caratterizzazione del prodotto stesso.

Materiali e metodi

120 campioni seminali appartenenti ad una popolazione praticamente omogenea per età (coefficiente di variazione 0,267) sono stati sottoposti a test in vitro per valutare gli effetti di un nuovo integratore costituito da derivati aminoacidici, sali minerali, polifenoli, enzimi proteolitici, bioflavonoidi, agenti antilipemici e vasoprotettori. Dallo stesso campione sono state prelevate 2 aliquote: ad una è stato aggiunto l'integratore, all'altra è stato aggiunto pari volume di un terreno di diluizione. Dopo 15 minuti di incubazione a 36.6 °C, si è valutata la motilità degli spermatozoi di entrambe le aliquote. Ogni misurazione è stata effettuata in accordo alle linee-guida del Manuale di laboratorio dell'Organizzazione Mondiale della Sanità (OMS) per l'esame e il trattamento del liquido seminale, ultima edizione.

Risultati

Sono state calcolate le variazioni della motilità indotte dall'uso del nuovo integratore grazie al disegno di campionamento appaiato. Lo studio della correlazione tramite Pearson e l'applicazione del test bilaterale t-Student con $\alpha = 0,1$ e soglia pari a 1,665, hanno evidenziato l'esistenza di una correlazione di tipo diretto con la motilità degli spermatozoi di tipo A (progressiva veloce) ed una di tipo inverso con la motilità di tipo D (in situ).

Conclusioni

La sperimentazione in vitro di un nuovo integratore con le finalità di migliorare il benessere andrologico e non la fertilità ha evidenziato l'utilità di uno studio anche sui parametri seminali, in quanto:

1. caratterizza maggiormente il prodotto rispetto ad altri;
2. ne evidenzia l'efficacia anche sulla motilità, nonostante ciò non sia l'obiettivo primario.

In altre parole, l'assunzione dell'integratore non andrà ad interferire sulla qualità seminale e sull'azione di altri integratori e/o farmaci assunti in concomitanza. Questo nostro studio preliminare evidenzia la necessità di fornire informazioni riguardanti la compatibilità degli effetti di un nuovo integratore per il benessere andrologico anche sui parametri seminali tipici della fertilità maschile.

Lo studio ha avuto finanziamenti: No

Codice: C59

TITOLO

Comparative Impact on Erectile and Ejaculatory Function of Rezūm Water Vapor Therapy versus Thulium Laser Enucleation in Men with Large Benign Prostatic Hyperplasia: A Multicenter Prospective Study

AUTORI

Celeste Manfredi[1] MD, PhD; Simone Tammaro[1] MD, BSc; **Andrea Rubinacci[1]** MD; Lorenzo Spirito[1] MD, PhD; Lorenzo Romano[1] MD, PhD; Carmelo Quattrone[1] MD, PhD; Francesco Bottone[1] MD, PhD; Davide Arcaniolo[1] MD, PhD; Marco De Sio[1] MD, PhD

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy

Introduction and objectives

Surgical management of benign prostatic hyperplasia (BPH) in large prostates requires balancing urinary symptom relief with preservation of sexual function. Comparative data focusing on postoperative sexual outcomes remain limited. This multicenter prospective study aimed to compare the impact of Rezūm water vapor therapy and Thulium Laser Enucleation of the Prostate (ThuLEP) on erectile and ejaculatory function in patients with prostate volume ≥80 mL. Urinary and safety outcomes were also assessed.

Materials and methods

Consecutive men aged ≥50 years with moderate-to-severe lower urinary tract symptoms (LUTS) and prostate volume ≥80 mL and ≤150 mL were prospectively enrolled between January 2022 and December 2023. Exclusion criteria were applied to ensure reliable assessment of sexual function. Patients underwent either ThuLEP or Rezūm after counseling. Evaluations were performed at baseline and at 3, 6, and 12 months. Sexual outcomes included the six-item International Index of Erectile Function (IIEF-EF) and the four-item Male Sexual Health Questionnaire-Ejaculatory Dysfunction Short Form (MSHQ-EjD). Complications were graded according to Clavien-Dindo classification.

Results

A total of 246 patients were included (126 ThuLEP; 120 Rezūm). IIEF-EF significantly improved in both groups at all postoperative time points ($p<0.001$), with no significant intergroup differences. MSHQ-EjD Function significantly improved after Rezūm ($p<0.001$), whereas no significant improvement was observed after ThuLEP. Both procedures significantly improved IPSS, Qmax, and PVR ($p<0.001$). Clavien-Dindo grade ≥III complications were infrequent in both groups.

Conclusions

In men with large BPH, both procedures improved erectile function. Rezūm was associated with significantly better ejaculatory outcomes compared to ThuLEP, while maintaining clinically meaningful urinary improvement. These findings support consideration of sexual outcomes in surgical decision-making for high prostate volumes.

Lo studio ha avuto finanziamenti: No

Codice: C60

TITOLO

Device-Assisted Versus Conventional Manual Circumcision: A Prospective Multicenter Comparative Study

AUTORI

Esther García Rojo[2], **Andrea Rubinacci[1]** MD; Simone Tammaro[1] MD, BSc; Celeste Manfredi[1] MD, PhD; Lorenzo Spirito[1] MD, PhD; Lorenzo Romano[1] MD, PhD; Carmelo Quattrone[1] MD, PhD; Francesco Bottone[1] MD, PhD; Javier Romero Otero[5] MD, PhD; Davide Arcaniolo[1] MD, PhD; Marco De Sio[1] MD, PhD

[1] Department of Woman, Child and General and Specialized Surgery, Unit of Urology, University of Campania "Luigi Vanvitelli", Naples, Italy
[2] Department of Urology, HM Hospitales, Madrid, Spain
[5] Department of Urology, HM Hospitales, Madrid, Spain

Introduction

Circumcision is a common surgical procedure with increasing attention to cosmetic outcomes. The aim of this study was to compare the efficacy and safety of device-assisted circumcision versus conventional manual technique in adult European patients, with patient aesthetic satisfaction as the primary outcome.

Methods

This was a prospective, comparative, multicentre, non-randomized study including 200 consecutive adult males (100 device-assisted, 100 manual technique) treated under local anaesthesia. Group allocation was based on patient preference after counselling. Follow-up was performed at 1 week and 1 month. Collected variables included operative time, intraoperative and postoperative pain (Visual Analog Scale 0–10), surgical difficulty (Likert scale 1–5), and complications classified according to Clavien–Dindo classification. The primary endpoint was aesthetic satisfaction (Likert scale 1–5). Statistical analysis was performed using Student's t-test and Chi-square test; $p < 0.05$ was considered significant.

Results

Two hundred patients were included (100 per group). Mean age was lower in the device group (38.39 ± 15.88 vs 50.02 ± 20.53 years, $p = 0.02$). Operative time was significantly shorter with the device (11.20 ± 5.92 vs 23.20 ± 7.93 minutes, $p < 0.001$). Pain scores were lower during the procedure (1.54 ± 1.77 vs 4.20 ± 2.10, $p = 0.025$) and at 1 week (0.54 ± 1.03 vs 2.35 ± 2.77, $p < 0.001$). Aesthetic satisfaction ("satisfied/very satisfied") was higher in the device group (67.4% vs 36.7%, $p < 0.001$). Overall complication rates at 1 week were 6% vs 9% ($p = 0.55$); grade ≥3 complications occurred in 4% vs 5%, respectively. Mechanical failures occurred in 4% of device cases. One-month loss to follow-up was 10% vs 8%; 26.1% of patients in the device group required removal of residual device components.

Conclusions

In the analysed cohort, device-assisted circumcision was associated with shorter operative time, reduced pain, and higher aesthetic satisfaction compared to the conventional manual technique, with a similar safety profile. The non-randomized design, age differences between groups, evaluation of a single device model, and absence of cost analysis limit generalizability.

Lo studio ha avuto finanziamenti: No

Codice: C61

TITOLO

VALUTAZIONE DELLA FRAMMENTAZIONE DEL DNA NEMASPERMICO: CONFRONTO TRA TECNICHE SCD-Test E TUNEL-Test

AUTORI

Ilaria Ortensi[1], Giovanni Ruvolo[2], Paola Piomboni[3], Lucia Rocco[4], Manuela Andreozzi[1], Laura Governini[3], Filomena Mottola[4], Ilaria Palmieri[4], Lorenzo Ibello[4], Francesca Girolamo[3], Alessandro Palmieri[5]

[1] Sezione Seminologia ALTAMEDICA, Roma, Italia
[2] Centro di Biologia della Riproduzione, Palermo, Italia
[3] Department of Molecular and Developmental Medicine, University of Siena, Siena, Italy
[4] Department of Environmental, Biological and Pharmaceutical Sciences and Technologies, University of Campania Luigi Vanvitelli, Caserta, Italy
[5] Università Federico II, Napoli, Italia

Introduzione

Il Test di Frammentazione del DNA spermatico (DNA Fragmentation Index - DFI) rappresenta un'indagine di II livello nella valutazione della fertilità maschile. La frammentazione del DNA nemaspermico, intesa come rottura a singolo o doppio filamento, può essere indotta da stress ossidativo, fattori ambientali e difetti di impacchettamento della cromatina durante la spermatogenesi (WHO 2021, 6ª ed.). Diverse metodiche sono disponibili per la sua determinazione, tra cui SCD-Test e TUNEL.

Obiettivi

Partendo da un gruppo di controllo di pazienti normozoospermici, confrontare le tecniche SCD-Test, TUNEL su vetrino e TUNEL in citofluorimetria utilizzando protocolli standardizzati, al fine di valutarne l'applicabilità.

Materiali e Metodi

Sono stati analizzati 15 campioni seminali provenienti da pazienti normozoospermici. Per ciascun campione sono state preparate tre aliquote. La frammentazione del DNA è stata valutata mediante Sperm Chromatin Dispersion test (SCD-Test), TUNEL test su vetrino (in situ) e TUNEL test in citofluorimetria.

Risultati

Sono stati ottenuti valori di frammentazione del DNA per ciascuna metodica nei campioni analizzati.

Conclusioni

Lo studio si propone di confrontare metodiche differenti per la valutazione della frammentazione del DNA nemaspermico, includendo anche campioni oligoastenoteratozoospermici come parte integrante del disegno sperimentale. Ulteriori analisi su una casistica più ampia saranno necessarie per approfondire le potenziali correlazioni tra i metodi e definirne l'applicabilità in ambito clinico.

Lo studio ha avuto finanziamenti: No

VIDEO ABSTRACT

Codice: V01

TITOLO
Microsurgical Epididymo-vasostomy and TESE in Obstructive Azoospermia

AUTORI
Luca Braulin[1], Vittorio Ramella[1], Michele Rizzo[1], Flavia Di Marco[1], Paolo Umari[1], Giovanni Papa[1], Giovanni Liguori[1]

[1] Urology Clinic, Department of Medicine, Surgery and Health Sciences, University of Trieste, Trieste, Italy

Introduction
Obstructive azoospermia (OA) is a common cause of male infertility. It may result from congenital abnormalities or from acquired conditions including infections that impair the spermatozoa transport to the seminal vesicles. Surgical management of obstructive azoospermia depends on the level of the obstruction. The epididymovasostomy is a microsurgical technique that allows to bypass the site of obstruction performing a direct anastomosis between the vas deferens and the epididymis.

Materials & Methods
We present the case of a 34-year-old male presenting with infertility due to OA. His medical history includes multiple bilateral epididymitis (in 2021 and in 2023). The patient denied history of trauma. Physical examination revealed slightly hypotrophic testicles with an enlarged right epididymal head. The vas deferens were normal. Presence of left varicocele of grade 3 sec. Sarteschi. Two semen analyses confirmed azoospermia. Hormonal profile was within normal limits and tumor markers were negative. Testicular cytology showed mild hypospermatogenesis.
Scrotal ultrasound (US) showed enlargement of the epididymal head. In addition, US revealed signs of rete testis dilation. Transrectal ultrasound (TRUS) revealed a normal prostate and seminal vesicles.

Results
The surgery was performed in 2026. The epididymo-vasostomy technique with longitudinal intussusception with two sutures was performed using an operating microscope to obtain a precise anastomosis.
First, the proximal vas deferens is isolated and then sectioned. A dilated epididymal tubule is identified and isolated at the level of the epididymis head. After sectioning a tubule, the epididymal fluid is aspirated and sent to the laboratory (some spermatozoa are identified). 2 Ethilon 10-0 sutures were used to complete the anastomosis. Consolidation stitches are then made between the epididymis and the adventitia of the vas deferens. Eventually bilateral testicular sperm extraction (TESE) was performed.

Conclusions
Microsurgical anastomosis of reproductive tract obstruction remains a highly effective option for men with obstructive azoospermia, offering a viable alternative to assisted reproductive techniques such as in vitro fertilization with sperm retrieval. Intussusception techniques provide an easier, faster, and more successful approach and are widely used. Advance microsurgical training in microsurgery is essential to allow surgeons to gather remarkable results in the field of infertility.

Lo studio ha avuto finanziamenti: No

Codice: V02

TITOLO

Robot-assisted single-port revision vaginoplasty using a peritoneal flap after penoscrotal approach

AUTORI

Preto M[1], **Falcone M[1,2,3]**, Cirigliano L[1,4], Zupo E[1], Lavagno F[1], Plamadeala N[1], Scavone M[1], Bartolini S[1], Raffo M[1,5], Della Rosa G[1,6], Ingrassano S[1,7], Gontero P[1], Allasia M[1]

[1] Urology Clinic - A.O.U. "Città della Salute e della Scienza" - Molinette Hospital, University of Turin, Turin, Italy
[2] Department of Urology, Biruni University, School of Medicine, Istanbul, Turkey
[3] Neurourology Clinic - A.O.U. "Città della Salute e della Scienza" - Unità Spinale Unipolare, Turin, Italy
[4] Pediatric Urology - A.O.U. "Città della Salute e della Scienza" - Ospedale Infantile Regina Margherita, Turin, Italy
[5] University Vita-Salute San Raffaele, Milan, Italy
[6] University San Federico, Naples, Italy
[7] Policlinico G Rodolico-San Marco, University of Catania, Italy

Neovaginal stenosis is a relatively common complication following penoscrotal vaginoplasty, often requiring complex revision surgery. The peritoneal flap represents a valuable reconstructive option due to its elasticity, vascularization, and ability to provide adequate neovaginal depth. We describe a surgical revision technique using a peritoneal flap performed with a robotic single-port approach (Da Vinci SP).
The robotic SP approach allows a minimally invasive procedure with high precision. After gaining access to the abdominal cavity, the vesicoprostatic plane and the anterior rectal wall are identified at the level of Douglas, exposing the apex of the stenotic neovaginal cavity. The neovaginal dome is incised over a Hegar dilator, followed by two lateral incisions to widen the access. The bladder is mobilized from the umbilical ligaments down to the pubis, incorporating the transversalis fascia into the flap. The peritoneal flap is then dissected and reflected. The peritoneal edge of the abdominal wall is sutured to the posterior wall of the neovaginal cavity, and a running suture is placed along the posterior bladder wall to create the anterior neovaginal wall (Stratafix 3-0). The posterior plane is then constructed by suturing the peritoneum of Douglas to the posterior neovaginal wall (V-Lock 3-0). Closure is completed with suturing of the lateral edges. At the end of the procedure, check for intraperitoneal leakage is performed.
Postoperatively, patients maintained a vaginal expander for 5 days, followed by the use of a soft dilator for nightly dilations. After approximately 15 days, patients started rigid dilations three times daily. All patients reported functional recovery and satisfaction with penetrative sexual intercourse.
The peritoneal flap represents an effective solution for revision vaginoplasty in cases of neovaginal stenosis, ensuring satisfactory functional outcomes. Furthermore, it may be considered as a primary technique in cases with insufficient penoscrotal skin availability, in order to achieve adequate neovaginal depth.

Lo studio ha avuto finanziamenti: No

Codice: V03

TITOLO

Patch in chirurgia dell'IPP con protesi: cedimento di spugna di fibrinogeno + trombina (TachoSil®) corretta con pericardio bovino (Tutopatch®). Caso clinico

AUTORI

Edoardo Pescatori[1], Andrea Loreto[1], Davide Dell'Orco[2]

[1] Servizio di Andrologia, Ospedale privato accreditato Città di Parma, Parma, Italia
[2] Tegea - Boston Scientific, San Giovanni in Persiceto, Bologna, Italia

Introduzione ed obiettivi

La malattia di La Peyronie può determinare deformazioni peniene (quali: a "clessidra", o ad "emiclessidra") che quando corretti con corporoplastica associata ad impianto protesico determinano un difetto di tunica albuginea, che necessita di essere coperto per prevenire estrusione dell'impianto. In anni recenti ha ottenuto popolarità l'impiego di spugna di fibrinogeno + trombina (TachoSil®).
L'obiettivo di questo report è di presentare un caso di cedimento strutturale di TachoSil®, corretto mediante patch di pericardio bovino (Tutopatch®).

Materiali e metodi – Caso clinico

Paziente di 64 aa operato in altra sede 7 anni prima per severo deficit erettile in malattia di La Peyronie con curvatura laterale destra e deformazione ad emiclessidra. L'intervento ha previsto corporoplastica mediante incisione longitudinale di albuginea con estremi a "coda di rondine". Il risultante difetto è stato coperto con patch di TachoSil®. L'impianto utilizzato è stato AMS LGX 18 cm con un totale di 4,5 (1,5 + 3) cm di rear tips.
Il paziente si è presentato alla nostra attenzione per malfunzionamento (evidente "leak" dal sistema), con peraltro associato "bulging" del cilindro destro in sede di pregressa corporoplastica. Tale "bulging" era presente da tempo, solo in stato di flaccidità.
Nostro intervento: accesso ventrale longitudinale sul rafe francamente peno-scrotale, e successivo sollevamento della fascia di Buck in corrispondenza del "bulging". In sede di pregressa apposizione di patch di TachoSil® abbiamo riscontrato una sottilissima membrana ridondante al posto dell'albuginea. La stessa è stata lasciata intatta in sede, ma costretta entro il corpo cavernoso con punti staccati in Vycril ancorati su albuginea, e ricoperta con patch di pericardio bovino (Tutopatch®). Il nuovo impianto inserito per via scrotale è stata una protesi AMS LGX 21 cm con 4 cm rear tips bilateralmente.
Il paziente è stato dimesso in prima giornata.

Risultati

L'intervento ha normalizzato la conformazione peniena; a tre mesi di follow-up il paziente ha ripreso con piena soddisfazione la propria attività sessuale.

Conclusioni

Il presente caso evidenzia come la spugna di fibrinogeno + trombina non sia un sostituto dell'albuginea strutturalmente adeguato per impiego a copertura di significativi difetti della stessa. Il follow-up del nostro caso è limitato, ma il conforto della nostra esperienza in altri casi di copertura di ampi difetti dell'albuginea (Pescatori E, Loreto A: VJSM 2024 1:105) ci conferma come il pericardio bovino costituisca un patch strutturalmente adeguato in questi contesti.

Lo studio ha avuto finanziamenti: No

Codice: V04

TITOLO

Simultaneous Penile Prosthesis Implantation and Mini-Jupette Sling for Erectile Dysfunction and Climacturia

AUTORI

Alessandro Giordano[1], Giuseppe Celentano[1], Roberto La Rocca[1], Vincenzo Morgera[1], Assunta Zimarra[2], Marco Capece[1]

[1] Clinica Mediterranea, Unità di Urologia, Napoli, Italia
[2] Department of Neurosciences, Reproductive Sciences and Odontostomatology, University of Naples Federico II, Napoli, Italia

INTRODUCTION AND OBJECTIVE

Erectile dysfunction (ED), urinary incontinence, and climacturia are common sequelae following radical prostatectomy and can significantly impair patients' quality of life. These conditions often coexist and represent a challenging clinical scenario, affecting both physical and psychosocial well-being. While conservative management strategies may provide partial benefit, they are frequently insufficient. The aim of this study was to evaluate the safety and efficacy of a combined surgical approach designed to simultaneously address ED and climacturia through the implantation of a penile prosthesis and a mini-jupette sling.

METHODS

We performed a retrospective analysis of a single patient treated by a highly experienced implanting surgeon. The patient underwent inflatable penile prosthesis implantation (Infla10 pulse) combined with mini-jupette sling placement using a non-cross-linked porcine acellular dermal matrix (Native by DecoMed). Pre- and postoperative assessments at 6 months included the IIEF-5 and ICIQ-UI SF questionnaires, as well as daily pad usage.

RESULTS

A 66-year-old patient underwent simultaneous inflatable penile prosthesis implantation and Mini-Jupette procedure in September 2025, 23 months after radical prostatectomy. Preoperatively, he presented with severe erectile dysfunction (IIEF-5: 9), urinary incontinence requiring 2 pads/day, and an ICIQ-SUI-SF score of 15. The procedure was completed without intraoperative or postoperative complications. At 6-month follow-up, a marked improvement in erectile function was observed (IIEF-5: 25), along with improvement in urinary symptoms, with a reduction in ICIQ-SUI-SF score to 8 and pad use decreased to 1 pad/day. Climacturia completely resolved.

CONCLUSIONS

Simultaneous implantation of a penile prosthesis combined with the Mini-Jupette procedure appears to be a safe and effective approach for addressing the main functional sequelae of radical prostatectomy. This combined strategy may significantly improve patient quality of life by restoring both erectile function and urinary continence.

Lo studio ha avuto finanziamenti: No

Codice: V05

TITOLO
Length preservation in IPP surgery: corporoplasty with buccal mucosa patch

AUTORI
Angelo Orsini[1], Antonio De Palma[1], Matteo Soligo[1], Fabio Dolente[1], Antonio Piccione[1], Flavia Di Marco[1], Michele Rizzo[1], Giovanni Liguori[1]

[1] Università degli Studi di Trieste, Trieste, Italia

Introduction and objectives
Penile shortening is a common concern in patients with severe corporal fibrosis or tunical retraction and may significantly affect sexual function and patient satisfaction. Several reconstructive techniques using graft materials have been described to restore tunical integrity and preserve penile length. Buccal mucosa represents an autologous graft with favorable properties, including elasticity, resistance, and excellent tissue integration. The aim of this video is to illustrate the surgical technique of tunical lengthening through corporoplasty with a buccal mucosa patch.

Materials and methods
We present the case of a patient undergoing tunical lengthening with corporoplasty using an autologous buccal mucosa graft. After surgical exposure of the corpora cavernosa, a longitudinal incision of the tunica albuginea was performed in the area of maximal retraction in order to release the fibrotic segment and allow corporal expansion. A buccal mucosa graft harvested from the inner cheek was tailored to the appropriate size and sutured to the tunical defect, reconstructing the albuginea and restoring corporal length. The video demonstrates the key steps of the procedure, including graft harvesting, preparation, and fixation.

Results
The procedure was completed successfully without intraoperative complications. The buccal mucosa graft provided adequate coverage of the tunical defect and allowed satisfactory expansion of the corpora cavernosa. The surgical reconstruction resulted in restoration of tunical continuity and preservation of penile length.

Conclusions
Corporoplasty with a buccal mucosa patch represents a feasible reconstructive option for tunical defects and penile shortening associated with corporal fibrosis. The use of an autologous graft with favorable biomechanical characteristics may allow effective tunical reconstruction and length preservation. This video highlights the key surgical steps and demonstrates the reproducibility of the technique.

Lo studio ha avuto finanziamenti: No

Codice: V06

TITOLO
Intelligenza Artigianale

AUTORI
Matteo Paradiso[1], **Chiara Polito[1],** Carmen Gravina[1], Jordi Stira[1]

[1] UOC Urologia, Ospedale Cardinal Massaia, Asti, Italia

IA in andrologia: Intelligenza Artigianale
Presentiamo un caso di apicoplastica con configurazione sartoriale di rete titanizzata.
Esiti di estrusione protesica apicale.

Lo studio ha avuto finanziamenti: No

Codice: V07

TITOLO

Penile neurotization through an innovative somatic to autonomic procedure to treat post prostatectomy erectile dysfunction

AUTORI

Marco Falcone[1], Mirko Preto[1], Lorenzo Cirigliano[1], Ilaria Ferro[1], Sofia Bartolini[1], Natalia Plamadeala[1], Martina Scavone[1], Emanuele Zupo[1], Federico Lavagno[1], Paolo Gontero[1]

[1] Urology Clinic - A.O.U. "Città della Salute e della Scienza" - Molinette Hospital, University of Turin, Turin, Italy

Introduction and Objectives

This study investigates a novel surgical approach for erectile dysfunction (ED) following radical prostatectomy. Despite advances in nerve-sparing techniques and penile rehabilitation, post-prostatectomy ED remains highly prevalent, with limited effective and durable restorative options. Regenerative strategies such as nerve grafting have been explored, but results are still inconsistent. We propose a direct somatic-to-autonomic penile neurotization technique aimed at enhancing neural regeneration and improving functional recovery.

Materials and Methods

A prospective single-center clinical trial was conducted in patients with severe ED after radical prostatectomy. Inclusion criteria were men aged 45–70 years, non-smokers, with low comorbidity, ≥12 months post-surgery (nerve-sparing or non), and PSA <0.1 ng/ml. Patients had normal preoperative erectile function (IIEF-5 >17) and complete postoperative ED (IIEF-5 <8). A bilateral perineal approach was used to isolate the cavernous bodies and harvest the gracilis motor nerve, identified and confirmed by electrostimulation, preserving the vascular pedicle. The nerve was dissected distally and proximally to achieve adequate length and tunneled subcutaneously to the corpora cavernosa. Bilateral direct neurotization was performed through longitudinal corporotomies, securing the nerve ends within the cavernosal tissue without tension. Postoperatively, Tadalafil 20 mg three times weekly was administered for 24 months. Patients were followed for 24 months using validated functional outcome measures, including IIEF-5, EPIC, SEP and EHS scores.

Results

Fifteen patients underwent surgery, and 12 completed follow-up. The procedure proved safe, with no major intraoperative or postoperative complications (Clavien-Dindo ≥3). One patient developed wound dehiscence, which resolved with conservative management. Significant improvements were observed: median IIEF-5 increased from 5 to 10 (p=0.008), EPIC from 8 to 17 (p=0.027), and EHS from 1 to 2 (p=0.026). Overall, 41.7% of patients achieved satisfactory sexual intercourse with pharmacological support, indicating a meaningful functional benefit.

Conclusions

Direct somatic-to-autonomic neurotization appears to be a safe and promising technique for improving erectile function after radical prostatectomy. Larger comparative studies are needed to confirm efficacy and optimize patient selection.

Lo studio ha avuto finanziamenti: No

Codice: V08

TITOLO
Hidradenitis suppurativa: surgical management of two complex cases

AUTORI
Marco Falcone[1], Mirko Preto[1], Lorenzo Cirigliano[1], **Giampiero Della Rosa[1],** Liliana Guadagni[1], Natalia Plamadeala[1], Martina Scavone[1], Massimiliano Raffo[1], Emanuele Zupo[1], Sofia Bartolini[1], Paolo Gontero[1]

[1] Urology Clinic—A.O.U. "Città della Salute e della Scienza"—Molinette Hospital, University of Turin, Turin, Italy
[2] Neurourology Clinic—A.O.U. "Città della Salute e della Scienza"—Unità Spinale Unipolare, Turin, Italy
[3] Urology Department, Medical Faculty, Biruni University, Istanbul, Turkey
[4] Department of Neurosciences, Sciences of Reproduction and Odontostomatology, University of Naples "Federico II", Naples, Italy
[5] Department of Surgical and Biomedical Sciences, University of Perugia, Perugia, Italy
[6] University Vita-Salute San Raffaele, Milan, Italy

Introduction and Objectives
Genital hidradenitis suppurativa (HS) is a chronic inflammatory disease that may lead to massive lymphedema, resulting in clinical scenarios overlapping with buried penis. Genital lymphedema significantly impairs QoL, as well as urinary and sexual function, while HS complicates surgical management. The aim of this study is to illustrate reconstructive strategies for advanced HS.

Materials and Methods
Two clinical cases are described:
Case 1: A 52-year-old male with penoscrotal HS treated with en bloc excision of lymphedematous tissue, split-thickness skin graft (STSG) of 8×8 cm, and scrotal reconstruction.
Case 2: A 28-year-old male with perigenital and abdomino-gluteal HS who underwent extensive debridement and multi-flap reconstruction (gracilis, SCIP, vastus lateralis) combined with STSG.
To contextualize surgical outcomes, results were interpreted in light of our institutional experience with genital reconstruction for buried penis (n=51), which served as a reference for complication rates and functional outcomes.

Results
Radical excision allowed complete removal of pathological tissues in both cases. The postoperative course in both patients was marked by a febrile episode between postoperative days 3 and 4, which resolved promptly with targeted antibiotic therapy based on culture results.
Case 1: At 3-month follow-up, optimal STSG take and excellent scrotal reconstruction were observed, with satisfactory recovery of erectile function.
Case 2: At 1 month, all flaps were viable; partial wound dehiscence was noted in the left inguinal region (4 cm) and at the penile base (2 cm), successfully managed with advanced wound care.
These findings are consistent with our overall buried penis series, where minor complications (Clavien-Dindo I–II) occurred in 10 (20%) of cases without affecting outcomes. A significant improvement in urinary symptoms (IPSS 10.5 vs 4.5; $p<0.001$) and sexual function (IIEF 36.2 vs 47.8; $p<0.001$) was observed, along with a marked increase in QoL ($p<0.001$).

Conclusions
Expertise in buried penis surgery provides a solid technical foundation for the treatment of genital HS. In this setting, the reconstructive surgeon must demonstrate high technical versatility, with mastery of both flap-based and graft-based techniques, in order to tailor reconstruction to the specific defect. Radical excision combined with individualized reconstruction can achieve functional restoration of the genitalia.

Lo studio ha avuto finanziamenti: No

Codice: V09

TITOLO
Sartoria Italiana

AUTORI
Matteo Paradiso[1], **Chiara Polito[1],** Carmen Gravina[1], Jordi Stira[1]

[1] UOC Urologia, Ospedale Cardinal Massaia, Asti, Italia

Alta Sartoria Italiana
Presentiamo un caso di erniazione di cilindro protesico attraverso un difetto albugineo in un paziente con pregressa chirurgia di placca con apposizione di patch ed impianto protesico tricomponente.
La protesi peniena viene sostituita in tutte le sue componenti e viene configurata una “calza” di protezione del cilindro con una rete titanizzata, previa valutazione diagnostica dell'entità del difetto di albuginea attraverso un'ottica di uso endoscopico.

Lo studio ha avuto finanziamenti: No

Codice: V10

TITOLO
VICTITAN Dual Implantation: A New Alternative for Post-Prostatectomy Erectile Dysfunction (ED) and Stress Urinary Incontinence (SUI)

AUTORI
Eleonora Sollazzi[1], Esther Garcia Rojo[2], Manuel Alonso Isa[2], Luis Guillermo Celada[2], Alessandro Fiorillo[1], Gahli Belkahia[2], Alessandro Zucchi[1], Javier Romero Otero[2], Agustín Fraile Poblador[2]

[1] University Hospital of Pisa, Urology, Pisa, Italy
[2] ROC Clinic, HM Hospitales, Urology, Madrid, Spain

Introduction & Objectives
Simultaneous management of erectile dysfunction (ED) and stress urinary incontinence (SUI) after radical prostatectomy remains challenging. The Coloplast Titan inflatable penile prosthesis (IPP) ensures reliable rigidity and high satisfaction, while the VICTO artificial urinary sphincter (AUS, Promedon) provides an adjustable solution through postoperative pressure regulation. This video shows the step-by-step technique of dual implantation in a single session.

Materials & Methods
A 61-year-old male with severe post-prostatectomy ED and SUI (pad test: 1,500 g; five pads/day) underwent dual implantation of a Titan IPP and VICTO AUS. Surgery was performed under general anesthesia using combined perineal and penoscrotal approaches, preserving anatomical separation and reducing infection risk. AUS placement began with dissection of the bulbar urethra via a perineal approach. After measuring urethral circumference, the appropriate cuff was selected. The device was prepared by removing air and filling it with 13 mL saline. The pressure-regulating balloon was placed intraperitoneally, and the system transferred subcutaneously to position the cuff and scrotal pump. The Titan prosthesis was implanted via a longitudinal penoscrotal incision following standard technique.

Results
Surgery was completed without complications in 130 minutes. Recovery was uneventful, and both devices were activated as scheduled. At 4 months, continence improved (pad test: 60 g; two pads/day during activity). Erectile function was restored with satisfactory rigidity. The AUS required three adjustments, reaching a final fill of 21 mL. No erosion, malfunction, or infection occurred.

Conclusions
Simultaneous implantation of Titan IPP and VICTO AUS is feasible and safe, with good functional outcomes. Dual implantation may be a valid option for selected patients with post-prostatectomy ED and SUI.

Lo studio ha avuto finanziamenti: No

Codice: V11

TITOLO

Complex Penile Prosthesis Implantation in Severe Corporal Fibrosis after Ischemic Priapism and Prosthesis Infection

AUTORI

Matteo Covre[1], Michele Rizzo[1], Flavia Di Marco[1], Alexandra Ioana Iachimovsky[1], Massimo Capone[1], Giovanni Liguori[1]

[1] Clinica Urologica, Università degli Studi di Trieste, Trieste, Italy

Introduction and Objectives

Severe corporal fibrosis represents one of the most challenging scenarios in penile prosthesis implantation. It most commonly follows ischemic priapism or explantation of infected inflatable penile prostheses (IPP) and may severely compromise corporal dilation and device placement. Surgical management in these cases often requires advanced reconstructive techniques. We report a case of graft-assisted IPP implantation in severe post-priapism corporal fibrosis after prosthesis infection.

Materials and Methods

A 39-year-old male developed erectile dysfunction after ischemic priapism in 2013, resulting in severe bilateral corporal fibrosis. He previously underwent single-cylinder IPP implantation, followed by device replacement and subsequent explantation for prosthesis infection. Delayed reimplantation was performed after resolution of infection. Through a penoscrotal approach, dense fibrosis caused near-complete obliteration of the corporal lumen and prevented adequate dilation. Extended corporotomy with excision of dense fibrotic tissue was required to recreate an adequate corporal cavity for IPP implantation. Intraoperatively, severe reduction in corporal compliance and lumen caliber was observed. Tunical reconstruction was achieved using a bovine pericardium graft before insertion of a narrow-based inflatable penile prosthesis.

Results

Successful IPP implantation was achieved despite severe corporal fibrosis and previous device infection. Reconstruction with bovine pericardium restored tunical integrity and ensured adequate prosthetic coverage. Postoperatively, fever and elevated inflammatory markers occurred without clinical evidence of prosthesis infection. Pelvic magnetic resonance imaging (MRI) and whole-body scintigraphy with labeled leukocytes showed no signs of device infection. Epstein–Barr virus (EBV) DNA was detected in blood, consistent with infectious mononucleosis reactivation. After discontinuation of empirical antibiotics, no local infection was observed and the prosthesis functioned normally at follow-up.

Conclusions

Penile prosthesis implantation in severe corporal fibrosis remains technically demanding. In this case, proximal dilation with a Rossello dilator, penile degloving, extended corporotomy, excision of dense fibrotic corporal tissue, and graft-assisted tunical reconstruction enabled successful penile prosthesis implantation.

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TITOLO

A rare Case of Penile Granulomatosis with Polyangitis: Case Report and Multidisciplinary Management Approach

AUTORI

Matteo Coschignano[12], Nicolò Schifano[12], Benedetta Pennella[12], Sara Baldini[12], Ilaria Zais[12], Alessio Villano[12], Paolo Capogrosso[12], Gabriele Antonini[12], Alberto Batticciotto[3], Antonella Cappelli[3], Federico Dehò[12]

[1] Urology Department, ASST Sette Laghi – Circolo & Fondazione Macchi Hospital, Varese, Italy
[2] Università degli Studi dell'Insubria, Varese, Italy
[3] Rheumatology Unit, Internal Medicine Department, ASST Sette Laghi – Circolo & Fondazione Macchi Hospital, Varese, Italy

Introduction and Objectives

Granulomatosis with polyangiitis (GPA) is a rare systemic vasculitis, with penile involvement reported in approximately 1% of affected males, making genital manifestations extremely uncommon. We report the case of a 34-year-old man with a history of GPA who presented with a genital ulcer requiring coordinated multidisciplinary management.

Materials and Methods

A 34-year-old male with known systemic GPA presented to the accident and emergency department with a dorsal penile shaft abscess that progressed into a necrotic ulcer. Histopathological examination confirmed active vasculitic involvement consistent with GPA. The patient underwent escharotomy and split-thickness skin grafting (STSG). However, graft inosculation failed, possibly due to local infection with methicillin-resistant *Staphylococcus aureus* (MRSA) and/or persistent vasculitic activity. Targeted antimicrobial therapy, corticosteroid-based immunosuppression, and hyperbaric oxygen therapy (HBOT) were subsequently initiated, leading to gradual wound healing by secondary intention. The total hospital stay lasted 21 weeks. During follow-up, the patient developed a penile curvature of approximately 110° during erection, resulting in inability to perform penetrative intercourse.

Results

Complete re-epithelialization of the penile skin was achieved after approximately 25 weeks. Despite satisfactory wound closure, the patient reported poor functional and aesthetic outcomes. Patient-reported evaluation using a visual analogue scale (VAS) was unsatisfactory, scoring 2 out of 5.

Conclusions

Penile involvement in GPA represents an exceptionally rare clinical manifestation requiring a multidisciplinary approach. Surgical reconstruction with STSG may represent a therapeutic option for extensive penile skin defects and may potentially reduce healing time; however, the risk of complications, including graft infection or failure, should be carefully discussed with the patient. Healing by secondary intention in large genital defects associated with GPA may require prolonged hospitalization and can lead to significant functional sequelae despite adequate systemic therapy. HBOT may represent a useful adjunctive treatment in selected cases. Further studies are needed to better characterize genital manifestations of GPA and to define evidence-based management strategies.

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