

bining PDE5-inhibitors and alpha-blockers is significant with all alpha blockers except tamsulosin because of selectivity factors. Dr. Anis gave a detailed explanation of the various safety issues and advised that further information is available at the FDA website www.fda.gov/cder/drug/infopage/cialis/default.htm

What is sexual satisfaction?

Dr. Hernandez inquired about what is sexual satisfaction in the personal view of List members. Dr. Dean expressed his view quite elegantly: an experience for two that varies with the environment, mood and circumstances of both partners. We might have different expectations but the experience needs to be mutually enjoyable. It will range between a shared feeling of intense emotional and spiritual intimacy, accompanied by a pleasurable physical sensation, and an intense, passionate physical experience, more visceral than emotional, more "animal" than spiritual. Being male, this would involve orgasm and, usually, intercourse.

Painful nocturnal erections

Dr. Becher presented the case of a 29 years-old young man with a history of painful nocturnal erections which wakes him up 2 to 3 times per night, for the past 4 months. He treated him using digoxin with only a partial improvement. Dr. Becher explained -and provided references- that digoxin has been reported to interfere with normal erectile function by inhibition of corporeal smooth muscle sodium/potassium ATP ase pump activity, impeding relaxation. Dr. Porst advised a trial of the antiandrogen casodex. Dr. Guillermo Gueglio had good results in three cases using alpha receptor agonists while Dr. Ugarte advised adding a muscle relaxant to decrease perineal muscle tone induced by pain. Dr. Glina advised finasteride use; Dr. Ashour suggested a trial of ketoconazole based on its antiandrogenic effect.

Dr. Osman contributed a concise review and references about current pharmacologic treatment options for recurrent priapism. He advised that baclofen -a GABA (gamma-aminobutyric acid) agonist used in treatment of spasticity- succeeded not only in managing recurrent priapism, but also in preserving erectile

function. He suggested adding rivotril (clonazepam) in resistant cases and reported 4 successfully treated cases.

Tribulus terrestris

Dr. Ramiro requested information about a product named tribulus terrestris. Dr. Poosha mentioned that this product is also present in India. Dr. Assalian warned about the placebo effects of products that claim to cure all sexual dysfunctions. Dr. Adaikan explained that -in Asia- there are many agents of plant origin historically claimed as aphrodisiacs without scientific documentation. Dr. Adaikan also referred to a study reporting an androgen increasing property of this product as well as its ability to increase the levels of both cAMP and cGMP. He noted that further studies are necessary to evaluate its clinical efficacy.

The detailed cases and discussions of the current and previous cases may be read online on www.issir.org or www.issm.info by clicking ISSMList / Digest directory.

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Hussein Ghanem, MD

Comments & reviews

Surgery for penile curvature based on a single relaxing incision: geometrical principles of the surgical technique

The current surgical technique consists of the shortening of the tunica albuginea on the long side, invariably associated with loss of penile length (1-5), or the lengthening of the short side by incision and/or excision of the tunica with graft placement (6-10). The plaque excision yields uncertain results because the plaque is not palpable in 30% of cases (11), may be multifocal (12), and changes in the tunica are diffuse and not restricted to the plaque itself (13-14). Also, the patients' main complaint is penile deformity and not the plaque itself. Relaxing incisions can correct all types of curvature and may be applied

whether or not associated with a plaque (7-8). Different kinds of relaxing incisions have been described for each type of penile curvature whether associated with constriction or not (7-8). However, there is no standard procedure (15-17). The mainstay of this surgical technique is the geometrical principles on which it is based; this technique produces a tunical defect of a pre-determined size, shape and position. The graft to cover this defect may be of any one of a variety of materials. The technique here described uses a single almost complete circumferential relaxing incision forked at the ends. It

is best undertaken by the precise application of geometrical principles to determine the exact site for the incision in the tunica or plaque so that the shorter side shall be as long as the longer side, thus creating a simpler defect in the tunica to make the grafting procedure easier. In cases of erectile dysfunction that require penile prosthesis (18-19), this latter can be implanted in one and the same procedure. The size of the prosthesis is compatible with the longer side as it is the shorter side that is lengthened. Only patients with moderate to severe and stable penile curvature that makes

which does not disturb penile functioning. The gain in functional penile size was maintained in patients who kept penile straightening and was reduced by up to 0.5 cm in those who developed curvature postoperatively. The same preoperative erection status was maintained in patients with Peyronie's disease without prosthesis and with congenital penile curvature after the surgery. All cases with prosthesis preserved penile straightening. At the end of the follow-up, all the patients recovered or acquired the ability to penetrate and re-established satisfactory sexual activity.

Discussion

The technique herein presented is based on an incomplete circumferential incision forked at the ends in the tunica albuginea and/or plaque, irrespective of the characteristics and localization of the plaque (10, 21-23). It may be used to correct all types of curvature, associated or not with constriction. The present technique allows for the standardization of a single tunical incision procedure that may be reproducible in multicentric studies leading to a better understanding of the advantages and disadvantages of the different types of graft material (24-26). This single incision technique applying geometrical principles is a standardized procedure which may be used for the correction of any penile curvature whether associated or not with tunical constriction regardless of plaque characteristics, resulting in maximum penile gain. The mainstay of this surgical technique is the geometrical principles on which it is based; this technique produces a tunical defect of a predetermined size, shape and position. The graft to cover this defect may be of any one of a variety of materials.

For further information on the technique please read:

Egydio PH, Lucon AM, Arap S. A single relaxing incision to correct different types of penile curvature: Surgical technique based on geometrical principles. *BJU Int* 2004;94:1147-57.

Egydio PH, Lucon AM, Arap S. A single relaxing incision to correct different types of penile deformity in Peyronie's disease: geometrical principles. *J Urol* 2003(Suppl);169:275 (abstract).

Egydio PH, Lucon AM, and Arap S.

Treatment of Peyronie's disease by incomplete circumferential incision of the tunica albuginea and plaque with bovine pericardium graft. *Urology* 2002;59:570-4.

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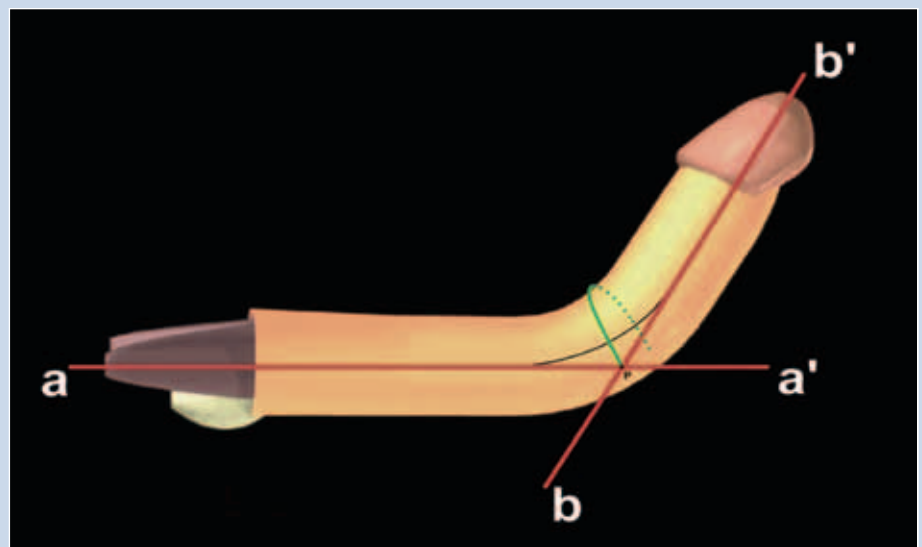


FIGURE 1
The intersection of the tangential lines to the penile axis a-a' and b-b' determines the point of maximum curvature (P). A circumferential line is drawn from point P in the bisectrix of the angle formed by the lines a-a' and b-b'.