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AB132. Nocturnal penile tumescence monitoring: what have we done and what should we do?

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Objective: Erectile dysfunction (ED) is a complex disorder caused by multiple etiologies. It has been categorized into psychogenic, organic and mixed. Nocturnal penile tumescence (NPT) is critical to differentiate the organic or psychogenic and to evaluate penile erectile function. This report reviews all NPT measurements published, and presents the characteristics of each method.

Methods: We retrospectively reviewed all available literature focusing on NPT monitoring through a systematic PubMed search using the keywords "nocturnal penile tumescence" and "erectile dysfunction". The advantages and limitations of each NPT monitoring method were analyzed.

Results: To date, mainly seven methods and their modifications have been reported for NPT measurement: sleep laboratory testing, the mercury strain gauge, the stamp test, the erectometer, the Snap gauge, the RigiScan and nocturnal electrobioimpedance volumetric assessment (NEVA). Compared to direct observation and measurement from sleep laboratory testing, the invention and development of NPT recorders have largely improved the convenience of use; however, a variety of limitations exist for each method.

Conclusions: Though NPT measurements have experienced a long period of evolution and have their

particular strengths, none of these measurements are regarded as the "golden standard". In this review, we described the various types of NPT measurements, the quantitative parameters that they use for evaluating erectile quality and ED treatment effects, their utility in the etiologic diagnosis and differential diagnosis of ED, and the disadvantages associated with each. The ideal NPT test: (I) accurate and comprehensive; (II) simple, wearable, convenient and less sleep interference; (III) inexpensive is desperately needed in clinic.

Keywords: Nocturnal penile tumescence (NPT); erectile dysfunction (ED); psychogenic ED; RigiScan

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AB133. The Directors of Japanese Society for Sexual Medicine have a positive attitude for sexuality education in Japanese medical schools

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Objective: The purpose of the present study was to investigate the current state of sexuality education in Japanese medical schools and the association of the position title of Japanese Society for Sexual Medicine (JSSM).

Methods: We surveyed the four factors, the number of lecture components, the time of curriculum hours, the degree of sufficiency level of the components, and the degree of sufficiency level of the curriculum hours in medical schools in Japan. Also, we have investigated the

four factors difference among three groups, Directors, Council, and Non-member of JSSM.

Results: Of the 80 medical schools, the faculties of the Urological department of 69 medical schools (86%) responded. The mean number of lecture components was 7.8. The number of lecture components of Directors (10.2) had significantly higher than Council (4.7) and Non-member (7.3). There is no significant difference the number of lecture components between Council and Non-member. The mean curriculum hour was 113 minutes. The curriculum hour of Directors (152.6) was significantly longer than Non-member (95.9). There is no significant difference the curriculum hour between Council (106.7) and Non-member. The satisfactory degree of the components was very satisfied (1.5%), satisfied (26.5%), not satisfied (55.9%), and dissatisfied (16.5%) for the faculties. The satisfactory degree of the curriculum hours was very long (0%), long (0%), moderate (50%), short (45.6%), and very short (4.4%) for the faculties. There is no significant difference the satisfactory degree of the components and the curriculum hours among three groups.

Conclusions: The Directors of JSSM have a positive attitude for sexuality education in Japanese medical schools. While curriculum hour is insufficient for the faculties in half of medical schools, over 70% medical schools answered that the lecture components are insufficient, too. Now we should make every effort to achieve sufficient components for sexuality education. We need the standardized syllabus and materials for sexual medicine in medical schools. These syllabus and materials should to be mainly made by Directors. This is the first Japanese study on sexuality education in medical schools.

Keywords: Sexuality education; Japanese Society for Sexual Medicine (JSSM); Japan

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AB134. A reassessment of penile sensory pathways and effects of prilocaine-lidocaine cream in primary premature ejaculation

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Objective: To assess the penile sensory pathway abnormalities of the patients with primary premature ejaculation (PPE) and effects of prilocaine-lidocaine (PLA) cream.

Methods: we enrolled 82 PPE patients and 34 normally potent male volunteers. Somatosensory evoked potentials of dorsal nerve (DNSEP) and glans penis (GPSEP) were performed in each subject. In addition, among the 82 patients, 60 were selected and randomly divided into PLA and placebo group, each with 30 patients. Cream were applied evenly on the glans penis with ten minutes and washed off just before DNSEP and GPSEP were repeatedly measured.

Results: Mean latencies of DNSEP and GPSPE were both remarkably shorter in the patients than those in the normal potent men ($P < 0.001$, both). Compared with the control group, mean amplitudes of GPSEP were significantly greater in the patient group ($P < 0.001$), but not considerably on the amplitudes of DNSEP ($P = 0.229$). After cream application, the latencies and amplitudes of both DNSEP and GPSEP were significantly prolonged and reduced respectively in the active group ($P < 0.001$, all).

Conclusions: These results showed that hyperexcitable ejaculatory reflex neurological factor was linked to PPE, because of hypersensitivity of the penile, accelerated conduction, and cortical amplification of the genital stimuli. The PLA cream could delay sensory latency and decrease glans penile hyperexcitability, which may be the mechanism for PPE treatment.

Keywords: Lidocaine; premature ejaculation