

AB037. Role of nocturnal penile erection test on response to daily sildenafil in patients with erectile dysfunction due to pelvic fracture urethral disruption

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Objective: To evaluate the results of nocturnal penile erection test and response to daily sildenafil in patients with erectile dysfunction (ED) due to pelvic fracture urethral disruption.

Methods: In the past three years, we included 38 patients with ED due to pelvic fracture urethral disruption. The mean age was 33.1 years (range, 22-49 years). All were evaluated subjectively and objectively by the International Index of Erectile Function-5, nocturnal penile tumescence and rigidity (NPTR) test, and penile Doppler ultrasonography. Patients received daily sildenafil 50 mg for 3 months.

Results: Thirty-one patients were followed up: 54.8% showed response to sildenafil defined as reporting successful vaginal penetration and intercourse. Patients with neurogenic, arterial, and venous EDs did not differ in efficiency rates ($P = .587$). However, the penile erectile rigidity recorded by NPTR test affected efficiency significantly ($P = .046$). Patients with tip rigidity $>40\%$ had the highest response rate (76.9%), but the response rate for patients with tip rigidity $<20\%$ was only 22.2%.

Conclusions: NPTR recording can reveal resident erectile function in patients with ED due to trauma and is significant for selecting pharmacologic treatment as optimal therapy.

Keywords: Erectile dysfunction (ED); pelvic fracture urethral disruption (PFUD); phosphodiesterase type 5 inhibitors (PDE-5Is); nocturnal penile erection test (NPT)

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AB038. Prevalence and influential factors of erectile dysfunction in male renal transplant recipients

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Objective: To research the prevalence of erectile dysfunction (ED) and the influential factors in male renal transplant recipients (RTR).

Methods: A cross-sectional survey was conducted in three renal transplantation centres. Structured questionnaires were administered by trained interviewers to 824 male renal transplant patients, who had active sexual life in last 6 months.

Results: The complaints of ED was reported by 75.5% of the 809 RTR (age range, 19-75 y, mean 45 ± 10 y), whose questionnaires were complete fulfillment. Mild, moderate, and severe was 53.6%, 8.3% and 13.6%, respectively. The mean age and the graft duration were significantly higher in male RTR with ED compared to potent ones ($P=0.000$, and 0.04 respectively). Moreover, the severity of ED increased with aging. The percentage of moderate

and severe cases of ED increased from 6.7% in patients below 40 y to 28.9% in those over 40 y ($P=0.000$). The prevalence of ED in the RTR who had no occupation was higher than in those who were holding position ($P=0.001$). The prevalence of ED decreased with the increase in the education level. The prevalence of ED was 94.3 %, 86.4 %, 74.0 % and 67.8 % in men with elementary school or lower, middle school, high school, and college or higher degrees, respectively ($P=0.000$). Patients, whose arteria iliaca interna distal end was interrupted, iterative transplantation, worrying transplanted kidney function impacted by sexual life, and with CsA-based immunosuppressive regimens, were more likely to have ED ($P=0.000$, 0.001, 0.000, 0.000, respectively). There were no statistically significant differences between both groups as regards the incidence of hypertension, diabetes, hyperlipidemia, pretransplant hemodialysis, hemodialysis duration, ligation of spermatic cord, taking Betaloc, and taking Rapamune (Sirolimus). No statistical differences were found in levels of serum creatinine, urea nitrogen, and hemoglobin, between patients with and without ED. Also no statistical differences were found in history of smoking, drinking, smoking consumption, alcohol consumption, between the two patient groups. After Logistic regression analysis, only five factors: age, education level, interruption of arteria iliaca interna distal end, worrying transplanted kidney function impacted by sexual life, CsA-based immunosuppressive regimens sustained their significance.

Conclusions: Renal transplant has varying effects on erectile function. ED is highly prevalent among RTR, and its influential factors is multiple. Age, education level, interruption of arteria iliaca interna distal end, worrying transplanted kidney function impacted by sexual life, CsA-based immunosuppressive, are the main influential factors of ED in male RTR.

Keywords: Erectile dysfunction (ED); prevalence; influential factors; renal ransplant

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AB039. Metabolic syndrome/ cardiovascular disease and erectile dysfunction (ED)

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Objective: Recent evidence suggests a strong link between erectile dysfunction (ED) and metabolic syndrome/ cardiovascular disease. We sought to investigate male erectile function of hospitalized patients with metabolic syndrome/ cardiovascular disease and the incidence of ED and explore the relationship between metabolic syndrome/ cardiovascular disease as well as its risk factors and ED.

Methods: Male patients with diabetes/metabolic syndrome and cardiovascular disease, hospitalized in the department of endocrinology and cardiology of the First Affiliated Hospital of Xi'an Jiaotong University were inquired by using an designed questionnaire. Body height, weight, waist circumference, hip circumference were recorded; erection function of patients were scaled by IIEF-5. Uni-/ Multivariable Logistic regression and OR analysis were employed to evaluate the risk factor of ED.

Results: Statistic shows the incident rate of ED is 90.86% and 66.7% hospitalized patients with metabolic syndrome/ cardiovascular disease respectively. Univariate Logistic regression shows the risk factor of cardiovascular patient suffering ED are: age, smoking, BMI, total cholesterol, TC/HDL, Hypertension and CAD. Multivariable Logistic regression shows the risk factor of cardiovascular patient suffering ED are age, financial condition, smoking, BMI and TC/HDL. Univariate Logistic regression shows the risk factors of MetS patient suffering ED are age, salary, physical activity, course of diabetes, TG. Multivariable Logistic regression shows the risk factors of diabetes/MetS suffering ED are: age, course of diabetes, hypertension.

Conclusions: The incidence of ED hospitalized patients with diabetes/MetS and cardiovascular disease are high and increasing by age. The risk factor of ED are course of diabetes, hypertension, smoking, BMI, total cholesterol, TC/HDL, Hypertension and CAD.

Keywords: Diabetes/MetS; cardiovascular disease; erectile dysfunction (ED); risk factors