AB169. Clinical aspects and molecular genetics of persistent müllerian duct syndrome associated with transverse testicular ectopia: report of three cases

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Abstract: Persistent müllerian duct syndrome (PMDS) is a rare form of male pseudohermaphroditism, characterized by the presence of a uterus and fallopian tubes owing to failure of müllerian duct regression in genotypically normal males. The association between a persistent müllerian duct and transverse testicular ectopia (TTE) is even more uncommon. PMDS with TTE is a very rare pathological association, often discovered during repair for inguinal hernia or cryptorchidism. We report three cases of Chinese patients with PMDS associated with TTE. Hysterectomy was performed, with resection of the underdeveloped fallopian tubes. Both gonads were placed into subdartos pouches in each scrotum by the transseptal approach. PMDS with TTE is a rarely encountered form of male pseudohermaphroditism usually unexpectedly found at surgery for cryptorchidism or inguinal hernia. Surgical treatment should avoid damage of fertile testes and vasa deferens.

Keywords: Persistent müllerian duct syndrome (PMDS); transverse testicularectopia (TTE); pseudohermaphroditism

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AB170. Effect of levitra on sustenance of erection (EROS): an open-label, prospective, multicenter, single-arm study to investigate erection duration measured by stopwatch with flexible dose vardenafil administered for 8-week in subjects with erectile dysfunction

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Introduction: To investigate the change of erection duration measured by stopwatch with flexible dose vardenafil administered for 8-week in subjects with erectile dysfunction (ED).

Material and methods: Effect of levitra on sustenance of erection (EROS) was an open-label, prospective, multicenter, single-arm study designed to measure the duration of erection in men with ED receiving a flexible dose of vardenafil over an 8-week treatment period. Patients were instructed to take vardenafil 10 mg 60 min prior to attempting intercourse. Vardenafil could be increased to 20 mg or decreased to 5 mg concerning patients' efficacy

and safety. Following initial screening, patients entered a 4-week treatment-free run-in phase and 8-week treatment period, during which they were instructed to attempt intercourse at least four times on 4 separate days.

Results: Ninety five men were enrolled in ten centers. During the 8-week treatment period, the mean duration of erection leading to successful intercourse was statistically superior when patients were treated with vardenafil.There were significant benefits with vardenafil in all domains of International Index of Erectile Function. Secondary efficacy end-points included success rate of penetration, maintaining, ejaculation, satisfaction were superior when patients were treated with vardenafil. There was a significant correlation between duration of erection with other sexual factors. Also partner's sexual satisfaction increased with vardenafil. Most adverse events were mild or moderate in severity.

Conclusions: Vardenafil was safe and well tolerated. Vardenafil therapy provided a statistically superior duration of erection leading to successful intercourse in Korean men with ED with female partner.

Keywords: Stopwatch; vardenafil; phosphodiesterase type 5 (PDE5) inhibitor; erectile dysfunction (ED); partner

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AB171. Targeting Ninjurin-1 for future therapy of erectile dysfunction

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Abstract: Penile erection is a neurovascular phenomenon, and erectile dysfunction (ED) is caused mainly by vascular risk factors or diseases, neurologic abnormalities, and hormonal disturbances. Men with diabetic ED often have severe endothelial dysfunction and peripheral nerve damage, which result in poor response to oral phosphodiesterase-5 inhibitors. Nerve injury-induced protein 1 (Ninjurin 1, Ninj 1) is known to be involved in neuroinflammatory processes and to be related to vascular regression during the embryonic period. Here, we demonstrate in streptozotocin-induced diabetic mice that inhibition of the Ninj 1 pathway by administering Ninj 1-neutralizing antibody (Ninj 1-Ab) or by using Ninj 1-knockoutmice successfully restored erectile function through enhanced penile angiogenesis and neural regeneration. Angiopoietin-1 (Ang1) expression was down-regulated and angiopoietin-2 expression was up-regulated in the diabetic penis compared with that in controls, and these changes were reversed by treatment with Ninj 1-Ab. Ninj 1 blockade-mediated penile angiogenesis and neural regeneration as well as recovery of erectile function were abolished by inhibition of Ang 1-Tie2 (tyrosine kinase with Ig and epidermal growth factor homology domain-2) signaling with soluble Tie2 antibody or Ang1 siRNA. The present results suggest that inhibition of the Ninj 1 pathway will be a novel therapeutic strategy for treating ED.

Keywords: Penile erection; erectile dysfunction (ED); Nerve injury-induced protein 1 (Ninjurin 1, Ninj 1)

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