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ORIGINAL PAPERS

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ORIGINAL PAPER

Smoking, diabetes, blood hypertension: Possible etiologic role for Peyronie's disease?

Analysis in 279 patients with a control group in Sicily

Carlo Pavone [1], Francesco D'Amato [1], Nino Dispensa [1], Federico Torretta [2], Carlo Magno [3]

[1] Section of Urology, Department of Surgical, Oncological and Stomatological Sciences, AOUP "P. Giaccone", University of Palermo, Italy;
[2] Department of Economics and Statistics (DSEAS), University of Palermo, Italy;
[3] Unit of Urology, Department of Human Pathology, AOU "G. Martino", University of Messina, Italy.

Summary *Objective: To assess the proportion of patients with Peyronie's Disease (PD) and the possible association with its potential risk factors in the general population of the central and western Sicily in our weekly andrological outpatient clinic.*
Materials and methods: We recruited a sample of 279 consecutive patients consulting our andrological outpatient clinic. Two arms were created: the first one composed by PD patients (men with symptoms suggestive for PD), the second one composed by patients with other andrological diseases (control arm). For each patient we evaluated the age, cigarette smoking, diabetes, blood hypertension and erectile function. In the PD arm we administered validated questionnaires to determine the erectile function status by the International Index of Erectile Function 5 (IIEF-5) and the pain status during erection by the Visual Analogue Scale (VAS). A univariate analysis was conducted using R software.
Results: We enrolled 279 consecutive patients. The number of PD patients was 97 (34,7%). The univariate analysis showed a correlation between PD and cigarette smoking ($p = 0.0242$), blood hypertension ($p < 0.001$), erectile dysfunction ($p < 0.001$). No significant association was observed between diabetes and PD ($p = 0.358$).
The median age of PD arm was 60 years and the median age of the control arm was 63,5 years; therefore the median age of PD arm resulted lower than the median age of the control arm ($p = 0,031$).
Conclusions: Peyronie's disease is more common than we might think; furthermore it can be diagnosed among young patients. According to our results, cigarette smoking and blood hypertension may be considered statically significant risk factors for developing PD. On the contrary diabetes seems not to be a risk factor for PD. According to our results PD should be sought also in young patients. Further studies are necessary to confirm that removing the indicated risk factors may reduce the incidence of PD.

KEY WORDS: *Peyronie's disease; Age; Diabetes; Cigarette smoking; Blood hypertension; Erectile dysfunction; Pain.*

Submitted 18 December 2014; Accepted 31 January 2015

INTRODUCTION

Peyronie's Disease (PD) is an andrological condition of unknown pathogenesis. The interest for such disease derives not only from its sexual, physical and psychological aspects but also from its undefined etiological, epidemiological,physiopathological aspects since it was described for the first time in 1743 by *Francois Girot de La Peyronie*. These features of the disease have influenced also the treatment, nowadays not curative. The use and the success of oral therapies for Erectile Dysfunction (ED) in the last years have contributed to uncover the hidden sexual pathologies leading the patient to the specialist. However PD is underdiagnosed and the time between diagnosis and therapy is still excessive (1). PD seems to be a pathology of connective tissue, a disorder of the penile tunica albuginea that determines a scar or a palpable plaque, often in the dorsal surface of the penis that could determine a penile curvature and change of length and diameter of the penis during erection. The condition often associated to PD is the ED, but it is hard to understand if the ED is a consequence of penile fibromatosis or a psychological consequence to the altered body image linked to the penile curvature or to the pain during intercourse. The physiopathological theories for the disease are multiple: trauma during intercourse with an aberrant healing (2), genetic predisposition, autoimmune disorder, over-expression of pro-inflammatory cytokines (3) etc. Probably the genesis of this disease is multi-factorial (4). There are no certainties even about therapies: nowadays a medical therapy does not exist with a tested clinical effectiveness. The surgical approach is recommended specially when the disease is stabilized, after 6-12 months from the first appearance of symptoms, when the acute inflammatory process is ended and there are no recent changes in penis deformity. However the surgical approaches are even burdened by limits (e.g. penis size reduction, possible relapse of the curvature, alteration of penile sensitivity and ED). The studies on the prevalence of PD are limited; the epidemiological data from literature are different for types of population studied and according to the different definition of the disease. The prevalence of PD in general population ranges between 0.39% (5) and 7.1% (6), but it goes up to 20.3% in diabetic patients with ED (7). The data on

No conflict of interest declared.

possible epidemiological and symptomatic links in patients affected with PD and other comorbidities (diabetes and smoking habits) are multiple and there are no univocal conclusions. For these reasons the aim of our study was to evaluate the possible association of PD with other pathologies and life-styles in a cohort of 279 consecutive patients from central-western Sicily who consulted our andrology outpatient clinic.

MATERIALS AND METHODS

From October 2012 to November 2013 we recruited a sample of 279 consecutive male outpatients consulting our andrological outpatient clinic. The main diseases were: benign prostatic enlargement (BPE), erectile dysfunction (ED), varicocele, premature ejaculation (PE), lower urinary tract symptoms (LUTS), infertility, prostatitis and PD. The patients were divided into two arms: the first arm was composed by PD patients, the second arm was composed by patients with other diseases without signs and symptoms suggestive for PD and it was considered as control arm.

Inclusion criteria in the first arm were presence of a scar or a palpable plaque under penis surface; penis curvature; pain in erection or during intercourse with penile curvature, PD naive patients or with a previous diagnosis of PD. Previous surgical treatment of PD was not considered an exclusion criteria.

An accurate clinical history was recorded during the first visit, the presence of comorbidity was evaluated and an accurate physical examination was performed. A database including age, cigarette smoking, diabetes, blood hypertension and erectile function for each patient was created. Validate questionnaires to analyze the ED status (*IIEF-5)* (8) and pain (*VAS*) (9) were administered to the patients of PD arm. According to IIEF-5 five classes of ED were indentified: severe (5-7); mild (8-11); low-mild (12-16); low (17-21); normal (22-25).

According to VAS four classes of pain were identified: severe pain (8-10); mild pain (5-7); low-mild pain (2-4); low/no pain (0-1).

All analysis was conducted using R software. To check on a relation among potential risk factors and PD an univariate analysis was performed using Wilcoxon signed-ranks test for age and Pearson X2 test for the other qualitative variables (diabetes, blood hypertension, smoking and erectile dysfunction).

RESULTS

A total number of 279 consecutive male patients was enrolled. Among them, 59 (21%) patients had diabetes, 158 (57%) had blood hypertension, 178 (64%) were smokers and 128 (46%) had ED (Table 1).

The PD arm included 97 (34.7%) patients, the control arm included the remaining 182 (65.3%) patients. The median age was 60 (range 25-78 years) in the PD arm, and 63.5 (range 21-81 years) in the control arm ($p = 0.031$) (Table 2).

Among the initial 279 patients, 128 (46%) had ED and 151 (54%) had no history of ED. Among patients with ED, 67 (52%) had also PD, while among patients without ED the diagnosed patients with PD were 30 (20%) ($p < 0.001$).

According to IIEF-5 the patients in the PD arm presented these scores: 0 patients severe; 7 (7.2%) patients mild; 23 (23.7%) patients low-mild; 37 (38.1%) patients low; 30 (30.9%) patients normal.

The patients affected with PD who referred pain during erection were 65 (67%). According to VAS the patients were divided in: 0 patients severe; 14 (14.4%) patients mild; 36 (37.1%) patients low-mild; 47 (48.4%) low/no pain (Table 3).

In our sample 178 (64%) patients were smokers and 101 (36%) were not smokers. Among the smokers PD was diagnosed in 71 (40%) patients, while it was diagnosed in 26 (26%) patients among the not smoker ones ($p = 0.024$).

One-hundred fifty-eight (57%) patients had blood hypertension and 121 (43%) referred normal blood pres-

Table 1.
Basal characteristic of population.

Number of patients 279 (100%)		
Diabetes		
	Yes	59 (21%)
	No	220 (79%)
Smoking		
	Yes	178 (64%)
	No	101 (36%)
Blood hypertension		
	Yes	158 (57%)
	No	121 (43%)
Erectile dysfunction		
	Yes	128 (46%)
	No	151 (54%)

Table 2.
Summary of statistics demonstrating age influence on the presence or absence of PD.

Age	Median	Mean	Sd	P-value
PD arm	60	59,1	8,3	· 0,031
Control arm	63,5	60,2	13,9	PD = Peyronie's disease

Table 3.
IIEF-5 and VAS scores in PD population.

IIEF-5	
	Number of patients with percentage
Disease stratification	
Severe (5-7)	0
Mild (8-11)	7 (7,2%)
Low/mild (12-16)	23 (23,7%)
Low (17-21)	37 (38,1%)
Normal (22-25)	30 (30,9%)
VAS	
Disease stratification	
Severe (8-10)	0
Mild (5-7)	14 (14,4%)
Low/mild (2-4)	36 (37,1%)
Low/no pain (0-1)	47 (48,4%)
VAS: Visual Analogue Scale	

IIEF-5 = International Index of Erectile Function 5.

Table 4.
Percentages of patients with PD disease in relation to risk factors.

		PD patients	P-value
Diabetes			
	Yes	24 (41%)	0,358
	No	73 (33%)	
Smoking			
	Yes	71 (40%)	0,0242
	No	26 (26%)	
Hypertension			
	Yes	69 (44%)	< 0,001
	No	28 (23%)	
Erectile dysfunction			
	Yes	67 (52%)	< 0,001
	No	30 (20%)	

sure. Among patients with blood hypertension PD was diagnosed in 69 (44%) patients; among patients with normal blood pressure it was diagnosed in 28 (23%) patients ($p < 0.001$).
Fifty-nine (21%) patients had diabetes and 220 (79%) were not diabetic. Among diabetic patients PD was diagnosed in 24 (41%), while it was diagnosed in 73 (33%) of not diabetic patients ($p = 0.358$) (Table 4).

Discussion

In Italy pathologies such as diabetes mellitus and blood hypertension are widely diffused. From a recent study published in 2012 the prevalence of diabetes in a region of Italy is shown to rise from 3.0% in 2000 to 4.2% in 2007 (40% more in only 7 years). The incidence shows a rate of 4 cases per 1000 per year (10). In other Italian regions higher prevalence values are published (11).
The overall prevalence of blood hypertension is about 24.4% in a population of three European macro-areas; among them, a third was under antihypertensive treatment, but a significant rate (56%) was unaware of high levels of blood pressure. The prevalence in the region of Abruzzo was 28.87% (12).
In Italy the current smokers are the 21.7% (22.7% in 2011 and 20.8% in 2012) of general population (13). Despite diabetes the trend of the habit of smoking is in a weak but progressive decrease so that, maintaining constant the ratio between those who start to smoke and those who quit, the prevalence at the end of next three decades is going to stabilize at 12.1% for women and 20.3% for men (14).
A definite analysis of prevalence of PD is impossible because of different definitions of disease, poor knowledge of disease also in health sector and patients' reluctance to show this condition. The epidemiologic data are extremely variable and depend mostly on methods of enrolling patients, on geographic differences and on characteristics of population chosen as sample. The prevalence of the disease seems to be directly proportional to ageing (6). In our study a lower median age is shown in the PD arm compared to control group ($p = 0.031$) (Table 2).
This data may indicate that in our sample the diagnosis is not related to ageing and therefore the disease should be sought also in young patients. In one of the most quoted studies about this argument, the prevalence of PD in general population of Rochester (*Minnesota, USA*) is 0.39%. Blood hypertension was the most associated disease in patients with PD, nevertheless no difference in the prevalence of diabetes was highlighted in the ill population in comparison to local general population (5). Diabetes, nevertheless, is one of the diseases mostly associated to PD in different studies. In another study (*Sommer et al, 2002*) the prevalence of patients affected with PD in the population of the area of Koln (*Germany*) is 3.2%. In this report the percentage of diabetic patients with PD was 18.3% versus 6% of diabetic patients without PD. The 40.8% of patients with PD had also ED. No further correlation between PD and other disorders or life-style (e.g. smoking) was demonstrated (15).
In the study by *Arafa et al. (2007)* the prevalence of PD among patients with diabetes and ED is 20.3%. A significant correlation was found between PD and age, obesity and smoking. Moreover all the patients with PD presented ED (7). The diabetes might condition the gravity of the disease because it would worsen the micro-circulation of penis and determine a considerable fibrotic process due to disease (16-17). In our survey among the 59 patients with diabetes the PD patients were 24 (41%), while among 220 without diabetes the PD patients were 73 (33%). In spite of a higher percentage of disease in diabetic patients demonstrated in our study, no statically significant difference between PD arm and control arm was shown ($p = 0.358$). Therefore the diabetes would not be associated to the disease and its absolute prevalence among PD patients might be casual or dependent from confounding external factors. The percentage of PD among the 128 patients with ED is 52%, while the percentage of PD patients among the 151 without ED is lower (20%) ($p < 0.001$); according to the data of literature in our survey a statistically significant association between PD and ED was evident; the analysis of results obtained administering the IIEF-5 to affected patients demonstrated that most of patients with PD had ED from low to mild gravity; however it was not possible to establish if ED was a consequence of PD and to quantify how the PD affected the erectile function.
The only Italian multicentric study (*La Pera et al, 2001*) reports a prevalence of PD in general population of 7.1%, with a significant correlation between smoking and diagnosis of PD. No significant correlations with other diseases (cardiovascular, diabetes, alcoholic abuse) were found (6). In our survey among the 178 smokers the patients affected with PD were 71 (40%), while among the 101 not smokers the PD patients were 26 (26%). According to data presented in literature these percentages resulted statistically significant and therefore smoking could be considered an important risk factor for PD and consequentially a lifestyle to evaluate during anamnestic work-up of PD patients ($p = 0.024$).
However the high rate of statistical association between smoke and PD did not explain how smoking habit may influence the pathogenesis of disease and the macroscopic alterations caused. In a study by *El Sakka (2006)* the prevalence of PD in patients with ED is 7.9%, with a

significant association between PD and other typical risk factors of ED such as obesity, age, smoking habit, and conditions like diabetes, hypercholesterolemia and psychological disorders (18).
In a study by *Mulhall et al. (2004)* the prevalence of patients with PD in a population screened for prostate cancer was 8.9% with coexistence of conditions such as blood hypertension and diabetes in the population with PD (19). In our sample among the 158 patients with blood hypertension 69 (44%) had PD, while among the 121 patients without blood hypertension the patients not affected with PD were 28 (23%); therefore the percentage of PD and blood hypertension patients is nearly twofold of the percentage of PD patients without blood hypertension ($p < 0.001$).
This result, as Mulhall's study reported, could show a very strong association between PD and blood hypertension. Blood hypertension could be considered an important risk factor for PD and consequentially a clinical parameter to evaluate during diagnostic work-up of PD patients. Blood hypertension and smoking are shown to be differently associated to PD, even though the etiological and pathophysiological factors of this association are unknown.
Our study was not an epidemiological prevalence study, although the percentage (34.7%) of PD patients in a series of consecutive outpatients during an year was a relevant data; this condition is still probably underestimated, as an autoptic study showed (20).
The analysis of VAS demonstrated that 67% of patients with PD had pain during erection: this not less important aspect showed how the disease may cause a very frequent painful symptomatology.

Conclusions

PD is more common than we might think. The social and cultural changes in Italian population, in primis the progressive use of treatment for ED, probably are going to determinate a higher prevalence of the disease in the future. According to our results smoking habit and blood hypertension are shown to be potential risk factors for PD; despite some studies diabetes would not be shown to be related with the onset of disease.
In the literature the prevalence of PD seems to be related to ageing; on the other hand, our results suggest that the age of disease onset could be not so advanced, therefore the presence of the disease should be evaluated also among young patients. Erectile dysfunction is frequently associated to the disease and it is often the reason why patients consult a physician as well as for the pain. Pain during erection, even though not so important in our sample, is widely diffuse among PD patients and influences their sexual and relational lives.
In our opinion this study has two biases, the small number of patients and the lack of information about the diabetic patients (type 1 or type 2, treated or untreated); these biases do not allow to make definitive conclusions about association between PD and its potential risk factors: further studies are necessary to confirm if smoking and blood hypertension have a causal relationship for determining the PD condition. The frequent association showed between these pathologies and abuse conditions should lead the physician to evaluate also the possible sexual dysfunctions not revealed by the patients.
In a study of 2011, 11420 American over 18 years men were enrolled in an online interview about PD symptoms, previous diagnosis or treatment for PD.
The prevalence of the disease ranges from 0.5% (diagnosis of PD) to 13% (diagnosis, treatment and symptoms of PD), but the most interesting data is that among people who asked for a therapy, 74% did not obtain any treatment from the first physician and 92% did not obtain diagnosis of PD (1). Therefore a better understanding of the symptoms and signs of the disease are desirable, especially among general practitioners, to avoid to underestimate a pathology of high impact on the relational psychological life.
Smoking cessation and blood pressure control could be precautions to reduce the incidence and recurrence of PD in the general population.

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Correspondence

Pavone Carlo, MD
carlo.pavone@unipa.it

D'Amato Francesco, MD (Corresponding Author) Resident
fdamato85@yahoo.it

Dispensa Nino, MD
dispensa@libero.it

Section of Urology, Department of Surgical, Oncological
and Stomatological Sciences, AOUP "P. Giaccone", University of Palermo
Via del Vespro 129 - 90127 Palermo, Italy

Torretta Federico, MD
federico.torretta@unipa.it

Department of Economics and Statistics (DSEAS), University of Palermo
Viale delle Scienze, Ed. 13 - 90128 Palermo, Italy

Magno Carlo, MD
cmagno@unime.it

Unit of Urology, Department of Human Pathology, AOU "G. Martino",
University of Messina
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- If at all possible please avoid transmitting electronic files in JPEG format. If this is unavoidable please be sure to save the JPEG at the highest quality available and at the correct resolution for the type of artwork it is
- PDF files for individual figures may be uploaded.

Manuscript review

Only manuscript written according to the above mentioned rules will be considered. All submitted manuscripts are evaluated by the Editorial Board and/or by two referees designated by the Editors. The Authors are informed in a time as short as possible on whether the paper has been accepted, rejected or if a revision is deemed necessary. The Editors reserve the right to make editorial and literary corrections with the goal of making the article clearer or more concise, without altering its contents. Submission of a manuscript implies acceptation of all above rules.

Proofs

Authors are responsible for ensuring that all manuscripts are accurately typed before final submission. Galley proofs will be sent to the first Author. Proofs should be returned within seven days from receipt.

Con il Patrocinio di
EXPO
MILANO 2015
NUTRIRE IL PIANETA
ENERGIA PER LA VITA

L'Expo dell'Uomo: L'Andrologia tra Medicina e Culture

XXXI Congresso Nazionale

Società Italiana di Andrologia

NAPOLI

5 - 8 giugno 2015

HOTEL ROYAL CONTINENTAL

Presidente SIA
Giorgio Franco

Presidente del Congresso
Vincenzo Mirone

Coordinatore
Alessandro Palmieri

XXXI CONGRESSO NAZIONALE SIA

Napoli, 5-8 giugno 2015

Presidente SIA
Giorgio Franco

Presidente del Congresso
Vincenzo Mirone

Coordinatore
Alessandro Palmieri

PROGRAMMA

Corsi

Venerdì 5 giugno

Pomeriggio

AUDITORIUM
Corso aula 1: Andrologia e Dipendenze
Corso aula 2: Urgenze in Andrologia
Corso aula 3: Bioetica e Medicina Sessuale
Corso aula 4: SIA-FISS Salute Sessuale 2.0: i Cambiamenti dei Comportamenti Sessuali

Congresso

Venerdì 5 giugno

Pomeriggio

AUDITORIUM
Cerimonia Inaugurale
Premiazione Concorso Letterario "SIAmoTuttiScrittori"

Sabato 6 giugno

Mattina

AULA 1
Corso MMG La Prevenzione in Andrologia

AUDITORIUM
Presentazione Candidati ed apertura del seggio elettorale
Letture Magistrali - What's up in Andrology in Russian Federation and Arabia
Tavola Rotonda - La PMA in Italia in era di eterologa
Letture Magistrali - State of the art in male infertility
Simposio Satellite
Tavola Rotonda - HPV nel maschio, capire e far capire
Sessione presentazione video in 3D

Pomeriggio

AUDITORIUM
Spazio giovani
Letture Magistrali - Urethral surgery today
Chirurgia step-by-step: il pene curvo - Casi N.A.S.A. (National Academy in Surgical Andrology)
Simposio Satellite
Dibattito su Casi Clinici - How would you do in case of...
Golden Communications
Sessualità e LUTS
Spazio SIA - Incontro tra i Soci

Domenica 7 giugno

Mattina

AULA 1
Corso Infertilità Maschile. Dal Laboratorio alla Clinica
Corso aperto al pubblico

AUDITORIUM
Golden Communications
Letture Magistrali
What's up in erectile dysfunction and penile surgery
Dibattito Aperto - Andrological Education in Europe
Simposio Satellite
Dibattito Aperto - Cambiare Sesso in Italia

Pomeriggio

AUDITORIUM
Sessione presentazione video in 3D
Il meglio della produzione scientifica SIA 2014
Tema Congressuale SIA - Andrologia del Futuro tra Fisica e Metafisica
Simposio Satellite
Tavola Rotonda - Consenso informato per la chirurgia andrologica
Talk Show
Sport e alimentazione: fonti di benessere/malessere nella nostra socieà
Infezione delle Vie Genitali

Lunedì 8 giugno

Mattina

AUDITORIUM
Short communications
Premiazione short communications
Conclusioni e Chiusura del Congresso

Segreteria Scientifica e Organizzativa
SIAS Congress Team
Simona Santopadre
siascongressteam@andrologiaitaliana.it
www.andrologiaitaliana.it

Segreteria Organizzativa
Emilia Viaggi Congressi & Meeting
evcongressi@emiliaviaggi.it
www.emiliaviaggi.it

Sede del Congresso
HOTEL ROYAL CONTINENTAL
Via Partenope, 38/44 - Napoli

Società Italiana di Ecografia Urologica Andrologica Nefrologica

Il ruolo della SIEUN

La **SIEUN** (Società Italiana di Ecografia Urologica, Andrologica, Nefrologica) riunisce diversi medici specialisti e non che si occupano di tutte quelle metodiche in cui gli ultrasuoni vengono utilizzati a scopo diagnostico ed interventistico in ambito uro-nefro-andrologico.
La SIEUN organizza un **Congresso Nazionale** con cadenza biennale e diverse altre iniziative in genere con cadenza annuale (corsi monotematici, sessioni scientifiche in occasione dei congressi nazionali delle più importanti società scientifiche in ambito Uro-Nefro-Andrologico).
Dal 2001 la SIEUN è affiliata all'ESUI (European Society of Urological Imaging); pertanto tutti i soci possono partecipare alla iniziative della Società Europea.
L'Archivio Italiano di Urologia e Andrologia è l'**organo ufficiale** della SIEUN.
Questa pagina permette una informazione puntuale sulla attività della nostra Società e consente al Consiglio Direttivo della SIEUN di comunicare non solo ai soci, ma ad una platea più ampia, ogni nuova iniziativa.

Corso di Perfezionamento in Ecografia Urologica, Andrologica e Nefrologica
Università di Bari AA. 2014-2015

Anche per l'A.A. 2014-2015 verrà espletato il corso di Perfezionamento in Ecografia Urologica, Andrologica e Nefrologica che si terrà presso la Urologia 1° Universitaria del Policlinico di Bari, coordinato dal Prof. a.c. P. Martino.
Tra i docenti figurano diversi soci della SIEUN.
Sito web: **www.uniba.it** area formazione post laurea.
Informazioni: Prof. Pasquale Martino - e-mail: **pasqualeluciomartino@libero.it** - Tel. 0805594101
Sig.ra Giacoma Loverro - e-mail: **giacoma.loverro@uniba.it** - Tel. 080.5578719

20° Congresso SIEUN

Il 20° Congresso SIEUN si terrà nella primavera del 2016 in Sicilia. Maggiori informazioni verranno inserite sul sito SIEUN (**www.sieun.it**). Presidente del Congresso sarà il dott. Michele Barbera.

QUOTE ASSOCIATIVE 2015

- Socio ordinario - Euro 70,00
- Socio Junior - Euro 35,00

I PUNTI SIEUN (una possibilità di incontro tra Soci SIEUN e di contatto con altri specialisti)

Presso i punti SIEUN i nostri soci potranno essere continuamente informati su tutte le attività e le iniziative della Società e rinnovare il pagamento della quota associativa.

I PROSSIMI APPUNTAMENTI SIEUN

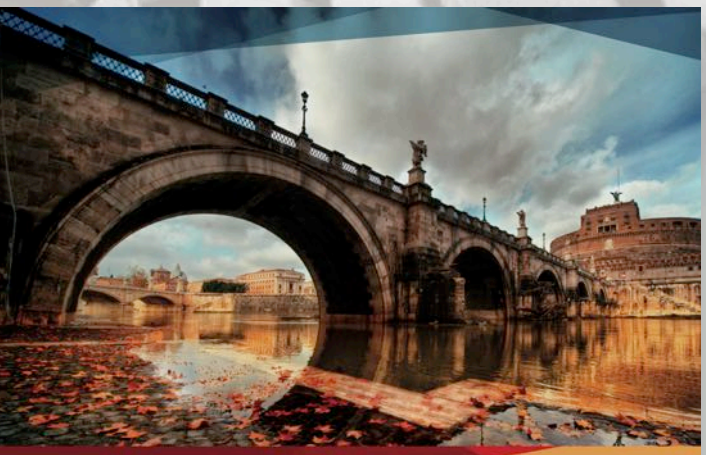
La SIEUN nel 2015 continua ad essere presente con relazioni e letture nei congressi delle più prestigiose Società scientifiche di Urologia, Andrologia ed Ecografia.
Sul sito SIEUN le informazioni aggiornate.

RINNOVO PAGAMENTO QUOTA 2015

La segreteria della Società
ELLERRE CENTRE **ellerre@ellerrecentre.it**
è a disposizione per ulteriori informazioni.
Via S. Matarrese, 47/G - 70124 BARI - Tel. 080.5045353 - Fax 080.5045362
www.ellerrecentre.it
Chi intende iscriversi alla Società o rinnovare la sua iscrizione sappia che la quota associativa è di: EUR 70,00; dal 2009 è prevista anche una quota ridotta di EUR 35,00 per i medici specializzandi.

Nasce il Core Curriculum Uro-Oncologico Certificate

Da quest'anno, la SIUrO, seguendo la propria mission, ha deciso di ampliare la propria offerta formativa strutturandola in un percorso finalizzato alla preparazione del professionista che voglia utilizzare l'approccio multidisciplinare nella gestione dei pazienti affetti da neoplasie urologiche. Momento iniziale e nucleo del nuovo percorso formativo è il Core Curriculum Uro-Oncologico di Bertinoro, la cui prima edizione risale al 2009. In questi anni 80 medici tra urologi, oncologi medici e radioterapisti oncologi, si sono confrontati in un "cimento" multidisciplinare che si proponeva di colmare i gap culturali e conoscitivi delle diverse discipline. Dall'esperienza maturata in questi anni e dai suggerimenti avanzati dai partecipanti, nasce il Core Curriculum Uro-Oncologico Certificate (Uro-oncology Core Curriculum Certificate. Questo percorso formativo intende offrire, nell'arco di un biennio, la possibilità di acquisire le competenze teoriche e pratiche del professionista multidisciplinare, attraverso la partecipazione ad eventi identificati da SIUrO. A tali eventi, indipendentemente dai crediti ECM, la SIUrO attribuirà un certo numero di Crediti CCC (Core-Curriculum Certificate).



Per ottenere la certificazione SIUrO sarà necessario ottenere almeno 100 Crediti CCC nell'arco del biennio.

Il percorso sarà articolato e potrà essere personalizzato scegliendo tra diverse tipologie di eventi

***SCHOOLS* (corsi residenziali di 3/5 gg – sede Bertinoro o Firenze) 25/40 CREDITI CCC (a seconda della durata del corso)**

Derivando direttamente dal Core-Curriculum Uro-Oncologico, le Schools (Winter, Spring, Summer, Autumn) costituiscono il nucleo del percorso formativo e, pertanto, ne è fortemente raccomandata la frequenza.

"COCKTAIL" EVENTS

Serie di eventi scientifici (meetings, corsi, congressi) organizzati o patrocinati da SIUrO (aventi quindi tutti i requisiti di multidisciplinarietà previsti) e accreditati oltre che ECM anche da crediti CCC(Core Curriculum Certificate)

INDOOR EVENTS

Partecipazione giornaliera o su 2 giornate alle attività quotidiane di diverse Unità o Servizi Operativi (Urologia-Radioterapia-Oncologia-Diagnostica per immagini etc) di Centri accreditati SIUrO.

SIUrO diffonderà un elenco completo degli eventi "cocktail" e indoor che verrà pubblicato e aggiornato periodicamente sul sito.

SIUrO per la Tutela Legale

Da quest'anno SIUrO sarà in grado di offrire, ai propri Associati, attraverso un accordo con la Compagnia **ROLAND**, una polizza di Tutela Legale di assoluto prestigio e far si che il medico possa contare su una reale protezione in caso di controversie o contenziosi legali che possono capitare nel corso della vita professionale.

LA COMPAGNIA ASSICURATRICE

Abbiamo scelto ROLAND che è una compagnia di assicurazione internazionale per la Tutela Legale con sede principale in Germania, a Colonia.
Da oltre 50 anni, ROLAND è specialista per soluzioni di tutela legale per Imprese, Manager, Professionisti, Enti e Privati. Ha 1.300 collaboratori nel mondo che assistono oltre 1,2 milioni di clienti e i loro Intermediari in Europa.
Nel 2010 il gruppo ROLAND ha raccolto premi per circa 305 milioni di Euro qualificandosi come uno degli assicuratori leader per la tutela legale in Europa.

La **Tutela Legale targata SIUrO**, oltre a prevedere il tradizionale **rimborso di spese legali e processuali**, prevede anche un servizio di consulenza legale specializzato e garantito da un ampio network di legali fiduciari che assicura al medico un'assistenza di altissimo livello. Il parere qualificato vi permette di capire immediatamente come affrontare la situazione e quale è la normativa vigente in materia.
Ecco perchè la nostra Convenzione vi da finalmente la tranquillità di cui avete bisogno in caso dobbiate far valere le vostre ragioni nel corso di un processo, certi di avere il migliore supporto e la difesa più efficace, e potendo contare su maggiori possibilità di successo.
Per maggiori informazioni, consultare le **FAQ** o rivolgersi in Segreteria SIUrO

tutelalegale@siuro.it

Società Italiana di Urologia Oncologica

Chi intende iscriversi alla SIUrO trova le istruzioni ed i moduli necessari sul sito internet www.siuro.it

È possibile pagare la quota associativa annuale on-line:
con carta di credito collegandosi direttamente al sito www.siuro.it o tramite bonifico bancario intestato alla Società Italiana di Urologia Oncologica, presso Unicredit Banca
IBAN: IT31A0200802483000000737405, avendo cura di specificare il nome del socio pagante

Per ottenere ulteriori informazioni è possibile contattare la segreteria
Via Dante 17 - 40126 Bologna
Tel/Fax +39 051 349224 - Cell +39 345 4669048
e-mail: segreteria@siuro.it www.siuro.it

UrOP Urologi Ospedalità Gestione Privata

UrOP Urologi Ospedalità Gestione Privata

CHI PUÒ FARNE PARTE

Possono far parte dell'Associazione con la qualifica di Socio Ordinario gli Specialisti in Urologia e gli specializzandi in Urologia operanti in strutture assistenziali urologiche dell'Ospedalità a gestione Privata; con la qualifica di Socio Corrispondente gli studiosi italiani o stranieri che abbiano dimostrato un particolare interesse per l'Urologia.

ISCRIZIONE

Iscriversi è semplice, basta scaricare la scheda di adesione presente sul sito **www.urop.it**, compilarla in tutte le sue parti prendendo visione dell'informativa sulla privacy ed inviarla via fax al numero 089 771330, allegando la fotocopia di un valido documento di riconoscimento.

QUOTA SOCIALE

La quota sociale per l'anno 2015 è stabilita in € 100,00 e dà diritto alla ricezione della rivista "Archivio Italiano di Urologia e di Andrologia", organo ufficiale della Associazione.
Il pagamento della quota sociale 2015 potrà essere effettuato mediante bonifico bancario come segue:

UrOP - Banca Prossima - Filiale di Milano
Piazza Paolo Ferrari 10 - 20121 Milano
IBAN IT28 R 03359 01600 1000 0010 7877

Inserire nella causale del bonifico bancario il proprio Nome e Cognome seguito dalla dizione QS2015.

INFORMAZIONI

Per richiedere informazioni contattare il Dr. Stefano Pecoraro
all'indirizzo e-mail **presidenza@urop.it**
oppure al seguente recapito telefonico **333 7451321**

UrOP Urologi Ospedalità Gestione Privata

PROGRAMMA PRELIMINARE

Ieri oggi e domani
Il congresso che vorrei…

Giovedì 28 Maggio 2015

SALA POLIFEMO
Hands on: PERCORSO FORMATIVO SU SIMULATORI APPLICATO ALLE NUOVE TECNOLOGIE
(rivolto a 30 specializzandi urologi)
10.30-16.00 Coordinatori: *Giorgio Bozzini - Mario Pulvirenti - Gianluca Salerno - Domenico Veneziano*

SALA ULISSE
Workshop: L'IMPORTANZA DELLA CONSULENZA PSICOSESSUALE

14.30-15.30
- La chirurgia protesica
- La terapia medica nell'eiaculazione precoce

Intervengono: *Adele Fabrizi, Roberta Rossi*

15.30-16.30 Workshop: **Avanafil: un'innovazione terapeutica nel trattamento del paziente con disfunzione erettile**
Intervengono: *Rosario Leonardi, Stefano Pecoraro*

SALA ACI GALATEA - COMUNICAZIONI E VIDEO

10.30-12.30
1. IPB - Moderatori: *Gaspare Fiaccavento - Giovanni Bartolotta*
2. Andrologia - Moderatori: *Giovanni Liguori - Vincenzo Favilla*
3. Oncologia - Moderatori: *Luigi Orestano - Gennaro Musi*
4. Calcolosi - Moderatori: *Sebastiano Tanasi - Sebastiano Bruschetta*
5. Uroginecologia - Moderatori: *Flavio Forte - Marcello La Martina*

12.30-13.30 **UrOP Practice: Comunicazioni e video di urologia ed andrologia pratica**
Coordinatore: *Giuseppina Cucchiarale*
Moderatori: *Stefano Bottari, Andrea dell'Adami*
Interventi preordinati: *Franco Mantovani, Fabio Pacifico, Vittorio Imperatore, Michele Valitutti, Maurizio Carrino*

13.30-14.00 Lettura: indovina chi invito a tavola: *Alex Mottrie*
Chirurgia Nefron Sparing

14.00-15.30 Tavola rotonda:
NEOPLASIA VESCICALE NON MUSCOLO INVASIVA AD ALTO RISCHIO: COME "CONSERVARE" LA VESCICA. ONCOLOGI ED UROLOGI A CONFRONTO
Coordinatore: *Roberto Giulianelli*
Moderatori: *Maurizio Brausi, Giuseppe Morgia, Carlo Magno*
- Neoplasie vescicali ad alto rischio: quale rischio di recidive e progressioni? L'esperienza dell'EORTC - *Vincenzo Serretta*
- La corretta resezione vescicale: "Textbook TURBT" - *Renzo Colombo*
- È possibile migliorare la nostra classica resezione in luce bianca? Hexwix NBI o…? Risultati a confronto - *Tommaso Brancato*
- La neoplasia vescicale pT1HG: una "unica" malattia? Il parere dell'anatomopatologo - *Giuseppe Soda*
- Terapia adiuvante: oggi solo e sempre BCG?... E se non ci fosse più… - *Alessandra Mangiameli*
- Cellule tumorali circolanti… il futuro? Come aumentare le nostre certezze - *Ettore De Berardinis*

15.30-17.00 **Pillole di utilità: Quando la BEM non ci aiuta**
Coordinatore: *Luca Carmignani*
Moderatori: *Luca Cindolo, Massimo Lazzeri, Giuseppe Vespasiani*
RENE: *Ottavio De Cobellis*
ALTE VIE URINARIE: *Mario Falsaperla*
VESCICA: *Maurizio Aragona*
PROSTATA: *Antonio Salvaggio*
URETRA: *Giuseppe Romano*

17.00 -17.30 Lettura magistrale: **Anatomia funzionale del pavimento pelvico**
Salvatore Rocca Rossetti

18.00-19.30 **Inaugurazione del Congresso**
Saluti delle Autorità e del Presidente del Congresso
Apertura del Congresso
L'UROP una realtà nello scenario scientifico ed assistenziale dell'Urologia Italiana
Stefano Pecoraro

Venerdì 29 Maggio 2015

SALA POLIFEMO
HANDS ON: PERCORSO FORMATIVO SU SIMULATORI APPLICATO ALLE NUOVE TECNOLOGIE
(rivolto a 30 specializzandi urologi)
8.00-16.00 Coordinatori: *Giorgio Bozzini - Mario Pulvirenti - Gianluca Salerno - Domenico Veneziano*

SALA ULISSE
WORKSHOP: QUANDO IL FARMACO NON BASTA: IL COUNSELING PUNTO CHIAVE NELLA TERAPIA DELLE PATOLOGIE URO-ANDROLOGICHE?
16.00-17.30 Intervengono: Tommaso Cai, Ferdinando Fusco, Nicola Mondaini

SALA ACI GALATEA
Alfa litici ed inibitori delle 5 Alfa riduttasi: Un gioco di squadra o meglio battitori liberi
Coordinatore: *Domenico Tuzzolo*
Moderatori: *Giuseppe Salvia, Giuseppe Sepe*

8.30-8.40 Alfa litico pro e contro - *Serena Maruccia*
8.40-8.50 Inibitore 5 Alfa riduttasi pro e contro - *Nicola Ghidini*
8.50-9.00 Terapia di combinazione pro e contro - *Giuseppe Cardo*

9.00-11.30 **Live recorded surgery in house STEP BY STEP**
CARCINOMA PROSTATICO TECNICHE CHIRURGICHE A CONFRONTO
Coordinatore: *Carmelo Boccafoschi*
Moderatori: *Vito Pansadoro, Giorgio Guazzoni, Alex Mottrie, Manlio Schettini*
Prostatectomia
Open
- Retropubica - *Roberto Olianas*
- Perineale - *Antonio Vitarelli*

Laparoscopica
- Extra peritoneale - *Gaetano Grosso*
- Intraperitoneale - *Franco Gaboardi*

Robotica
- Intra peritoneale - *Bernardo Rocco*
- Extra peritoneale - *Giuseppe Ludovico*
- Retzius sparing - *Albo Bocciardi*

Step video registrati:
- Isolamento e legatura del Santorini
- Isolamento dell'apice
- Preservazione dei fasci vasculo-nervosi
- Tecniche di ricostruzioni posteriori
- Anastomosi Vescico uretrale

11.30-11.50 Lettura: Uro-onco units: una sfida nel futuro - *Vincenzo Mirone*

11.50-13.30 **Live recorded surgery in house**
IPB
Coordinatore: *Rosario Leonardi*
Moderatori: *Antonino Calarco, Roberto Cusumano, Rino Oriti*
Chirurgia dell'IPB in OFFICE
- UroLift - *Paolo Dell'Orto*
- Laser contact vaporization (LACOV) - *Rosario Leonardi*
- Vaporizzazione KTP - *Giovanni Ferrari*
- TUVAP - *Luca Carmignani*

Chirurgia di enucleazione dell'adenoma
- HoLep 120 watt. - *Angelo Porreca*
- TUEPA *Vito - Pansadoro*
- B TUEP - *Barbara Gentile*

Col patrocinio di: SIU Società Italiana di Urologia

13.00-14.00 **Tavola Rotonda: Risk Managment: Responsabilità professionale ed assicurazioni. Esperti a confronto**
Coordinatore: *Sergio Invernizzi*
Moderatori: *Danilo Di Trapani - Antonio Rizzotto*
- Magistrato: *Gaetano Siscaro*
- Assicuratore: *Francesco Ruberto*

14.00 -14.30 **Lettura**
Luca Carmignani

14.30-16.30 **Andrologia Chirurgica a cura del MAB**
Saluto del Presidente MAB
Coordinatore: *Salvatore Sansalone*
Moderatori: *Manuel Belgrano, Alessandro Palmieri*
- La corretta visione del benessere maschile: *Paolo Verze*
- Microchirurgia del varicocele: *Manuel Belgrano*
- Chirurgia dell'IPP: Patch autologo ed eterologo *Mauro Silvani*

Patch di mucosa buccale *Alessandro Zucchi*
- Chirurgia protesica per DE: punti critici e complicanze: *Stefano Pecoraro*
- Protesi peniene cosa c'è di nuovo: *Stefano Di Nicola*
- Chirurgia protesica dell'incontinenza maschile: punti critici e complicanze: *Roberto Olianas*

16.30 -17.00 Workshop: **URO-ONCOLOGIA: Strategie condivise per un corretto timing terapeutico**
Moderatore: *Dario Giuffrida*
Oncologo: *Francesco Ferraù*
Urologo: *Carlo Pavone*

17.00-17.30 **TOP GUN UROP: in diretta dalla Sala Polifemo la gara finale per gli Hands On**

17.30 -18.00 **Fiuggi Water: Ureteral Relaxation from Sensory Nerve Terminal Activation**
Presenta: *Mauro Vermiglio*
Relatore: *Pierangelo Geppetti*

Sabato 30 Maggio 2015

SALA ACI GALATEA

Cosa offre di nuovo il mondo dei device
Coordinatore: *Francesco Maselli*
Moderatori: *Pasquale La Rosa - Francesco Mastroeni - Michele Pennisi*

8.00-8.10 **Endourologia** - *Michele Di Dio*

8.10-8.20 **Uroginecologia** - *Gabriella Mirabile*

8.20-8.30 **Andrologia** - *Donato Dente*

8.30-9.30 **Assemblea generale dei Soci**

9.30-11.00 **Hot topics in chirurgia andrologica**
Moderatori: *Rosario Leonardi, Salvatore Sansalone*
Ischemic priapism: *Giulio Garaffa*
Penile surgery of lengthening and girth restoration: *Paulo Egydio*

11.00-13.00 **Live recorded surgery in house STEP BY STEP**
Chirurgia della calcolosi
Coordinatore: *Guido Giusti*
Moderatori: *Michele D'Anca, Gianfranco Savoca*
- Calcolosi dell'uretere: *Alberto Saita*
- RIRS: *Ferdinando De Marco*
- ECIRS: *Cesare Scoffone*
- Percutanea: *Manlio Cappa*

Chirurgia renale
Coordinatore: Carlo Aragona
Moderatore: Marco Carini - Sergio Leoni
- Neoplasie dell'alto apparato urinario: *Gennaro Musi*
- Plastica del giunto pielo-ureterale: *Francesco Greco*

13.30-14.00 Take Home Message a cura dei giovani UROP
Oncologia: *Marcello Scarcia*
Calcolosi: *Cristian Ranno*
Ipertrofia prostatica: *Francesco Pisanti*

SALA EPICURO
CORSO ACCREDITATO ECM - ID EVENTO 122700
COME AFFRONTARE LE PATOLOGIE URO-ANDROLOGICHE SUL TERRITORIO. SINERGIE TRA MMG E SPECIALISTA UROLOGO
ID Provider: 829 - N. ore formative: 6 - N. partecipanti: 100 - N. crediti: 6
Destinatari dell'iniziativa: Urologi, Medici di famiglia, Internisti

09.15-09.30 Registrazione dei partecipanti

09.30-11.30 **I SESSIONE - INFEZIONI DELL'APPARATO URINARIO**
Presidente: *Marcello Rizzo*
Moderatori: *Carmelo Di Gregorio - Egidio Mignosa*
Relazione: **Quando e come prescrivere un antibiotico** - *Franco Lugnani*
Relazione: **Quando e perché non prescrivo una terapia antibiotica** - *Guglielmo Beneventano*
Relazione: **L'uso di anticoagulanti/antiaggreganti quando sospenderli, come sostituirli e quando riprenderli** *Matteo Di Biase - Rosario Leonardi*

11.30-12.30 Discussione sui temi trattati

12.30 -13.00 **II SESSIONE -ANDROLOGIA**
Presidente: *Antonino Spampinato*
Moderatori: *Santi Inferrera - Rosanna Alei*
Relazione: **PDE5i. Un farmaco nella penna del MMG?** - *Salvatore Campo*
Relazione: L'eiaculazione precoce: perché il paziente non si cura - *Ferdinando Fusco*

13.00 -14.00 Discussione sui temi trattati

14.00 -14.30 **III SESSIONE - MARCATORI TUMORALI PROSTATICI: MITO O REALTÀ**
Presidente: *Gabriele Marascia*
Moderatori: *Luigi Spicola - Marcello Curti Giardina*
Relazione: **PSA - Effetto sulla popolazione: Eccesso di aspettative e abuso prescrittivo** - *Carmelo Falletta*
Relazione: **PCA3: Incide realmente su quando e quante biopsie fare?** - *Fabio Galasso*

14.30 -15.30 Discussione sui temi trattati
Relazione: **Il test predittivo di progressione** - *Rosario Leonardi*

15.30 -16.00 Compilazione dei questionari ECM e fine dei lavori

SALA ESCULAPIO
CORSO ACCREDITATO ECM - ID EVENTO: 122704
L'ASSISTENZA DEL PAZIENTE URO ANDROLOGICO DAL RICOVERO ALLA DIMISSIONE
N. ore formative: 4 - N. partecipanti: 100 - N. crediti: 4
Destinatari dell'iniziativa: Infermieri

08.45-09.00 Registrazione dei partecipanti
Presidente: *Antonio Napoli*
Moderatori: *Rosina Ceccarelli, Graziella Sanfilippo - Vincenzo Costanzo*

09.00-09.30 Relazione: **Il counseling infermieristico in Urologia** - *Tatiana Bolgeo*

09.30-10.00 Relazione: **Criticità durante il ricovero** - *Domenico Arena*

10.00-11.00 Relazione: **La gestione delle nuove tecnologie in sala operatoria** - *Chiara Bernazzali*

11.00-11.30 Relazione: **La riabilitazione nel post-operatorio** - *Sandro Sandri*

11.30-12.00 Relazione: **La gestione delle Urostomie** - *Federico Enzo*

12.00-13.00 Relazione: **Come organizzare un percorso strutturato e continuativo per la formazione e l'aggiornamento del personale infermieristico** - *Giancarlo Minaldi*

13.00-13.15 Compilazione dei questionari ECM e fine dei lavori

Responsabile Scientifico: *Rosario Leonardi*

Destinatari dell'iniziativa: Urologi, Internisti, Medici di Famiglia, Infermieri

Ore formative: 22Id **Provider:** 829 **N. partecipanti:** 300

Evento non accreditato ECM

Sede del Congresso
Atahotel Naxos Beach Via Recanati, 26 98035 - Giardini Naxos/Taormina (ME)

Segreteria nazionale ed organizzativa
Via Gorizia 51 - 95129 Catania
Rif. Dr.ssa Antonella Barbagallo
095 286 3502 - 334 652 7204 – **urop@meccongress.it**