L’ESPO DELL’UMO,
L’ANDROLOGIA TRA MEDICINA E CULTURE
XXXI CONGRESSO NAZIONALE
SOCIETÀ ITALIANA DI ANDROLOGIA

NAPOLI
5 - 8 giugno 2015
HOTEL ROYAL CONTINENTAL

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2. Tubal ectasia of the right testis (TERT). Differential diagnosis of cystic testicular disorders
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3. Sexual dysfunctions after transurethral resection of the prostate (TURP): Evidence from a retrospective study on 264 patients
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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

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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
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 (0-5).

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

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>PD patients</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>24 (41%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>73 (33%)</td>
</tr>
<tr>
<td>Smoking</td>
<td>Yes</td>
<td>71 (40%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>26 (26%)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Yes</td>
<td>69 (44%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>28 (23%)</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>Yes</td>
<td>67 (52%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>30 (20%)</td>
</tr>
</tbody>
</table>

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 consequently 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 Sabba (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 consequently 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 autopic study showed (20).

The analysis of VAS demonstrated that 67% of patients with PD had pain during erection: this is 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 primit 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 is it 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.

REFERENCES


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Corso aula 3: Bioetica e Medicina Sessuale
Corso aula 4: SIA-FISS Salute Sessuale
2.0: i Cambiamenti dei Comportamenti Sessuali

Domenica 7 giugno

Mattina

AUDITORIUM
Corso Infertilità Maschile. Dal Laboratorio alla Clinica
Corso aperto al pubblico

Dibattito su Casi Clinici - How would you do in case of...
Golden Communications
Sessualità e LUTS
Spazio SIA - Incontro tra i Soci

Congresso

Venerdì 5 giugno

Pomeriggio

AUDITORIUM
Cerimonia Inaugurale
Premiazione Concorso Letterario “SIAmoTuttiScrittori”

Sabato 6 giugno

AUDITORIUM

AULA 1
Corso MMG La Prevenzione in Andrologia
Presentazione Candidati ed apertura del seggio elettorale

Lettura Magistrali - What’s up in Andrology in Russian Federation and Arabia
Tavola Rotonda - La PMA in Italia in era di eterologia
Lettura Magistrali - State of the art in male infertility
Simposio Satellite
Tavola Rotonda - HPV nel maschio, capire e far capire
Sessione presentazione video in 3D

Lunedì 8 giugno

AUDITORIUM

Mattina

Short communications
Premiazione short communications
Conclusioni e Chiusura del Congresso

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

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

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


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 2016

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
ELLERE CENTRE ellerre@ellerrecentre.it
è a disposizione per ulteriori informazioni.
Via S. Materrese, 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 Certificato

Da quest’anno, la SIUO, seguendo la propria missione, ha deciso di ampliare la propria offerita formativa strutturandola in un percorso finalizzato alla preparazione del professionista che voglia utilizzare l’approccio multidisciplinare nella gestione dei pazienti affetti da malattie oncologiche.

Mattino Volante è il fulcro del nuovo percorso formativo di è Core Curriculum Uro-Oncologico di Bertinoro. La cagione prima ed ultima risale al 2009. In questi anni 80 medici tra urologi, oncologi e radioterapisti oncologici si sono confrontati al “cimento” multidisciplinare che si proponeva di formare i professionisti oncologici.

Dal riconoscimento maturo in questi anni e dai sussidiari aggiornamenti per i partecipanti, nasce il Core Curriculum Uro-Oncologico Certificato (uro-oncologia core curriculum certificato). Questo percorso formativo intende offrire, nell’arco di 120 ore, l’opportunità di acquisire le competenze teoriche e pratiche del professionista multidisciplinare, attraverso la partecipazione ad eventi identificati da SIUO. A tal evento, indebitamente del credito ECM, la SIUO attribuisce un certo numero di Crediti CCF (CCF Core Curriculum Certificato).

Per ottenere la certificazione SIUO sarà necessario ottenere almeno 100 Crediti CCF nell’arco del biennio.

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

**200 CREDITI CCF (corso residenziali di 3/5 gg. sede Bertinoro o Firenze) 25/40 CREDITI CCF (a seconda della durata del corso)**

Unidisciplinari direttamente dal Core Curriculum Uro-Oncologico, le Schools (Winter, Spring, Summer, Autumns) costituisce il nucleo del percorso formativo e, pertanto, ne è fortemente raccomandato la frequenza.

**“COCKTAIL” EVENTS**

Serie di eventi scientifici (meetings, corsi, congressi) organizzati e patrocinati da SIUO (eventi quindi tutti i requisiti di multidisciplinarità previsti) e accreditati oltre che ECM anche da crediti CCF (Core Curriculum Certificato).

**INDOOR EVENTS**

Parte di un’ampia gamma di eventi che verrà pubblicizzato e aggiornato periodicamente sul sito.

**SIUOp per la Tutela Legale**

Da quest’anno SIUO sarà in grado di offrire, ai propri associati, attraverso un accordo con la Compagnia ROLAND, una politica di Tutela Legale di assoluta importanza e di assoluto interesse per chi desidera poter contare su una giusta protezione in caso di controversie o contestazioni legali che possano sorgere nel corso della vita professionale.

**LA COMPAGNIA ASSICURATIVA**

Abituato è un riconosciuto fornitore assicurativo che ha concluso un accordo di collaborazione con la Compagnia ROLAND per la tutela legale professionale dei medici italiani. Oltre che di una efficace assicurazione, si offre anche la consapevolezza di un servizio di assistenza legale specializzato e garantito da un reparto interno specializzato di avvocati legali e professionisti che assicurano la massima decentralizzazione e rapidità nell’emanazione del servizio. Inoltre, il servizio è interamente gratuito per gli associati della SIUO.

**CHI PUO FARNE PARTE**

Quando si parla dell’associazione con l’assicurazione di Socio Ordinario gli Specializzati in Urologia e gli specializzati in Urologia operanti in strutture assistenziali oncologiche 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.

**INFORMAZIONI**

Per ottenere ulteriori informazioni è possibile contattare la segreteria via Dante 17 - 40126 Bologna Telef 051 340242 - Cell +39 340 4660048 e-mail segreteria@siuro.it www.siuro.it
Nasce il Core Curriculum Uro-Oncologico Certificato

Da quest’anno, la SIUrO, seguendo la propria missione, ha deciso di ampliare la propria offerta formativa strutturando in un percorso finalizzato alla preparazione del professionista che voglia utilizzare l’approccio multidisciplinare nella gestione dei pazienti affetti da tumori urologici e vescicali. Il Mantegazza Workshop e il corso del nuovo percorso formativo è il Core Curriculum Uro-Oncologico di Bertinoro. La sua prima edizione risale al 2009. In questi anni 80 medici tra urologi, oncologi, medici e radioterapisti oncologici, si sono confrontati in un “cimento” multidisciplinare che si proponeva di formare i pugilastrucenti consensi delle diverse discipline. Dal 2009 alla 25esima edizione del Mantegazza Workshop, 60 medici si sono iscritti al percorso formativo, nell’arco di 2 anni, logica- mente, scegliendo per competenze teoriche e pratiche del professionista multidisciplinare, attraverso la partecipazione ad eventi identificati dal SIUrO. A tal fine, indipendentemente dal credito ECM, a SIUrO attribuirà un certo numero di Credi- ti CCO (Core Curriculum Certificato) per ottenere la certificazione SIUrO sarà necessario ottenere almeno 100 Credi- ti CCO nell’arco del biennio. Il personale è attualmente sarà personalizzato scegliendo tra diverse tipologie di eventi.

**SIUrO 2015**

28 - 30 MAGGIO 2015
Atahotel Naxos Beach
Giardini Naxos Taormina

La Tutela Legale legata SIUrO, oltre a preservare il tradizionale riconoscimento delle spese legali e processuali è garantita da un ampio gruppo di professionisti assicurativi che assicurano al medico una passeggiata di sicurezza e assistenza legale pos- sibile all’interno del corpus della professione.

La Compagnia Assicuratrice

Assicura in scrittura ROALD, è una compagnia di assicurazione internazionale per la Tutela Legale, con sede principale in Germania, a Colonia. Da oltre 50 anni, ROALD è specializzata in soluzioni di tutela legale per Imprese, Manager, Professionisti, Eredi e Privati. Ha 1.300 collaboratori nel mondo che assistono oltre 1,2 milioni di clienti in più di 30 paesi.

Nel 2010 il gruppo ROALD ha raccolto prestiti per circa 305 milioni di Euro qualificandosi come uno degli assicuratori leader per la tutela legale in Europa.

Il servizio è offerto anche in Italia, dove è stato aperto un servizio di consulenza legale specializzato, provvedendo anche un servizio di consulenza legale specializzato.

Per maggiori informazioni, contattare la ROALD Italia in Segreteria SIUrO.

La Tutela Legale legata SIUrO è stata realizzata da P.A. a 100% in collaborazione con la Compagnia Assicuratrice ROALD, in particolare alla proprietà e al disegno grafico di assicurato.

**UrOP**

Urologi Ospedalità Gestione Privata

28 - 30 MAGGIO 2015
Atahotels Naxos Beach
Giardini Naxos Taormina

Stefano Pescoraro
Presidente UrOP
Rosario Leonardi
Presidente del Congresso

CIò CHE PUO PARTE

Pensano per l’Associazione con la qualità di Socio Ordinario gli Specialisti in Urologia e gli specializzati in Oncologia e affer- ranti in strutture assistenziali uroniche dell’Ospedalità a gestione Privata, con la qual- fica di Socio Corrispondente gli studiosi italiani o stranieri che abbiano dimostrato un particolare interesse per l’Urologia.

**QUOTA SOCIALE**

La quota sociale per l’anno 2015 è stabilita a € 100,00 e dal 1° al 31/12.

**INFORMAZIONI**

Per richiedere informazioni contattare il Dr. Stefano Pescoraro all’indirizzo e-mail: president@uroop.it oppure al seguente recapita telefonico 333 7451321.
**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 (a 30 specializzandi urologi)
10.00-16.00 Coordinatori: Giorgio Bozzini - Mario Pulvirenti - Gianluca Salerno - Domenico Veneziano

**SALA ULISSE**
Workshop: L’IMPORTANZA DELLA CONSULENZA PSICOSENSUALE
14.30-15.30 • La chirurgia protesica
   • La terapia medica nell’iaculazione precoce
Intervenenti: Adele Fabriti, Roberta Rossi
15.30-16.30 Workshop: Avanzi: un’innovazione terapeutica nel trattamento del paziente con disfunzione erettile
Intervenenti: Rosario Leonardi, Stefano Pecoraro

**SALA ACI GALATEA - COMUNICAZIONI E VIDEO**
10.30-12.30 1. PB - Moderatore: Gasparrì Filacavento - Giovanni Bartolotta
2. Andrologia - Moderatori: Giovanni Liguori - Vincenzo Valvola
3. Oncologia - Moderatori: Luigi Orestano - Giancarlo Musi
4. Calcolosi - Moderatore: Sebastiano Tanasi - Sebastiano Brunetta
5. Urogermologia - Moderatori: Flavio Forte - Marcello La Martina
12.30-13.30 URO Practice: Comunicazioni e video di urologia ed andrologia pratica
Coordinatore: Giuseppina Cucchiara
Moderatori: Stefano Bottari, Andrea dell’Adami
Interventi presiedutanti: Franco Mantovani, Fabio Pacifico, Vittorio Imperatore, Michele Valitutti, Maurizio Camino
13.30-14.00 Lettura: indovina chi è invitato a tavola: Alex Mottrie
Chirurgia Neutron Sparing
14.00-15.30 Tavola rotonda:
NEOPLASIA VESICALE NON MUSCOLO INVASIVA AD ALTO RISCHIO: COME “CONSERVARE” LA VESCICA. ONCOLOGI E UROologi A CONFRONTO
Coordinatore: Roberto Giuliani
Moderatori: Maurizio Brausi, Giuseppe Morga, Carlo Magno
• Neoplasie vescicali ad alto rischio: quale rischio di recidive e progressione?
   L’esperienza delEDRC - Vincenzo Serretta
• La corretta resezione vescicale: “Textbook TURBT” - Renzo Colombo
• È possibile migliorare la nostra classica resezione in luce bianca?
   Hexex NBi o...? Risultati a confronto - Tommaso Biancardo
• La neoplasia vescicale pT1HG: una “unica” malattia? Il parere dell’anatomo patologo - Giuseppe Soda
• Terapia adiuvante: oggi solo e sempre BCG?... E se non ci fosse più... - Alessandra Mangialami
• Cellule tumorali circolanti... il futuro? Come aumentare le nostre certezze - EttoRE De Bernardinis
15.30-17.00 Pillole di utilità: Quando la BEM non ci aiuta
Coordinatore: Luca Carmignani
Moderatori: Luca Dinello, Massimo Lazzari, Giuseppe Vesapianir
RENIE: Ottavio De Cobelli
ALTE VIE URINARIE: Mario Falsaperla
VESICA: 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

**Venerdì 29 Maggio 2015**

**SALA POLIFEMO**
HANDS ON: PERCORSO FORMATIVO SU SIMULATORI APPLICATO ALLE NUOVE TECNOLOGIE (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 COUNSELLING PUNTO CHIAVE NELLA TERAPIA DELLE PATOLOGIE URO-ANDROLOGICHE?
16.00-17.30 Intervenenti: Tommaso Cai, Ferdinando Fusco, Nicola Mondaini

**SALA ACI GALATEA**
Alfa litici ed inibitori delle 5 Alfa riduttasi: Un gioco di squadra o meglio battitori liber
Coordinatore: Domenico Tuzzolo
Moderatori: Giuseppe Salva, Giuseppe Sepe
8.30-8.40 Alfa litico e contro - Serena Marucci
8.40-8.50 Inibitore 5 Alfa riduttasi pro e contro - Nicola Ghidini
8.50-9.00 Terapia di combinazione pro e contro - Giuseppe Carullo
9.00-11.30 Live recorded surgery in house STEP BY STEP
CARCINOMA PROSTATICO TECNICHE CHIRURGICHE A CONFRONTO
Coordinatore: Carmelo Boccafoci
Moderatori: Vito Pansadoro, Giorgio Guazzoni, Alex Mottrie, Manlio Schettini
Prostatectomia
Open
• Retropubica - Roberto Olianas
• Peniene - Antonio Vitaloni
Laparoscopica
• Extra peritoneale - Gaetano Grosso
• Intraperitoneale - Franco Gaboardi
Robotica
• Extra peritoneale - Bernardo Rocco
• Extraperitoneale - Giuseppe Ludovico
Rezitus sparing - Albo Bocciardini
Step video registrati:
• Isolamento e legatura delle Santorini
• Isolamento dell’apice
• Preservazione dei fasci vassale-nervosi
• Tecniche di ricostruzioni posteriori
• Anastomosi Vescico ureterale
11.30-11.50 Lettura: Uno-onco units: una sfida nel futuro - Vincenzo Mirone
11.50-13.30 Live recorded surgery in house
IPB
Coordinatore: Rosario Leonardi
Moderatori: Antonio Calarco, Roberto Cusumano, Rino Orti
Chirurgia dell’IPB in OFFICE
• UriLift - Paolo Dell’Orto
• Laser contact vaporization (LACV) - Rosario Leonardi
• Laser vaporizzazione (LVP) - Giovanni Ferraris
• TLAP: Luca Carmignani
Chirurgia di enucleazione dell’adenoma
• HoLeP 120 watt. - Angelo Poreca
• TUEPA Vito - Pansadoro
• B TUEP - Barbara Gentile
13.00-14.00 Tavola Rotonda: Risk Management: Responsabilità professionale ed assicurazioni. Esperti a confronto
Coordinatore: Sergio Invernizzi
• Moderatori: Danilo Di Trapani - Antonino Rizzotto
• Magistrato: Gaetano Sicaro
• Assicuratore: Francesco Ruberto

14.00-14.30 Lettura
Luca Carminighini

14.30-16.30 Andrologia Chirurgica a cura del MAB
Saluto del presidente MAB
Coordinatore: Salvatore Sansalone
Moderatori: Manuel Beltrano, Alessandro Palmieri
• La corretta visione del benessere maschile: Paolo Verze
• Microcirugia del varicocele: Manuel Beltrano
• Chirurgia dell’IPP: Patch autologo ed eletroede Mauro Shiani
• Protezi per una cosa e’ di nuovo: Stefano Di Nicola
• Chirurgia protesica dell’incontinenza maschile: punti critici e complicanze: Roberto Dioliras

16.30-17.00 Workshop: URO-ONCOLOGIA: Strategie condivise per un corretto timing terapeutico
Moderatore: Dario Guifrida
Oncofobo: Francesco Ferrari
Urologo: Carlo Pavone

17.00-17.30 TOP GUN UROP: in diretta dalla Sala Polilennio la gara finale per gli Hands On
17.30-18.00 Fluffe Water: Uteral Relaxation from Sensory Nerve Terminal Activation
Presente: Mauro Vermejoli
Relatore: Pierangelo Geppetti

Sabato 30 Maggio 2015

SALA ACI GALATEA

Cosa offre di nuovo il mondo del device
Coordinatore: Francesco Masseri
Moderatori: Pasquale La Rosa - Francesco Mastroeni - Michele Pennisi

8.00-8.10 Endoandrologia - Michele Di Dio
8.10-8.20 Uroflebologia - Gabriella Minabile
8.20-8.30 Andrologia - Donato Dente
8.30-9.30 Assemblea generale dei Soci
3.9.30-11.00 Hot topics in chirurgia andrologica
Moderatori: Rosario Leonardi, Salvatore Sansalone
Ischemic priapism: Gualtiero Gaspari
Penile surgery of lengthening and girth restoration: Paolo Egidio

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
• EGRS: Cesare Scofano
• Percutanee: Manlio Cappa

Chirurgia renale
Coordinatore: Carlo Aragona
Moderatore: Marco Carni - Sergio Leoni
• Neoplasie dell’alto apparato urinario: Gennaro Musi
• Plastica del giunto pleso-ureterale: Francesco Greco

13.30-14.00 Take Home Message a cura dei giovani UROP
Oncologo: Marcello Scardia
Catecolisti: Cristiano Renno
Iperprolifrazione prostatica: Francesco Piasanti

SALA EPICOUCO
CORSO ACCREDITATO ECM - ID EVENTO 122700
COME AFFRONTARE LE PATOLOGIE URO-ANDROLOGICHE SUL TERRITORIO.
SINERGIE TRA URO e SPECIALISTA UROLOGO
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 Lughini
Relazione: Quando e perché non prescrivere una terapia antibiotica - Guglielmo Beneventano
Relazione: L’uso di anticoagulanti/antiaggreganti quando sospenderli, come sostituire e quando riprendere? 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 infermiera - Rosanna Alle
Relazione: PDE5i, un farmaco nella penna del MGG? - Salvatore Campo
Relazione: L’esecuzione precoce: perché il paziente non si cura? - Ferdinando Fusco

13.00-14.00 discussione sui temi trattati
14.00-14.30 III SESSIONE - MARCATI TUMORALI PROSTATICI: MITO O REALTA
Presidente: Gabriele Marascula
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 quanto biopsie fare? - Fabio Galasso

14.30-15.30 discussione sui temi trattati
15.30-16.00 compilazione dei questionari ECM e fine dei lavori

SALA ESCULAPIO
CORSO ACCREDITATO ECM - ID EVENTO: 122704
L’ASISTENZA DEL PAZIENTE URO/ANDROLOGO 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 Napol
Moderatori: Rosina Ceccarelli, Grazia Sanfilippo - Vincenzo Costanzo

09.00-09.30 Relazione: Il counseling infermieristico in Urologia - Tatiana Bolge
09.30-10.00 Relazione: Criticità durante il riscuotere - Domenico Arena
10.00-11.00 Relazione: La gestione delle nuove tecnologie in sala operatoria - Chiara Bernazzoli
11.00-11.30 Relazione: La riabilitazione nel post-operatorio - Sandro Sandri
11.30-12.00 Relazione: La gestione delle ustioni - 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

Responsible 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