

Intracavernous prostaglandin injection might be a good method to evaluate objectively the response to LISWT and to predict the number of LISWT sessions needed in ED patients

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Objective: Since 2010 Low Intensity Shock Wave Therapy (LISWT) is used for treating patients with Erectile Dysfunction. Till now there is no objective method to evaluate objectively the response to LISWT and predict the number of LISWT sessions needed in vasculogenic Erectile Dysfunction (ED) patients which led us to use 10 mcg of intracavernous injection of alprostadil before and after treatment with LISWT for such purpose.

Material and Method: 10 patients with vasculogenic ED and average age of 58 years old; four patients with moderate ED and six patients with severe ED; All patients received ≤ 10 mcg of alprostadil intracavernous injections (ICI) before the first session of LISWT and 1 month after the last treatment (fig1.A.B.C). Patients received six (if partial response to ICI:Erection Hardness Score (EHS) ≤ 3) or four (if good response to ICI:EHS=4) weekly sessions of LISWT (PiezoWave2 from Richard WOLF) depending of the response to ICI , with an energy flux density of 0.16mj/mm² and frequency set to 8 Hz, wave focus penetration depth set to 10mm. Patient received 6000shocks/session, 2000 shocks on the perineum (1000 each crus penis), 2000 shocks on dorsum penis, 2000 shocks on lateral aspect of penis (1000 each side)

Results: three patients had good response to 10mcg of ICI alprostadil and received four weekly sessions of LISWT; seven patients had partial response to 10 mcg of ICI alprostadil and received six weekly sessions of LISWT; after 1 month of treatment the three patients who had good response initially to 10 mcg ICI had the same response to 8mcg of ICI ; while four patients of the seven who had partial initial response to 10mcg ICI had good response to 10mcg ICI after the treatment (57% improvement) (Table1.) . No patient had any complication from ICI.

Conclusion: ICI might be a good method to evaluate objectively the response to LISWT and to predict the number of LISWT sessions needed for ED. Randomized studies which include EHS, IIEF, and dose of the ICI are needed to evaluate if this method is feasible and applicable.



Fig 1A: ICI alprostadil before LISWT

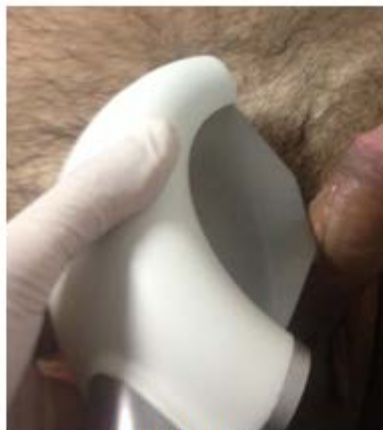


Fig.1B: LISWT



Fig 1C: ICI alprostadil 1 month after LISWT