

N89**Usefulness of dermoscopy for differentiation of pearly penile papules and genital warts**

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Introduction and Objectives: In the differential diagnosis of pearly penile papules (PPP) there should be considered: ectopic sebaceous glands, genital warts, molluscum contagiosum and rarely lichen nitidus. In connection with wide spreading of human papilloma virus, pearly penile papules are often misdiagnosed as genital warts. The aim of this study was to research the specific, typical features of pearly penile papules in dermoscopy and assess usefulness of this method in differential diagnosis of pearly penile papules and genital warts.

Material and Methods: Seven patients with isolated PPP and 5 patients with coexisting PPP and genital warts were subjected to clinical and dermoscopic examination.

Results: Pearly penile papules in dermoscopy were observed as a pink and whitish cobblestone situated in one or several rows. Each papule contained central dotted or comma-like vessels and was surrounded by crescent-shaped structures. The dermatoscopic picture of genital warts was dominated by irregular vascular system which contain many punctate (dotted vessels) or more bigger vessels (red globules). As well pathognomonic feature was the presence of red or black dots corresponding with intravascular clots.

Conclusions: Find the above-mentioned dermatoscopic features of pearly penile papules allows to establish diagnosis and to restrict use of therapy. Also differentiation of pearly penile papules and genital warts in patients with coexisting both diseases allows to restrict the area of treatment.

N90**The real-life safety and efficacy of vardenafil: an international post-marketing surveillance study – results from 2543 Polish patients**

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Introduction and Objectives: to appraise the efficacy, safety and patient acceptability of vardenafil under real-life conditions in routine treatment of erectile dysfunction. The secondary aim was to evaluate the influence of the treatment on depressive symptomatology and self-esteem in men with erectile dysfunction.

Material and Methods: this was a prospective, open, uncontrolled, non-interventional, post-marketing, surveillance study. The observation period for each patient intakes over one month. For every subject investigator had to collect data at an initial and control follow-up visit. A patient questionnaire (PQ) together with CES-D and Rosenberg Scale questionnaires were used. 2543 patients were enrolled. As 2471 patients attended to initiating and at least one control visit they were included in intent-to-treat statistical analysis population.

Results: overall erectile improvement was reported by 94.5% of the subjects. Effectiveness varied depending on severity, etiology and duration of the disorder as well as on the age of the patient. Penetration was possible in 96.8% of all sexual attempts documented in PQs. In 88.3% of endeavours the erection could be maintained long enough to complete intercourse. There was a significant improvement in frequency of depressive symptomatology during the observation in overall score of CES-D. Percentage of patients who presented with depressive symptoms decreased from 59.33% to 36.58% at initial vs. control

visit respectively. Adverse drug reactions were very rare – 0.45% patients. The most frequent were flushing and headache.

Conclusions: in this observational study Levitra was generally well tolerated and highly effective treatment of mild, moderate and severe ED of varying etiology.

N91**Peyronie's disease – surgical treatment outcomes**

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Introduction and Objectives: Peyronie disease (PD) predominantly occurs in men aged 40–60 years. Exact etiology of PD is not clear. Usually, the penis hurts only during an erection. This pain occurs in one third of patients and is pathognomonic for PD. Penile curvature of varying degrees may be observed, only during an erection. Issues concerning surgical indication, patient selection, surgical techniques, and grafting are still discussed in literature. Aim: to evaluate outcomes of Peyronie's disease surgical treatment by venous grafting.

Material and Methods: A total 58 patients (surgery from 2003 to 2008 year) undergone lengthening procedures on the convex side of the penile curvature by means of vena saphena grafting. The mean age was 57 years (37–68 years). Onset of Peyronie's disease varies from 6 months to 2 years. The mean angle of curvature was 65.4±19.5 degree. Plaque was excised and vena saphena grafting was used to cover the defect. The mean follow-up time was 24.1±5.9 months (11–48 months). Patients were asked to contact surgeon by mail and answer questions concerning change of rection, straightness, pain when penis erected, glans penis hypoesthesia. 58 letters were sent and 44 answers were collected (response rate 75.9%).

Results: Increase of erection mentioned in 3 (6.8%) patients. The same erection observed in 29 (65.9%) patients. Worse erection reported in 12 (27.3%) cases. In 6 (13.6%) patients curvature appeared again, in 38 (86.4%) patients penis remains straight. Pain in erected penis remained in 3 (6.8%) patients, usually related with recurrence curvature. Glans penis hypoesthesia present in 13 (29.5%) patients.

Conclusions: PD surgery with v.saphena grafting is effective treatment of penile curvature. Glans penis hypoesthesia and erectile dysfunction are main long term complications of PD surgery.

N92**Sequential high-dose chemotherapy with hematopoietic stem-cell support in poor risk, relapsed or refractory germ-cell tumor patient treatment: Lithuanian experience**

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Introduction and Objectives: Poor-risk germ-cell tumors (GCT) represent significant challenges. Patients with poor-risk primary or relapsed GCT have been shown to benefit from high-dose chemotherapy (HDCT) with autologous stem cell support. In this paper we present our experience in using HDCT for poor prognosis primary, relapsed or refractory GCT at a single institution.

Material and Methods: Primary advanced poor-risk non-seminoma, according to the International Germ Cell Cancer Collaborative Group (IGCCG) criteria and GCT refractory to cisplatin based chemotherapy were included. Sequential etoposide (1.5g/m²) cisplatin (100mg/m²) and ifosfamide (10g/m²) (VIP) regimen, followed by an infusion of autologous peripheral blood hematopoietic stem cells was used as a first