

diagnosis by 6 months after first symptoms, while 26% declare to have not received a correct diagnosis after 5 years. 48.76% of all diagnosis was made by gynecologists, 30.74% by dermatologists and 4.5% by andro-urologists. 81.96% of patients considers their diagnostic and therapeutic process complex (difficult, quite difficult, very difficult) vs 16.6% simply (simply, quite simply). 41.9% of patients have no sex because of LS, in 57.3% LS causes anxiety and discomfort in relationships. 71.72% was treated with topical therapy and 5 patients (1.7%) were directed to a specialist. 78.09% thinks doctors' knowledge about LS is inadequate and 63.9% hopes that a better doctors' preparation about LS is mandatory.

Conclusions: Genital LS is a disease that significantly and negatively impact patients' quality of life. Genital LS causes anxiety, discomfort in sexual behaviors and impossibility to have sex. Late diagnosis is common and quite few patients are directed to specialists. Doctors' awareness and consciousness could lead to early diagnosis and improve genital LS treatment and management.

SC3 Evaluation of oral administration in association with intralesional injection of hyaluronic acid compared with intralesional injection alone in Peyronie's disease: Results from a phase III study

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Introduction: Peyronie's disease (PD) is a challenging andrological disease and its management shows several needs. Here, we aim to evaluate the efficacy of oral administration of hyaluronic acid (HA) in association with intralesional injections compared with the intralesional injections alone, in patients with early onset of Peyronie's disease.

Materials and methods: In this prospective, randomized phase III clinical trial, all patients with recent diagnosis of Peyronie's disease, attending two andrological centers were considered for this study. All patients with early onset of Peyronie's disease were randomized into two groups: Group A received oral administration of HA 1 tablet every 48 hours in association of intralesional injections of HA weekly for 6 weeks (1.6% highly purified sodium salt HA 16 mg/2 mL); Group B received intralesional injections of HA weekly for 6 weeks, only. The main outcome measures were the change from baseline to the end of therapy in terms of penile curvature (degree) and improve in the International Index of erectile Function (IIEF-5) score and Patient's Global Impressions of Improvement (PGI-I) score.

Results: Eighty-one patient (Mean age: 57.3) have been randomized into the two groups: 41 in Group A and 40 in Group B. The two Groups showed a significant difference in terms of penile curvature from baseline [Group A -7.8 degrees (SD ± 3.9) ($p < 0.001$); Group B: -4.1 degrees (SD ± 2.7) ($p < 0.001$)]; a significant difference in terms of penile curvature reduction has been reported also between the two Groups -4.0 degrees (SD ± 0.7) ($p < 0.001$). Group A shows also a higher improvement in IIEF-5 and PGI-I scores in comparison with Group B [Group A -4 IIEF-5 (SD ± 0.3); Group B -2 IIEF-5 (SD ± 0.5); ($p < 0.001$); Group A 4 PGI-I; Group B 2 PGI-I; ($p < 0.001$)]. No clinically relevant adverse effects have been reported.

Conclusions: In conclusion, the association between oral administration and intralesional treatment with HA shows greater efficacy to improve penile curvature and overall sexual satisfaction in comparison with intralesional HA treatment alone.

SC4 Telemedicine and teleconsulting in andrology at the time of COVID-19 pandemic: Is this the right way?

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Introduction: Starting from February 2019, a novel health-care emergency, caused by severe acute respiratory syndrome coronavirus-2 (COVID-19), generated a catastrophic health care system emergency in Italy with deferment of elective procedures, in particular for outpatients services. Andrological practice has been considered as non-essential clinical services but the impact of andrological disease on the patient's quality of life is high, especially in the time of COVID-19 pandemic. Italian people are forced stay home on the basis of Italian government's "I Stay Home" decree without any social or outdoor activities. In our hospital, in line with the Italian government's "I Stay Home" decree, we have begun to offer telephone out-patient consultations to our urological and andrological patients.

Materials and methods: From 13th March 57 patients scheduled for andrological visits were contacted by phone by two experienced andrologists, in line with our new reorganized outpatients management. In brief, the andrologist, during the telephone-based consultation, ask about the reason for the visit and the patients' symptoms, examined the past and present medical history and perform a teleconsulting about the diseases. At the end of the consultation, the andrologist released written instructions and prescriptions available online through the Hospital Information System to the patient. Moreover, the day after the telephone consultation, all patients were contacted again by another andrologist and were requested to answer a dedicated 4-questions patient satisfaction questionnaire (4qPSQ).

Results: The analysis of the first 57 telephone-based consultation showed the following results: 38 patients (66.6%) reported a low level of satisfaction. Thirty patients (52.6%) did not feel reassured by the telephonebased consultation (Q1) and 8 were disappointed by it (14%). Moreover, 35 patients (61.4%) did not feel satisfied by this service. Finally, only 15 patients (26.3%) would recommended this service to a friend (Q4). Taking into account these data and opposing to what we thought, we decided to revise our clinical andrological practice. From 30th March all andrological telephone-based consultations have been blocked and all andrological visits were directly canceled by secretaries. A new andrological visit will be scheduled starting from the end of COVID-19 pandemic.

Conclusions: Several studies demonstrated that telemedicine and teleconsulting reported high level of satisfaction among patients also in urological setting. In our experience, telephone-based consultation and teleconsulting are not the patients' favored approaches in andrological setting. However, we think that during COVID-19 outbreak or environment health emergencies, telephone-based consultation and teleconsulting have a limited interest in andrological setting due the psychological implications of andrological diseases requiring a face-to-face visits and the evaluation of nonverbal elements.

SC5 Long-Term functional and esthetic outcomes after simultaneous curvature correction at the time of the penile fracture repair: Over ten years of experience

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Introduction: Penile fracture (PF) require an early surgical exploration, and defect closure of the lesions are recommended to prevent