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 secretaries1. 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

long-term complications. However, post-operative unsatisfactory penile curvatures are frequent in literature. In this study, we wished to present long-term outcomes of PF after surgical repair approach with a surgical technique of simultaneous intraoperative curvature (ic) correction via tunica plication (tp) versus standardized technique with only correction of PF.

Materials and methods: Forty-five men operated for PF throughout a 11-year period. All patients (pts) had singular tear of the corpora cavernosa (cc). All surgical explorations were performed within 12 hours after the traumatic event. The size of the tear ranged between 8 and 20 mm in length. The tunica defect was closed by a double-layered technique with absorbable 2-0/3-0 polydioxanone. In pts that had required to correct a cc deviation a tp was then performed to straighten the tunica angulations in all pts with curvature greater than 30°, using 2 to 3 pairs of a 2-0 absorbable suture through the full thickness of the tunica albuginea. All pts were called for a semi-structured interview that identified 4 domains: penile appearance (PA), penile sensory (PS), erectile function (EF), sexual relationships and generic quality of life (GQoL).

Results: Thirty-nine pts (87.7%) agreed to participate. Twenty-eight pts (28/45, 71.8%), with an ic greater than 30°, were corrected (Group A: GA). The only correction of PF was achieved in 28% of the cases (11/ 39), (Group B: GB). Median time from the intervention to the interview was 44 months (6–132). Mean age of pts was 51.2 years (26–74). According to the answers 10.7% pts of GA and 9.1% of GB complained of suture-related complications as unpleasant feeling of bumps under the skin; in 2.7% and 9.1% pain was present during erection, respectively in GA and GB. Three pts (10.7%) in GA and 4 pts (36.4%, $p < 0.001$) in GB declared some degree of postoperative erectile dysfunction, while all pts in GA were able to complete sexual intercourse vs. 63.3% (7/11, $p < 0.002$) of GB. A significant difference ($p < 0.001$) was noticed in terms of subjective improvement in penile deformity between pts in GA (73.1%) and GB (42.1%). Also, post-operative sensory changes were significantly more prevalent ($p < 0.001$) among GA pts (21.4%) compared to GB (9.1%).

Conclusions: Our long-term results support that a simultaneous plication technique as correction after a PF, if needed, provides certain advantages in terms of PA, EF and GQoL post operatively, but not in PS.

SC6 An empirical antibiotic approach to couple infertility: Indications and efficacy

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Introduction: To analyze a retrospective study in wich couples with an history of infertility were given an empirical antibiotic therapy with doxycicline, azytromicin, moxifloxacin in case of suspected sexual transmitted disease (STI), nevertless negativity of coltural exams. To evaluate the benefit of the treatment on the improvement of seminal parameters and overall pregnancy outcomes, both natural and assisted.

Materials and methods: The records of 350 infertile couples, attending at our outpatient clinic, were reviewed. An amount of 136 couples were identified, responding to five main inclusion study criteria such as history of infertility, no male or female infertility factors, negativity of coltural exams both in male and female, at least two seminal parameters suggestive for infection. All couples were treated with 100 mg Doxycicline (1 tablet twice daily for 15 days a month for two months), 500 mg Azythromycin (1 tablet per day for 3 days every 10 days for 2 months), 400 mg Moxifloxacin (1 tablet per day for 7 days every month for 2 months). Couples were asked not to have sex during the first month of therapy and then resumed fertilizing intercourses. Semen analysis were performed at the end of the therapy. Statistical analyses comparing seminal parameters before and after treatment were carried out.

Results: The mean age of male partners was 36,11 ± 7,03 (range 18–59). Female partners were with a mean age of 32,7 ± 6,33 (range 18–53). The mean duration of infertility was 3,26 ± 2,69 years. An history or actual symptoms of STI was noted in 27,9% of female and in 19,9% of male. Both couple's element complained symptoms in 11,8%. In 10,3% of couples, at least one miscarriage occurred before our evaluation. Before the therapy, semen volume was normal in 86,8% and low in 10.3%. Iperviscosity was recorded in 59,6%. Sperm fluidity was considered as complete and incomplete in 91,2% and 8,8%, respectively. Leukocytospermia was found in 21,4% and agglutinations were present in 37,5%. The sperm count before the antibiotic treatment was 17,3 ± 14,4 million/ml and 52,34 ± 52,88 million total, in mean. Asthenospermia was present in 69,1% of patients. The rapid and slow motility were 11,9 ± 9,5% and 12,1 ± 6,4% in mean, respectively. After therapy, all parameter considered improved. The T-test showed all means differences significant ($p \leq 0.05$). A full term pregnancy was reached in 27,2%. Pregnancies were reached after treatment in a mean time of 3,7 months.

Conclusions: In case of suspected infective etiology of couple infertility, we believe possible to prescribe empirically antibiotic therapy with doxycycline, azythromycin and moxifloxacin, covering the most common STI pathogens. We need to increase the chance of natural pregnancy and decrease the need for invasive procedures, starting from an holistic couple evaluation.

SC7 The impact of non-thermal effects of electronic devices on male fertility: Monocentric observational retrospective study

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Introduction: The use of laptop can damage fertility through two not entirely clear mechanisms: thermal and non-thermal. The first concern the ability of PCs to overheat the male gonads. The non-thermal effects are characterized by changes in the seminal fluid following exposure to EMW (WI - FI). An increase in ROS production was observed with development of sperm membrane damage and upregulation of thermal shock proteins that could induce damage at the blood - testicular barrier and reduce sperm motility. Our study aimed to investigate an association between the use of laptop PC and their non-thermal effects and seminal fluid anomalies.

Materials and methods: This is a retrospective observational study. We have recruited 34 males from February to April 2019.

The patients had performed two spermiograms at three months distance. The spermiograms were analyzed according to the WHO 2010 criteria in a single laboratory with on-site collection.

Exclusion criteria:

- Excessive Alcohol consumption (>12 g/die);
- Smoking;
- Subjects with clinical varicocele;
- Subjects with previous testicular tumors.
- Patients who had performed previous spermiograms.
- Patients who came into contact with heat sources >1 hours/die.
- BMI >30 kg/m^2.
- Patients who put their mobile phone in the front pockets of their pants for more than 1 hour a day.

Inclusion criteria:

- Age >18 years;
- Stable relationship with their partner > 3 months.
- Male patients using laptop with WI -FI internet connection.

All patients were given a medical history and an objective examination was carried out.

Results: We have recruited 34 males from February to April 2019 Patients were divided into two groups according to laptop usage. Patients who used the PC for >5 days/week and Laptop use >4 hours/