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/