

comparison ( $p = 0.038$ ,  $\eta^2p = 0.675$ ,  $\omega^2p = 0.515$ ), and significant post-hoc differences were found (Pre vs Post:  $p = 0.161$ , and Post vs Follow Up:  $p = 0.0043$ ). We found a reduction in progesterone concentration from Pre to Post expedition ( $p = 0.049$ ,  $\eta^2p = 0.364$ ,  $\omega^2p = 0.274$ ) with Italians having a greater reduction ( $p = 0.081$ ,  $\eta^2p = 0.502$ ,  $\omega^2p = 0.340$ , from  $0.550 \pm 0.339$  to  $0.302 \pm 0.093$  ng/ml) respect to Nepalese porters (from  $0.410 \pm 0.163$  to  $0.337 \pm 0.188$  ng/ml). At Follow up Italians recovered up the baseline values ( $2.867 \pm 0.354$  pg/ml), as revealed by the Pre vs Post vs Follow Up comparison ( $p = 0.011$ ,  $\eta^2p = 0.703$ ,  $\omega^2p = 0.599$ ), and significant post-hoc differences were found showed (Pre vs Post:  $p = 0.170$ , and Post vs Follow Up:  $p = 0.161$ ).

**Conclusions:** Mid-term High altitude affects the Hypothalamus-hypophysis-gonads axis. This effect seemed to be more pronounced among Italians for progesterone and among Nepalese for testosterone.

### SC13 Outcomes of inflatable penile prosthesis in patients with or without virgin primary implant: A propensity score-matched comparison

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**Introduction:** Inflatable penile prosthesis (IPP) represents a mainstay for the treatment of erectile dysfunction (ED), showing excellent results when performed in selected patients. Although IPP might provide decreased outcomes in higher-risk populations, scarce data exist on the benefits and consequences of IPP placement in this surgical setting.

To compare outcomes of IPP in patients with or without virgin primary implantation.

**Materials and methods:** Data were obtained from our prospectively maintained institutional database. Propensity score matching was carried out to reduce the effect of inherent differences between groups. Clinical and surgical data were compared. Specifically, patients' and partners' outcomes were assessed by the International Index of Erectile Function (IIEF), Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) and Quality of Life and Sexuality with Penile Prosthesis (QoLSPP) questionnaires. Complications were graded using Clavien-Dindo classification.

**Results:** Of all 66 included patients, 24 with prior surgery for erectile dysfunction and Peyronie's disease (Group 1) could be matched with penile surgery-naïve patients (Group 2) in a 1:1 ratio.

Compared with reoperative cases, surgery-naïve patients had a shorter operative time [median (IQR): 85 (67–98) min vs 64 (50–76) min;  $p = 0.01$ ] and a lower complication rate (21% vs 12%;  $p = 0.02$ ). Overall, no differences were observed concerning sexual function recovery and device utilization (both  $p > 0.2$ ). However, men in Group 2 showed a tendency for a faster return to sexual activity ( $p = 0.01$ ).

Mean (SD) scores for questionnaires demonstrated high satisfaction and IPP efficacy in Groups 1 and 2: IIEF [20.0 (6.3) vs 20.3 (5.8);  $p = 0.6$ ], patient [74.8 (23.6) vs 75.1 (21.4);  $p = 0.5$ ] and partner EDITS [72.8 (24.8) vs 73.2 (23.1);  $p = 0.7$ ].

Similarly, QoLSPP showed favourable quality of life and sexuality: functional domain [3.8 (1.1) vs 4.0 (1.3);  $p = 0.3$ ], personal [3.9 (1.1) vs 4.1 (1.0);  $p = 0.5$ ], relational [4.0 (1.2) vs 3.9 (1.1);  $p = 0.3$ ] and social [3.9 (1.2) vs 4.1 (1.2);  $p = 0.4$ ].

**Conclusions:** In experienced hands, IPP placement offers high satisfaction to both patients and partners, also in the setting of non-virgin implant.

However, given the higher morbidity, it is mandatory to adequately inform and warn those patients about possible complications after surgery.

### SC14 Teratozoospermia is a poorly informative parameter for the evaluation of the infertile male: Hints from an academic high-volume andrological center

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**Introduction:** The clinical value of sperm normal morphology is not clearly established. We aimed to evaluate the relationship between normal morphology and the male fertility potential, using total motile sperm count as a proxy measure for it.

**Materials and methods:** We collected complete demographic and clinical data from 1118 primary infertile non-azoospermic men. At least two different semen analyses were requested for every participant. Semen analyses followed 2010 WHO reference criteria and were categorized according its cut-off values. TMSC was categorized into four groups of increasing severity:  $<1$  vs. 1–5 vs. 5–10 vs.  $>10$ . The relationship between normal morphology and fertility potential was graphically depicted. The diagnostic accuracy of teratozoospermia for the detection of very poor reproductive potential (i.e.  $TMSC < 1$ ) was estimated.

**Results:** Median sperm normal morphology and TMSC values were respectively 2% (interquartile range, IQR 1–10%) and 3 (0.4–11). WHO-defined teratozoospermia overall prevalence was 62%. The percentage of men with teratozoospermia increased from the least to the most severe TMSC group (52% vs 74%,  $p < 0.001$ ). Normal sperm morphology had a non-linear relationship with reproductive potential, with a modest linear rising slope only when normal morphology was below 10%. Using a 10% cut-off instead of 4% for normal morphology resulted in higher accuracy (0.62 vs 0.42) for identifying men with very poor reproductive potential, i.e.  $TMSC < 1$ .

**Conclusions:** Normal morphology values are pathological according to WHO in the vast majority of infertile men. However, they appear to be poorly informative in terms of reproductive potential. The WHO 4% threshold is poorly informative as well when it comes to infertile men with the most impaired reproductive potential.

### SC15 Effectiveness of a new drug (Camarouf 0.006%) in treatment of delayed ejaculation

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**Introduction:** Delayed ejaculation (D.E.) is probably the less studied male sexual dysfunction but is not a such rare disorder with a prevalence of 15–30% in the higher groups. Current treatments have only an anecdotal success or important side effects, so often patient starts only a psychosexual therapy without unrealistic results.

**Materials and methods:** Camarouf is an oleoresin-based cream with capsaicin and vanilloid that has the ability to stimulate the penile nerve endings and determine an increase in the penine blood flow giving an increase in the sensation of heat. After signing a specific informed consent from June 2018 to October 2019, we recruited 54 patients with D.E.. Patients performed a preventive sexological, urological and hormonal evaluation to rule out such an etiology. Only 48 patients were eligible for the study and they were randomized into two study groups of 24 patients: A groups start with Camarouf cream and B that use a placebo oleoresin-based ones. With Topiclick® the dose was standardized at 0,25 ml/week, 15 min before sexual intercourse. After 2 months of therapy and 1 months of wash out, groups reversed treatment. IIEF 5 questionnaire, Quol questionnaire