

and IELTS were administered at 2, 3 and 7 months. T student test was used to compare IELTs and Δ mean IELTs (between treatment and wash out period) among two groups. Statistical analysis was performed with MEDCALC (Software, Ostend, Belgium).

Results: At 2 months of therapy group A showed a statistically difference in Δ mean IELTs, IELTs and Quol compared with group B ($p < 0,0001$) and the same was recorded by the group B at 7 months. No IELTs statistical differences was recorded in wash out period by two groups. IIEF 5 questionnaire showed no differences at 2, 3 and 7 months ($p = 0,654$; $p = 0,234$; $p = 0,544$). Only 1 patient stopped therapy for severe penile burning, and 5 patients used cream every 2 weeks for bothersome penile inflammation.

Conclusions: Camarouf 0,006% has been shown to improve IELTs with a good patient safety and compliance profile. The cream does not improve or worsen penile hardness during sexual intercourse and has not been shown to have a healing role after two months of therapy.

SC16

Antegrade versus retrograde common iliac artery revascularization and occurrence of erectile dysfunction

C. Signorini, D. Mazzaccaro, G. Malacrida, C. Vaccaro, S. Guzzo, O. Blezien, F. Molinari, D. Vizziello, A. Conti, G. Nano, L. Carmignani (Milano)

Introduction: Aim of the study was to assess the effect of antegrade and retrograde common iliac artery (CIA) revascularization on erectile dysfunction (ED) using the validated International Index of Erectile Function (IIEF) questionnaire, on patients who were treated for chronic occlusions of the CIA.

Materials and methods: Clinical data of patients who were submitted either to antegrade endovascular CIA revascularization (group A) or to femoral-femoral crossover bypass with retrograde revascularization (group B) between 01/2010 and 12/2019 were retrospectively analyzed. Primary outcomes included the evaluation of ED using the IIEF questionnaire, before and after the operation, comparing both groups. Chi-square and T-tests and logistic regression analysis were used as appropriate. A P value $< 0,05$ was considered statistically significant.

Results: Thirty-three patients underwent endovascular (14 patients, group A) or surgical treatment (19 patients, group B). Patients of group A were younger than those of group B ($63,4 \pm 14,4$ years vs. $71,8 \pm 17$ years respectively, $P = 0,003$). Before the operation, no differences were recorded in the sexual function between the two groups. After the intervention, patients of group A performed significantly better than those of group B in terms of IIEF questionnaire ($18 \pm 10,1$ versus $12,1 \pm 14,8$, $P = 0,01$).

Age significantly affected the occurrence of preoperative ED (OR 1.31, $P = 0,02$), the preoperative results of the IIEF questionnaire (OR $-0,39$, $P < 0,001$) and the postoperative results of the IIEF questionnaire (OR $-0,28$, $P < 0,001$). Chronic Obstructive Pulmonary Disease (COPD) also affected the values of the preoperative and the postoperative IIEF questionnaire (OR 0.29, $P = 0,03$ and OR 0.46, $P = 0,001$, respectively).

Conclusions: Patients who were submitted to endovascular antegrade revascularization of the CIA performed significantly better in terms of IIEF questionnaire than those who underwent retrograde revascularization. Older patients and patients affected by COPD were more likely to have sexual impairment both before and after the treatment and irrespectively of the groups.

SC17

The outcomes of the radial artery forearm free-flap phalloplasty in transgender men: A focus on surgical technique and flap vascular complications

M. Preto, M. Falcone, M. Timpano, D. Ciclamini, A. Crosio, B. Baattiston, P. Tos, P. Gontero (Torino)

Introduction: Radial artery forearm free-flap (RAFFF) phalloplasty is considered by most authors as the gold standard technique for genital gender affirming surgery (GGAS). RAFFF surgical complications have been rarely investigated and the aim of this study and literature review is to analyze and focus on surgical technique and its postoperative vascular complications.

Materials and methods: A consecutive series of patients underwent a TPR using a RAFFF in a single tertiary referral center were enrolled. Data were retrospectively extrapolated from the clinical records. Flap was prepared by the same surgical team in all cases. Flap baseline features and the incidence of postoperative vascular complications were reported. RAFFF relies on the radial artery and on several veins draining both superficial and deep system (cephalic, basilic, lateral flap vein and comitantes of the radial artery). As a standard procedure, the cephalic vein and other two superficial veins in the postero-radial and ulnar side of the flap were dissected. After the inseting and the arterial anastomosis, the suture of the cephalic vein to the great safena vein was performed. Then, the veins with the higher blood reflow were chosen to be sutured to either the accessory safena vein or the venae comitantes of the epigastric artery. Indeed, at least two or in some cases three vein sutures were performed depending by the flap requirement. A univariate analysis was conducted to identify predictive values for vascular complications (age, BMI, smoking habit, number of flap's veins). Statistical analysis was performed using STATA version 12.0 for Mac package.

results: From May 2016 to January 2020 a consecutive series of 25 transgender men underwent GGAS were enrolled in the present study. Median follow-up was 20 months. Age was 32. BMI was 24. 33.3% of patients were active smoker. Flap standard measures were: for phallus 13 cm base, 8.5 cm tip and 14 cm length; for urethra 4 cm width and 17 cm length. Tourniquet time was 105 minutes. Median flap veins were 2. A connection between the superficial and deep venous system into the cephalic vein was present in all cases. Overall, vascular flap complications occurred in 20% of cases. A complete flap loss due to acute arterial thrombosis was recorded in a single case (4%). In 8% of cases a limited ventro-proximal arterial ischemia was detected while in the remaining 8% of cases a venous ventral ischemia was reported. The univariate analysis evidenced as the only predictive values of vascular complications the number of flap veins (< 2).

Conclusions: RAFFF represents a reliable option for total phallic construction (TPC) leading to satisfactory results in terms of flap survival. In order to optimize its surgical outcomes, the respect of venous vascular drainage should be recommended.

SC18

Functional and patient's reported outcomes after total glans resurfacing: Results from a retrospective analysis in a tertiary referral network

M. Preto, M. Falcone, M. Timpano, C. Ceruti, O. Sedigh, P. Gontero (Torino)

Introduction: Functional outcomes and patients' reported outcomes (PRO's) on organ preserving surgery for penile benign or malignant lesions have been rarely investigated. Our study aims to report

functional outcomes and PRO's of total glans resurfacing (TGS) in patients with lichen sclerosus (LS) or localized penile cancer (PC).

Materials and methods: From 2004 to 2018 a consecutive series of patients underwent a TGS for the management of penile lesions, both LS and PC, in a tertiary referral network.

Inclusion criteria were: Age ≤ 75 years, primary and clinically superficial disease (LS or PC $\leq cT1$), no erectile dysfunction. Patients affected by buried penis condition, locally advanced disease (PC $> cT1$), clinically palpable nodes or complaining for non-responsive ED were excluded from the present study. All patients underwent penile-sparing surgery with TGS using a free split-thickness skin graft (STSG) harvested from the thigh. After the procedure, patient were followed-up on a 3-months basis for 2 years, every 6 months for another 2 years and thereafter yearly. Urinary and sexual functions were investigated through the International Prostatic Symptoms Score (IPSS) and International Index of Erectile Function (IIEF) validated questionnaires at baseline and then 6 and 12 months postoperatively. Furthermore, PRO's were extrapolated from a 5-item "ad hoc" created questionnaire. Statistical analysis was carried out with STATA software (v.12).

Results: 37 consecutive patients were enrolled in the study. No surgical complications were recorded and 97% of the patients had a complete graft take. The validated questionnaires assessed that neither urinary or sexual function deteriorated after surgery, no significant differences were recorded among pre and postoperative values ($p > 0.05$). An overall improvement of the quality of life was reported by 86.4% of patients. Glans sensitivity was fully maintained in 89.2% of cases. 94.5% of patients reported to be fully satisfied by the aesthetic appearance of the penis and would consider to undergo the same procedure again if necessary. 91.9% of patients would recommend the same procedure to someone else.

Conclusions: TGS represents an excellent surgical option ensuring satisfactory cosmetic and sexual outcomes in the management of selected patients with benign penile lesions (LS) or localized malignant PC.

SC19

Dual implantation of penile prosthesis and ATOMS system for post-prostatectomy erectile dysfunction and urinary incontinence: A feasibility study

M. Falcone, M. Preto, E. Ammirati, R. Carone, P. Gontero, A. Giammò (Torino)

Introduction: Stress urinary incontinence (SUI) and erectile dysfunction (ED) are the most common adverse effects following radical prostatectomy (RP), in 4–40% and 6–68% of cases respectively. Current conservative strategies for post-RP SUI and ED, actually lack in a real efficacy and often patients require further surgical procedures. The management of a concomitant SUI and ED represents a real challenge. In selected patients, dual implantation (DI) of both a continence and penile prosthesis (PP) device may be offered. A variety of continence devices such as the artificial urinary sphincter (AUS) and male slings have been successfully proposed and implanted along with both malleable and inflatable PP. Nevertheless, some issue such as high costs, postoperative complications, revision rates and limited adjustability are still present. A mesh-anchored compressive adjustable cushion, known as the ATOMS system (Adjustable Transobturator Male System) have been introduced to partly overcome these limitations and the aim of our study is to evaluate feasibility and safety of PP and ATOMS® DI.

Materials and methods: Data from 5 consecutive patients were collected. All of them referred to our center complaining for post-RP SUI and ED after ≥ 12 months and failed conservative strategies. Intra and postoperative complications, operative time, postoperative pain through a visual analogic scale (VAS) at 6, 24 and 48 hours as well as hospital stay were selected as surgical outcomes. Functional outcomes were evaluated 3 and 6 months postoperatively. Continence outcomes included: a 24 hour pad weight and count, the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF) questionnaire and dry/social continence rate. Sex encounter profile (SEP) items 2/3 and Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) questionnaire were utilized for measuring erectile function outcomes.

Results: The median follow-up was 14 months. The DI was conducted as a synchronous procedure in 2 cases, whilst a deferred procedure (PP and subsequently ATOMS device) in the remainders. No major intraoperative nor postoperative complications were reported. A single case of a scrotal hematoma was recorded (Clavien-Dindo grade I complication) and managed conservatively. No chronic device-related pain nor late complications occurred. A significant reduction of mean 24 hours pad test, pad count and ICIQ-UI SF values was recorded. Postoperatively, 60% of patients were dry and 80% reached social continence. Additionally, a median EDITS score of 48 was reported 6 months postoperatively and a sharp increase in SEP item 2/3 was detected.

Conclusions: The dual implantation of PP and ATOMS® system may represent a realistic solution for patients requiring to solve a concomitant end-stage ED and SUI after RP, either in a single-stage or a deferred procedure.

SC20

Body mass index and age correlate with antioxidant supplementation effects on sperm quality: Post-hoc analyses from a double-blind placebo-controlled trial

G. M. Busetto, F. Del Giudice, A. Sciarra, M. Maggi, A. Porreca, E. De Berardinis (Roma)

Introduction: Spermatozoa are vulnerable to lack of energy and oxidative stress as a result of elevated levels of reactive oxygen species. Therefore, it is essential that appropriate nutrients are available during maturation.

Materials and methods: This randomized, double-blind, placebo-controlled trial investigated the effect of 6 months supplementation with carnitines and other micronutrients on sperm quality in 104 subjects with oligo- and/or astheno- and/or teratozoospermia with or without varicocele. Semen analyses were done at the beginning and end of the treatment. In addition to main analyses, post-hoc analyses for age and body mass index (BMI) were carried out. Results were interpreted by dividing the population into two age and BMI classes.

Results: In 94 patients who completed the study, all sperm parameters increased in supplemented patients compared to the placebo group. A significant ($p = 0.0272$) difference in supplementation efficacy was observed for total motility on patients with varicocele and BMI < 25 . In the same group, also the progressive motility was significantly superior ($p = 0.0159$). For Responder analysis, total motility results were confirmed in both the cited group ($p = 0.0066$) and in the varicocele group with BMI < 25 and Age < 35 ($p = 0.0078$).

Conclusions: This study suggests that supplementation is more effective in subjects with varicocele younger than 35 years with BMI < 25 .