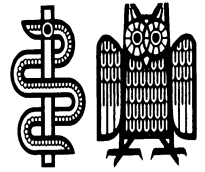




Oral sildenafil (VIAGRA) in Non-responders to cavernous injection therapy



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objective:

Self-administration of intracavernous injections are widely used for the treatment of erectile dysfunction. In clinically non-responders to intracavernous injection therapy, therapeutic options are limited (vacuum pumps, penile prosthesis). The response of an oral treatment with sildenafil was tested in this selected group.

material and methods:

In 36 patients (23-79years), non-responding to intracavernous injections in clinical testing, efficacy of oral sildenafil (100 mg) was tested at home. All patients had an erection < E4 in erection assessment scale after the intracavernous injection of prostaglandin E1, papaverin/phentolamin and papaverine/phentolamin/prostaglandin E1-mixture and were classified as non-responders to injection therapy due to clinical testing. The patients were advised to test 100 mg sildenafil at home two times at two different days.

results:

18/36 patients (50%) reported a rigid erection (E4 n=13, E5 n=5), sufficient for sexual intercourse at least one time after oral sildenafil (fig.1,2,3) 8/36 were diabetic patients and even in these patients, 4/8 responded to oral sildenafil. In patients with clinical evidence of penile arteriopathy (n=5), response to oral sildenafil was bad (1/5).

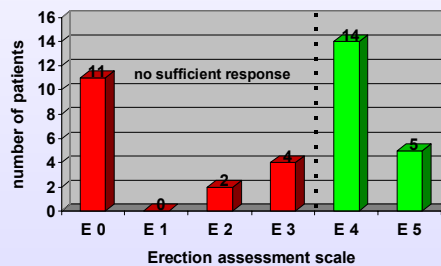


Figure 1: Response to oral sildenafil (100 mg), classified by erection assessment scale (EAS), in non-responders to autoinjection therapy (n=36). Erections of E4,5 in EAS are sufficient for sexual intercourse

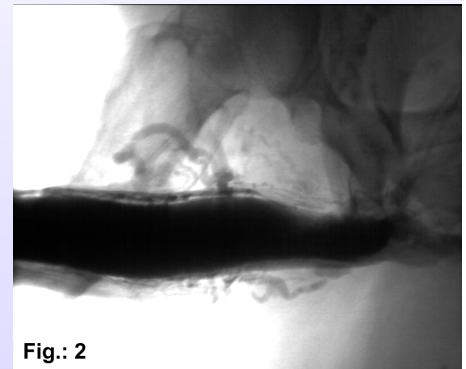


Fig.: 2

Figure 2: cavernosography of a 67 year old patient with venoocclusive dysfunction, 10 minutes after intracorporeal injection of 20 µg prostaglandin E1, 30 mg papaverin, 1 mg phentolamin, clinically responding to oral sildenafil (E4).



Fig.: 3

Figure 3: cavernosography of a 23 year old patient with venoocclusive dysfunction (maintenance flow > 200 ml/min), 10 minutes after intracorporeal injection of 20 µg prostaglandin E1, 30 mg papaverine, 1 mg phentolamin, clinically responding to oral sildenafil (E4).

conclusion:

Oral sildenafil is a potent drug for the treatment of erectile dysfunction that can be successfully used even in patients clinically non-responding to intracavernous injection therapy. Oral testing of sildenafil is an important diagnostic information, that should be done before the the diagnosis of a so called "venous leakage" is given to the patient and invasive therapeutic procedure are proposed. Patients with venoocclusive dysfunction are non responding to intracavernous injections and to oral sildenafil.