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Abstract citation ID: qdae001.151

(160) IMPROVING SYMPTOMS IN YOUNG MEN WITH ERECTILE DYSFUNCTION: TESTOSTERONE THERAPY WITH OR WITHOUT PDE5 INHIBITORS

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Introduction: While erectile dysfunction (ED) in young men has traditionally been viewed as primarily psychogenic in etiology, a growing body of evidence supports a higher prevalence of organic etiology.

Objective: The aim of this study was to further characterize the etiology and treatment outcomes of ED in men under 40 years at a single institution.
Methods: A retrospective chart review of men presenting with ED from 2010-2022 was undertaken. Men initially presenting under the age of 40 years were included and analyzed for hypogonadism, ED etiology, and treatment outcomes.
Results: Of our cohort, a total of 74 men under the age of 40 years presented with complaint of ED (mean age 31.6 years). Twenty-three (31.1%) men were eugonadal without organic etiology of ED. Of these men, 22 (95.7%) were started on phosphodiesterase-5 inhibitors (PDE5i) and one (4.3%) reported symptom resolution without treatment. The remaining 51 (68.9%) men presented with ED of likely organic origin. Forty-two (82.4%) of these men were hypogonadal and were started on testosterone, human chorionic gonadotropin, clomid and/or a PDE5i. Of those who followed up, 32 (91.9%) men reported improvement in symptoms after therapy. The organic etiologies of ED in the nine (17.6%) eugonadal men included history of urologic surgery (4), Peyronie's disease (2), prior genitourinary trauma (1), spinal cord tumor (1), and prolactinoma (1). Within this group, four (44.4%) progressed to intra-cavernosal injection, two (22.2%) improved with PDE5i, and three (33.3%) were lost to follow-up.
Conclusions: It appears that the majority of young patients who present with ED are hypogonadal. Treating this population of men with medication to raise natural testosterone with or without the addition of a PDE5i has been shown to improve their symptoms. Young eugonadal men with no discernable organic etiology of ED respond well to oral PDE5i alone but tended to not follow-up, suggesting possible ED resolution without a need for prolonged treatment. In all, clinicians should check serum testosterone levels and conduct a thorough urological history to identify potential organic etiologies of ED in younger men before assuming a psychogenic basis.
Disclosure: Any of the authors act as a consultant, employee or shareholder of an industry for: Consultant for AbbVie, Marius, Tolmar, Endo, Petros, Boston Scientific, Coloplast Investor: Sprout.

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