



References

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Editorial Comment

The data presented in this paper show reasonable correlation between results obtained utilizing Snap Gauge and Rigiscan devices. Twenty-two of thirty patients who broke two or three Snap Gauge strings had at least one erection with rigidity greater than 70% as measured by Rigiscan. Sixteen of eighteen patients who broke none or one Snap Gauge string had no erection or erections with rigidity less than 70% as measured by Rigiscan.

Do we need to know with certainty (as certain as our current tests allow us to be) whether erectile dysfunction is primarily organic or primarily psychogenic prior to initiating therapy? Do we need to perform nocturnal penile tumescence (NPT) testing

prior to treatment with sildenafil, vacuum constriction devices, intraurethral alprostadil, or intracavernous injection therapy? If NPT is necessary, what is the best test? Do tests performed at home which measure circumferential rigidity (and not axial rigidity) reliably predict which patients have primarily ‘psychogenic’ erectile dysfunction? If one wishes to do an NPT test which measures circumferential rigidity, the results presented argue that Snap Gauge is comparable to Rigiscan. One could also argue that, in the vast majority of cases, neither test is indicated.

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