

placebo in 40 consecutive patients with ED, using the five-item version of the International Index of Erectile Function to assess the response to treatment. Men in the sildenafil group ($n=20$) were significantly more likely to achieve and maintain an erection than those who received placebo ($n=20$); satisfactory erections and coitus were achieved by 65% and 15% of men in the two groups, respectively. The mean onset of action of sildenafil was faster than the reported time for oral administration of the drug (15.5 versus 60 minutes, respectively) and the effect persisted for an average of 40 minutes.

The authors note that there may be fewer adverse events with sublingual sildenafil than have been reported for oral administration. Along with the potential for reducing the dose, this may result in improved patient compliance and cost-effectiveness.

Original article Deveci S *et al.* (2004) Sublingual sildenafil in the treatment of erectile dysfunction: faster onset of action with less dose. *Int J Urol* **11**: 989–992

Hypogonadism in patients with type 2 diabetes

Several studies have shown that men with type 2 diabetes tend to have lower total testosterone levels than nondiabetic men of similar age and body mass index (BMI). Dhindsa *et al.* have recently investigated the prevalence and etiology of hypogonadism in these patients.

The single-center study was based on fasting blood samples from 103 consecutive male patients with type 2 diabetes. Measurement of free testosterone levels, using two different methods, revealed that 33% of patients were hypogonadal. These patients also had lower levels of luteinizing hormone and follicle-stimulating hormone than those whose free testosterone levels were in the normal range. In addition, an inverse correlation was shown between free testosterone levels and BMI, although obesity did not account for all cases of hypogonadism.

In conclusion, the study shows that hypogonadism is common in men with type 2 diabetes, and that it is secondary to a hypogonadotropic defect. Further studies will be needed to understand the etiology of the defect and to consider whether testosterone

replacement therapy might be appropriate in such patients. The authors warn against making a diagnosis of hypogonadism in type 2 diabetes patients on the basis of total testosterone levels alone, since this would have led to 12% false negatives and 36% false positives in their study. They recommend, therefore, that patients with low or low normal total testosterone should undergo assessment of free testosterone levels before a diagnosis is made.

Original article Dhindsa S *et al.* (2004) Frequent occurrence of hypogonadotropic hypogonadism in type 2 diabetes. *J Clin Endocrinol Metab* **89**: 5462–5468

Penile preserving surgery in cancer patients

Organ-preserving techniques such as Mohs' micrographic surgery have been successfully used to treat pre-invasive and superficially invasive penile tumors. This approach helps to avoid the physical and psychosexual problems resulting from conventional amputative surgery or radical radiotherapy. Until now, however, there has been little information on the application of these techniques to more advanced tumors. Pietrzak and colleagues have recently reported early follow-up data from a prospective analysis, indicating that penile preserving surgery is appropriate in most cases of invasive penile cancer.

The study included 78 patients with penile malignancy, of whom 49 required surgery. Penile preserving surgical techniques—either glans-preserving or glans-removing—were applied in 39 cases. Some patients also underwent reconstructive surgery. After a mean follow-up of 16 months, one recurrence was recorded in a patient who had undergone the glans-preserving approach, whereas there were no recurrences among those who had the glans removed. Positive surgical margins were noted in two patients; these men required revisional surgery. Late complications included graft overgrowth, which was managed without further surgery.

The authors conclude that organ-sparing surgery, including glansctomy or partial glansctomy, is suitable for the majority of patients with invasive carcinoma of the penis and provides excellent short-term cancer control rates. An ongoing study will explore