penis; direct measurements can be made after intracavernosal injections (ICIs) of erectogenic drugs (papaverine, phentolamine and prostaglandin 1), application of a vacuum erection device (VED), or curvature can be assessed indirectly from patient-supplied photographs of the erect penis taken from several aspects (at-home photography, AHP).

In this study, Ohebshalom *et al.* compared angle measurements made by all three methods in 68 patients with a mean age of 48 years. Mean disease duration was 4.8 months, and all men had simple penile curvature.

Penile curvature measurements obtained after use of a VED or from AHP consistently underestimated the degree of curvature compared with ICI, which is the current gold standard. Measurements from AHP were least accurate in men with erectile dysfunction, and use of a VED was least accurate in patients with curvature >60° or ≤30°.

ICI is the authors' recommended approach for induction of erection; however, if ICI is either not available or is refused by the patient, whatever alternative method of curvature measurement is chosen must be used consistently from baseline throughout treatment.

Original article Ohebshalom M *et al.* (2007) Measurement of penile curvature in Peyronie's disease patients: comparison of three methods. *J Sex Med* **4:** 199–203

Topical eutectic lidocaine–prilocaine mixture delays premature ejaculation

Current treatments for premature ejaculation lose efficacy over time (because of behavior modification), have adverse effects (penile anesthesia) or must be used with a condom (topical creams). Dinsmore and colleagues investigated the efficacy and safety of topical eutectic lidocaine–prilocaine mixture for premature ejaculation (TEMPE), applied to the glans penis via a metered-dose, desensitizing aerosol spray.

In this double-blind, randomized, multicenter, phase II study, the authors evaluated data from 54 men (aged 18–75 years) in stable heterosexual relationships, who had clinically diagnosed premature ejaculation for ≥6 months and a baseline intravaginal ejaculatory latency time (IELT) of ~1 min (mean of values on three consecutive attempts during 1 month). The men were randomly allocated to use TEMPE or placebo spray for 1 month; 43 men used the spray at least once, and their IELTs were determined as the mean of values from all intercourse attempts.

Active treatment resulted in a clinically meaningful increase in mean IELTs (from ~1 min at baseline to 4.9 min at follow-up), and statistical analysis showed that TEMPE was 2.4 times more effective than placebo. Ejaculatory control increased, as did sexual quality of life for men and their partners. TEMPE was well tolerated by men and their partners; mild or moderate local numbness was experienced by 3 of 26 TEMPE-treated patients.

The authors suggest that TEMPE is fast-acting, easy-to-use, effective and safe. Further large-scale studies are warranted to establish the usefulness of TEMPE as a first-line treatment for premature ejaculation.

Original article Dinsmore WW *et al.* (2007) Topical eutectic mixture for premature ejaculation (TEMPE): a novel aerosol-delivery form of lidocaine–prilocaine for treating premature ejaculation. *BJU Int* **99:** 369–375

Emergency ureteroscopy is safe and effective

Obstructive ureteral stones are treated by ureteroscopy or extracorporeal shockwave lithotripsy. Although lithotripsy is more common, success rates vary according to the stones' location. Ureteroscopy is relatively invasive, but technological advances in ureteroscopes have improved stone-free rates and decreased complication rates. A lack of data on emergency (within 12 h of admission) ureteroscopy led Osorio and colleagues to analyze the outcomes and complications associated with this treatment in 144 patients at a single Portuguese clinic between January 2002 and December 2004.

After radiographic determination of stone size and location, all patients underwent fluoroscopy-guided ureteroscopy with an 8F semirigid ureteroscope under general or spinal anesthesia. The mean treatment time was 45 min and the mean hospital stay was 2.5 days. A ureteral catheter was left in place for 24 h in 100 patients; a double-J stent was inserted in the remaining 44 patients (and usually removed within 21 days). The mean stone diameter was 9.1 mm; stones were more common in the distal than in the proximal ureter (90.3% vs 9.7%). Distal location was associated with an