

Tadalafil improves erectile dysfunction in young men with spinal cord injury

Erectile dysfunction (ED) is a common complication of spinal cord injury (SCI), which occurs most frequently in young men. The severity of sexual problems experienced depends on the neurological lesion, but only a quarter of men with SCI have erections that enable them to have intercourse. This has serious consequences for their quality of life.

Tadalafil, a potent oral phosphodiesterase-5 inhibitor, is known to be effective and well tolerated in men with ED unrelated to SCI. Following sexual stimulation, tadalafil facilitates an erection through the action of the second messenger cyclic guanosine monophosphate in smooth muscle cells. Giuliano *et al.* have investigated whether tadalafil can also improve sexual function in men with SCI.

To determine the safety and efficacy of tadalafil, they performed a multicenter, randomized, double-blind, placebo-controlled study in patients with ED secondary to SCI. All men had sustained their injury at least 6 months before the trial began. Following a 4-week assessment period, 142 patients were given tadalafil and 44 patients were given placebo for a 12-week, on-demand treatment period.

Erectile function improved significantly in the men taking tadalafil compared with controls. Penetration attempts and intercourse attempts were both more successful and the treatment group experienced a higher percentage of improved erections and ejaculatory frequency than the control group. Only mild adverse effects, such as headache, were noted. The authors conclude that tadalafil improves erectile function and is well tolerated by men with ED secondary to traumatic SCI.

Original article Giuliano F *et al.* (2007) Efficacy and safety of tadalafil in men with erectile dysfunction following spinal cord injury. *Arch Neurol* [doi:10.1001/archneur.64.11.nct70001]

Prophylactic ciprofloxacin significantly reduces bacteriuria after diagnostic cystoscopy

Diagnostic flexible cystoscopy is a routine procedure performed in outpatient clinics and hospitals under local anesthetic: at least 220,000 took place in 2004–2005. Significant

bacteriuria occurs in ~8% of patients undergoing routine flexible cystoscopy, with considerable morbidity and costs for health services. The use of prophylactic antibiotics is an option, but this raises concerns about the development of antibiotic resistance.

It has been suggested that a single prophylactic dose of an oral antibiotic might reduce post-cystoscopy bacteriuria without significantly increasing the risk of resistance. This would represent a definite benefit to both patients and health services. Unfortunately, studies that have investigated the effect of a single prophylactic dose of antibiotic given at the time of flexible cystoscopy have been too small to produce definitive results.

To resolve this, Johnson *et al.* carried out a large, prospective, double-blind, randomized controlled trial that involved 2,481 patients who were given either a placebo, one 200 mg oral dose of trimethoprim or one 500 mg oral dose of ciprofloxacin, 1 hour before undergoing flexible cystoscopy. These results were definitive: 9% of the placebo group developed bacteriuria after cystoscopy, but only 5% and 3% of the trimethoprim and ciprofloxacin groups, respectively ($P < 0.001$), suffered infections. On the basis of their trial results, the authors believe that giving a single prophylactic oral dose of ciprofloxacin to patients undergoing flexible cystoscopy under local anesthetic would reduce both healthcare costs and the risks of resistance.

Original article Johnson MI *et al.* (2007) Oral ciprofloxacin or trimethoprim reduces bacteriuria after flexible cystoscopy. *BJU Int* 100: 826–829

Surgical penis enlargement: evaluating selection criteria and outcome measures

Penile dysmorphism is a psychological condition in which men perceive their penis to be small and inadequate, even though its actual physical size is within the normal range. The inadequacy might be imagined but the feelings and loss of self-esteem are real, and can affect a man's sexual relationships and his wider social interactions. Treating penile dysmorphism with augmentation phalloplasty is highly controversial; patient selection criteria, surgical procedures and outcome assessment methods are still evolving.