

## Mirodenafil: a new PDE5 inhibitor for the treatment of erectile dysfunction

A new study reports that mirodenafil, a newly developed oral phosphodiesterase type 5 (PDE5) inhibitor, is an efficacious and safe treatment for erectile dysfunction (ED). Many men with ED receiving the currently available PDE5 inhibitors cease treatment, as the drugs might not provide optimal symptom relief, can cause adverse effects, and are expensive. The potential of alternative agents, therefore, warrants further investigation.

Paick *et al.* investigated the efficacy and safety of mirodenafil in 223 Korean men with ED (mean age 52.9 years). After a treatment-free run-in period of 4 weeks, patients were randomly assigned to receive placebo ( $n=75$ ) or mirodenafil at fixed doses of either 50 mg or 100 mg (both  $n=74$ ) for 12 weeks “as needed”. Efficacy of the treatment was assessed by means of a series of validated questions asked at the start of the study and every 4 weeks thereafter. Adverse changes from baseline were recorded, and a final assessment for adverse events was carried out at week 13.

Compared with placebo, mirodenafil (at both doses) led to greater improvement in erectile function, orgasmic function, sexual desire and satisfaction with intercourse. These improvements were noted after 4 weeks of treatment. The PDE5 inhibitor also resulted in a more marked increase in overall satisfaction (sexual life, relationships with partner and family, and life in general) than placebo. Mirodenafil was generally well tolerated, and the authors note that the efficacy of mirodenafil is comparable to other PDE5 inhibitors currently available or under trial.

**Original article** Paick JS *et al.* (2008) Efficacy and safety of mirodenafil, a new oral phosphodiesterase type 5 inhibitor, for treatment of erectile dysfunction. *J Sex Med* 5: 2672–2680

## Intracorporeal laparoscopic bladder augmentation and appendicovesicostomy

In their recent paper, Gundeti *et al.* describe a completely intracorporeal robotic-assisted laparoscopic augmentation ileocystoplasty with Mitrofanoff appendicovesicostomy in a 10-year-old girl. The girl, who had a

myelomeningocele closed at birth, had a small-capacity bladder with low detrusor leak-point pressure. She had grade I hydronephrosis and suffered from recurrent urinary tract infections and persistent incontinence.

The patient first underwent cystoscopy, with the stenting of both ureters, to aid intra-operative identification. A 12 mm trocar was placed through the umbilicus, and two 8 mm robotic ports were placed 7 cm lateral from the midline. Two additional ports were placed 7 cm lateral from the robotic ports for easy introduction of sutures into the abdomen. A 20 cm segment of ileum was isolated, and an end-to-end gastrointestinal anastomosis was created with intracorporeal suturing. The appendix was joined to the bladder wall over a feeding tube that had been placed through the appendix, after which anastomosis of the ileal segment to the bladder was performed. A suprapubic catheter and pelvic drain were inserted, and the Mitrofanoff stoma was created. The total operating time was 10 h. No preoperative bowel preparation was performed.

The patient was ambulatory on day 3 after surgery, and her urethral catheter was removed on day 5, after which she was discharged. She was completely continent at 6 weeks after surgery.

The laparoscopic technique results in shorter recovery time, lower analgesic requirement, and improved cosmetic outcome than the open procedure, say the authors. The long operating time would be expected to decrease considerably in subsequent procedures.

**Original article** Gundeti MS *et al.* (2008) Pediatric robotic-assisted laparoscopic augmentation ileocystoplasty and Mitrofanoff appendicovesicostomy: complete intracorporeal—initial case report. *Urology* 72: 1144–1147

## Holmium laser enucleation of the prostate: a new gold standard for BPH?

Transurethral resection of the prostate is the current gold standard treatment for benign prostatic hyperplasia (BPH); however, the risks and complications associated with this procedure correlate with prostate size, and consequently open surgery is often required to treat large prostates (>100 g). Humphreys and colleagues report the results of a retrospective review of medical records from 507