

ED ( $p = 0.006$ ), dissatisfaction with current sexual function ( $p < 0.001$ ), associated anxiety or depression ( $p = 0.023$ ) and decreased sexual activity ( $p < 0.001$ ).

Approximately 1 of 3 New Zealand men 40 to 70 years old may have ED. Although comparable to overseas populations, this prevalence is high. This series reiterates that ED is an age related process. These specific data from New Zealand are interesting and call for further study into the increased prevalence of ED in this population.

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### Suggested Reading

Pathak RA, Rawal B, Li Z et al: Novel evidence-based classification of cavernous venous occlusive disease. *J Urol* 2016; **196**: 1223.

## Re: Low-Intensity Shockwave Therapy Improves Hemodynamic Parameters in Patients with Vasculogenic Erectile Dysfunction: A Triplex Ultrasonography-Based Sham-Controlled Trial

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*J Sex Med* 2017; **14**: 891–897. doi: 10.1016/j.jsxm.2017.05.012

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/28673433>

**Editorial Comment:** In this double-blind, sham-controlled trial 46 patients with erectile dysfunction were randomized to undergo low intensity extracorporeal shock wave therapy (LI-ESWT, 30 patients) or a sham procedure (16). All patients underwent penile triplex ultrasonography by the same investigator immediately before and 3 months after treatment. Patient demographics, IIEF-ED (International Index of Erectile Function-erectile function domain) score and minimal clinically important difference were assessed at baseline and at 1, 3, 6, 9 and 12 months after treatment.

IIEF-ED minimal clinically important differences were observed for 56.7% of the active group vs 12.5% of the sham group ( $p = 0.005$ ) at 1 month, 56.7% vs 12.5% ( $p = 0.003$ ) at 3 months, 63.3% vs 18.8% ( $p = 0.006$ ) at 6 months, 66.7% vs 31.3% ( $p = 0.022$ ) at 9 months and 75% vs 25% ( $p = 0.008$ ) at 12 months. Mean peak systolic velocity increased by 4.5 cm per second in the LI-ESWT group and by 0.6 cm per second in the sham group ( $p < 0.001$ ).

This series confirms the beneficial effect of LI-ESWT on penile hemodynamics for up to 12 months. As the authors suggest, the study limitations include the small sample size and strict inclusion criteria that do not reflect everyday clinical practice. Nonetheless, these are interesting data.

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### Suggested Reading

Kitrey ND, Gruenwald I, Appel B et al: Penile low intensity shock wave treatment is able to shift PDE5i nonresponders to responders: a double-blind, sham controlled study. *J Urol* 2016; **195**: 1550.

## Re: A Retrospective Analysis of Risk Factors for IPP Reservoir Entry into the Peritoneum after Abdominal Wall Placement

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*Int J Impot Res* 2017; Epub ahead of print. doi: 10.1038/ijir.2017.26

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/28659631>