

# Section I — Impotence

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Innovative research in the past two decades has greatly improved our understanding of penile physiology and erectile dysfunction (ED). We have seen revolutionary changes in the diagnosis and treatment of ED, and millions of men and their partners have benefited as a result. The phenomenal success of a recently introduced oral phosphodiesterase inhibitor and the media blitz surrounding it have also changed the attitudes of physicians, patients, partners, insurance companies, and government agencies toward this condition. On the other hand, these rapid changes have caught many physicians off guard, and there is continuing debate in the medical community regarding the most appropriate and cost-effective approach to the management of ED.

In this section, I have invited experts to present state-of-the-art information on the treatment of ED. Drs. Rehman and Melman elegantly discuss and illustrate the basic anatomy, mechanism, pharmacology, and neurophysiology of penile erection and various causes of ED. The chapter by Drs. Montague and Lakin thoroughly addresses the questions asked most frequently by physicians: How much evaluation is necessary? Which test, if any, should be performed? How valid are the current tests? The discussion of and indications for vascular testing by Dr. Padma-Nathan are well delineated. Drs. Morales and Heaton, with their strong background in pharmacology, present a comprehensive review of the philosophy and rationale behind the various classes of pharmacologic treatment for ED, including the new oral phosphodiesterase inhibitor.

Penile prosthesis, although the most invasive treatment, is still the most successful for ED, especially with the newly improved prosthetic devices now available. Dr. Mulcahy shares his vast experience with implanting prostheses and taking care of complications. His results in salvage operations for penile prosthesis infections are so far the most impressive in the field. Penile revascularization is one of the rare cause-specific curative treatments for ED, and is quite successful in young men whose arterial insufficiency is a result of injury. Drs. Mulhall and Goldstein have perfected the diagnostic and surgical approach to this condition and their suggestions should be followed closely to achieve the best result.

The treatment of both ischemic and nonischemic priapisms has also been revolutionized thanks to the better understanding of their pathogenesis. Dr. Hashmat has treated more than 100 priapisms and his extensive experience provides the reader with a simple and practical guide to the management of this condition. Peyronie's disease is another common cause of ED and Dr. El-Sakka and I discuss various medical and surgical treatments for this condition. We also illustrate our simplified surgical techniques for the correction of deformed penis secondary to Peyronie's disease.

Overall, I believe this is an excellent reference book skillfully presented by authorities in the fields of ED, priapism, and Peyronie's disease. The reader will not only appreciate the incredible advances in ED research and management but will also learn of rational and cost-effective approaches to these conditions.