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ABSTRACT BOOK

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PP020 - ERECTILE DYSFUNCTION IS COMMON AMONG MEN WITH ACROMEGALY AND IS ASSOCIATED WITH MORBIDITIES RELATED TO THE DISEASE

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Introduction: The prevalence of erectile dysfunction (ED) and its correlates in men with acromegaly has never been investigated. The aim of this study is to evaluate sexual function in acromegalic men.

Methods: Multicenter-based, retrospective analysis of a non-selected series of 57 acromegalic subjects (mean age: 52.7±14.2 years) was performed. Patients were interviewed using SIEDY structured interview, a 13-item tool for the assessment of ED-related morbidities. Several clinical and biochemical parameters were taken. Penile colour-Doppler ultrasound (PCDU) was performed in a subgroup of 37 acromegalic subjects. Acromegalic subjects reporting ED (n=24) were compared with matched ED-patients without acromegaly or pituitary disease (controls), selected from a cohort of more than 4000 subjects enrolled in the Florence Sexual Medicine and Andrology Unit.

Results: ED was reported by 42.1% of acromegalic subjects. After adjusting for age and testosterone, acromegalic subjects with ED had a higher prevalence of hypertension and impairment of sleep-related erections and a longer smoking habit. Accordingly, acromegaly-associated ED was characterized by a higher organic component and worse PCDU parameters. No relationship between ED and testosterone levels or other acromegaly-related parameters was found. However, acromegalic subjects with severe ED reported a longer disease duration. In a case-control analysis, comparing acromegalic subjects with ED-matched-controls free from acromegaly (1:5 ratio), acromegalic men had a worse ED problem and a higher organic component of ED, as derived from SIEDY score. In line with these data, acromegalic patients with ED had a higher prevalence of major adverse cardiovascular events (MACE) history at enrolment and lower PCDU parameters.

Conclusions: Subjects with complicated acromegaly are at an increased risk of developing ED, especially those with cardiovascular morbidities. Our data suggest including a sexual function evaluation in routine acromegaly follow-up.