Rectile dysfunction (ED) concomitant with psychosis is common in adults younger than 30 years. Most cases are considered entirely psychogenic in nature. Given that penile erection-related veins constitute the principal components in erectile rigidity in defrosted cadaveric hemodynamic studies; do venogenic factors dominate psychogenic factors in males with ED? Although phospho-di-esteraser-5 inhibitors have clarified current ED medical treatment, resulting in a consensus on ED pathophysiology, the understanding of the erection process may yet be just at a fledgling stage. Clinically, the psychological factor plays a significant role because placebo effect affects approximately 40% of participants in clinical trials. Based on a novel penile venous anatomy and physiological osmolality and viscosity, an apagogical hemodynamic study was conducted on defrosted cadavers. Implying penile veins themselves are the most crucial factors in erection physiology and that obviously venogenic factors are inappropriately considered cavernosal factor in the list of ED contributors. According to our vast clinical experience, the penile venous stripping method proves to be an exclusive and naturally viable treatment option. The term young ED refers to males with ED who is younger than 40 years, whereas it strictly referred to males younger than 30 years in the three publications in our evidence based report. Those young ED males account for 10.3% (35/341) to 14.3% (5/35) (average, 12.1%) of the total patients with ED who underwent penile venous stripping. Erectile function is the seamless interplay of psychological and physiological health in adult males. Penile erection related veins play a principal role in erectile rigidity in cadaveric hemodynamic studies, and veno-occlusive dysfunction is prevalent in males with ED. However, psychological factors contribute some extent in ED and they should not be ignored during ED treatment. The role of the contribution also cannot be underestimated in impotence in males younger than 30 years.

![Figure 1](image1.png)

**Figure 1:** Excessive penile veins in impotent male younger than 30 years. (A) In this 29-year-old man, a 30°, oblique-view cavernosogram discloses extraordinary excessive penile veins which ought to be the cause of primary impotence. The first set of dual cavernosogram (antero−posterior view) is obtained while a 10-ml diluted iohexol solution is intracavernously injected via a 19 G scalp needle. The prostatic plexus shows immediately with the contrast medium. Rapid filling of the internal pudendal and then to internal iliac veins. Implies the drainage veins of the cavernosal sinusoids is tremendously speedy. (B) An oblique view of the phar-macocavernosogram documents the veno-occlusive dysfunction despite a rigid erection ensues. The prostaglandin E1 is intracavernously injected via the same needle. (C) In this 30-year-old male, similar to the panel A, the prostatic plexus demonstrates immediately after a 10-ml diluted iohexol solution is injected. Thus the extraordinary complex veins are com-mensurate with drainage speed. (D) A veno-occlusive dysfunction was documented because venous channel exited de-spite rigid erection.
Recent Publications


Biography

Since 1986, Geng-Long Hsu, formerly a clinical professor at China Medical University, has developed and refined a series of penile reconstructive surgeries, including penile venous surgery, corporoplasty and penile implantation, in tandem with advanced the penile anatomy and erection physiology. In 1993, he was promoted to the first Chair of Urology at Taiwan Adventist Hospital; he held that position until 1997 and then served as vice-superintendent of Po-Jen General Hospital until 2001. From 2001 to 2003, Dr. Hsu was a director of microsurgery potency reconstruction at Taipei Medical University Hospital. Afterward, he established his private practice—Hsu's Andrology—which serves as both a clinical practice and research center. In 2012, Dr. Hsu's latest method of penile venous stripping, administered via an ambulatory basis, was granted a USPTO patent. He hopes this surgery will be studied and practiced worldwide.

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