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Is low-intensity extracorporeal shockwave therapy more effective at improving IIEF-EF score compared to traditional PDE5 inhibitor therapy in the treatment of men with vasogenic erectile dysfunction?

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Abstract

Background: The occurrence of vasogenic erectile dysfunction is strongly correlated to cardiovascular diseases (CVD). PDE5 inhibitors are currently first-line therapy. However, combined use with nitroglycerine, a key therapy in acute coronary syndrome, is contraindicated. The clinical prevalence of CVD with secondary erectile dysfunction necessitate research for alternative therapies.

Purpose: The purpose of this research was to compare the safety and efficacy of current first-line therapy to novel therapy LiESWT in the treatment of vasculogenic erectile dysfunction.

Materials and Methods:_Research was conducted using the following: Ovid, PubMed, and Google Scholar. Keywords searched were "Erectile dysfunction", "Extracorporeal shockwave therapy", "Erectile function", "IIEF", and "Phosphodiesterase 5". The inclusion criteria included men receiving treatment for ED and excluded meta-analyses or systematic review study designs. Twenty articles met the inclusion criteria. Population groups mainly consisted of men with ED who failed PDE5I therapy or were regular PDE5I users/responders.

Results: Numerous studies proved treatment with LiESWT to be significantly more efficacious at improving erectile function compared to sole therapy with PDE5Is. The remaining studies proved LiESWT salvages men who were PDE5I non-responders to become PDE5I responsive.

Conclusion:_Patients with vasogenic erectile dysfunction and treated with LiESWT therapy demonstrated improved erectile function posttherapy compared to conventional PDE5I management alone. Additional research is required to establish a standard regimen of treatment that includes treatment duration, frequency of treatment, shockwave pulses per term, and cost-effectiveness. Furthermore, consideration should be given to making LiESWT as the first-line treatment of vasogenic erectile

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