

Clinical case presentation endovascular therapy of erectile dysfunction

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Disclosure

Speaker name:

Nicolas Diehm

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest



Clinical Case I

Patient history

- 51-year old former soccer professional, physically in very good shape.
- Previous CVRF: positive family history of CVD.
- IIEF-15 @ baseline: 29/75 points; PDE-5-I non-responder.
- ED workup: impaired penile perfusion after 10 ug Caverject, newly diagnosed hyperlipidemia.
- CT angiography: significant calcification right pudendal artery. No coronary artery calcification.

Clinical Case I

Angiogram / Stenting



Right distal pudendal artery
Pre Stent



Right distal pudendal artery
Post Stent

Clinical Case I

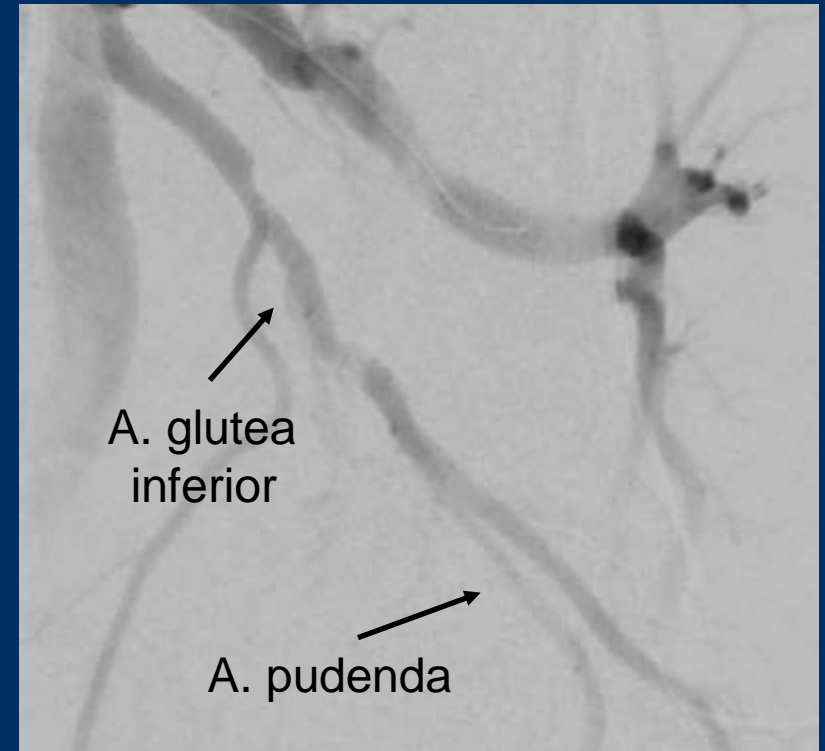
Acute MI with occlusion of LAD 1.5 years later



Clinical vignette: Gluteal claudication and arterial ED



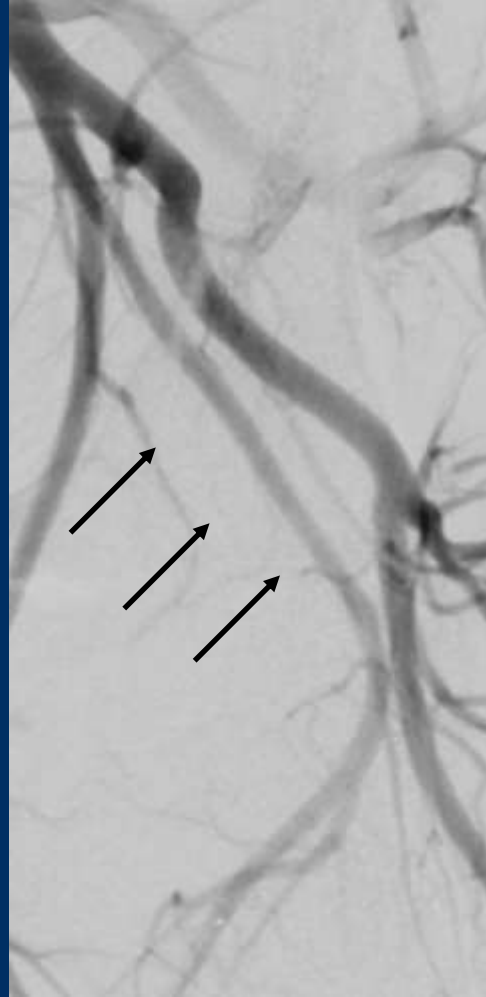
Veit Schuetz: New York Penis



Clinical Case II

- 17-year old patient with erectile dysfunction non-responsive to PDE-5-inhibitors. Sportive. 3-10 cigarettes per day since 6 months, regular cannabis consumption.
- Vascular ED workup: impaired arterial perfusion subsequent to intracavernous Caverject application. No evidence of venous leak.
- CTA: high-grade obstruction of the left internal pudendal artery proximal.

Clinical Case II



Normalization of erectile dysfunction
postinterventionally
(no need for PDE-5-I).

Before and after DEB PTA (nitro i.a.)

Conclusions

- Do not underestimate the cardiovascular risk of seemingly healthy ED patients!
- Always ask for concomitant gluteal claudication.
- Arterial ED can occur also in very young patients.

