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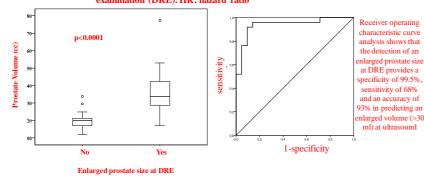
Introduction. Digito-rectal examination (DRE) of the prostate provides useful information on the state of prostate growth and on the presence of suspected peripheral nodules. The aim of this study is to describe the clinical and biochemical correlates of finding an enlarged prostate size at DRE in subjects with sexual dysfunction (SD).

Methods. A consecutive series of 2379 patients was retrospectively studied. The analysis was focused on a subset of subjects (n = 1823; mean age 54.7  $\pm$  11.4) selected for being free from overt prostatic diseases. Several parameters were investigated.

Adjusted for

BMI

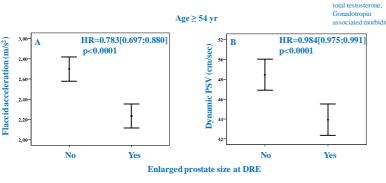
Prostate volume in patients with or without enlarged prostate size at digito-rectal examination (DRE). HR: hazard ratio



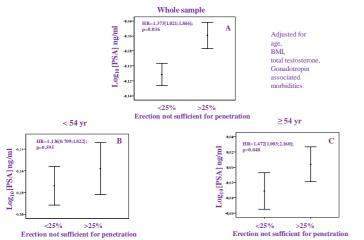
Association between prostate size and metabolic parameters Data adjusted for age, BMI, total testosterone, gonadotropin, associated morbidities

	HR	95% CI	р
Metabolic Syndrome (IDF criteria)	1.346	1.129-1.759	0.030
Type 2 diabetes mellitus	1.489	1.120–1.980	0.006
LDL cholesterol >100 mg dl	1.354	1.018–1.801	0.037
Mean blood pressure	1.017	1.007–1.027	0.001

Penile vascular parameters at Doppler ultrasound in subjects with or without enlarged prostate size at DRE. (a) Acceleration evaluated in flaccid state (b) peak systolic velocity evaluated in dynamic condition (after PGE1stimulation)



## PSA levels in patients with or without severe erectile dysfunction

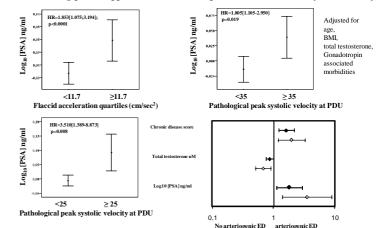


Whole sample HR=3.044[2.249;4.120] Ŧ log<sub>10</sub> [PSA] ng/m] Adjusted fo BML total testoste -0.1 Gonadotropin Ŧ associated morbidities No Yes < 54 vr Enlarged prostate size at DRE  $\geq$  54 yr HR=1.283[1.182;4.441]; HR=3.944[2.530;6.150] lm/gu lm/gu [PSA] Log<sub>10</sub> [PSA] ł No Yes No Yes Enlarged prostate size at DRE



PSA levels according penile doppler ultrasound (PDU) parameters in older (>54-years-old) subjects

PSA levels in patients with or without enlarged prostate size at DRE



## Conclusions

Our data support the need to examine prostate size either by clinical (DRE) or biochemical (PSA) inspection in subjects with SD, in order to have insights into the nature of the SD and the metabolic and cardiovascular (CV) background of the patient