

regions of white matter microstructural significant changes were detected.

Results: The LPE group had higher mean FA and mean AD in widespread regions. Moreover, the depression and anxiety is negatively correlated with the mean FA of the right posterior thalamic radiation (PTR).

Conclusions: Our study will be helpful for improving our understanding of the mechanism of LPE. Larger and possibly longitudinal studies will be required to confirm these findings and to better specify the link between structural abnormalities and functional data.

Keywords: Premature ejaculation (PE); tract-based spatial statistical (TBSS)

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AB084. Sexual anxiety correlate to visual attention bias in sex situation: an eye-tracking study

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Background: Eye-tracking may aid in understanding the cognitive processes involved in processing sexually appetitive material. The aim of this study was to examine the correlation of visual attention to sexual stimuli and personal sexual anxiety (SA).

Methods: Nineteen heterosexual adults completed Sexual Anxiety Scale questionnaire and an eye-tracking task used free-viewing paradigm, participants were presented with a couple array composed of sexual interaction for 30 trials, recorded throughout the trial to assess the attention processing.

Results: Higher level of SA for “Sexual Communication”

had initial orienting bias and higher fixation probability for faces in hardcore stimuli, but did not exhibit in soft-core and neutral stimuli. No correlation was found for “Solitary and Impersonal Sexual Expression” and “Exposure to Information”.

Conclusions: The present findings suggest that, sexual communicate anxious individuals are characterized by enhanced engagement with sexual threat at an early stage of processing and difficulty in disengaging from emotional clues once their initial attention is located on it.

Keywords: Sexual anxiety (SA); eye tracking; attention

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AB085. A simple novel surgical technique for penile elongation; compensation for tunical plication in Peyronie’s disease

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Background: The major concern with applying tunical plication procedures for Peyronie curvature is the associated with potential loss of penile length. We describe a novel technique for penile elongation by simple scrotal septum detachment from penile base to compensate penile length loss during penile plication in Peyronie’s disease and evaluated the efficacy and safety of our technique.

Methods: From January 2014 to May 2017, we evaluated 16 patients (24–63 years old) with Peyronie’s disease underwent penile plication with penile elongation via our novel technique. The penile elongation was performed by release and detachment of scrotal septum from penile base until scrotal fat tissue identified. We assessed the stretched penile length (SPL) preoperatively and 4 weeks

postoperatively as objective outcome. The subject outcome was assessed with the patient perception of postoperative penile length. Information regarding complications was obtained during the postoperative hospital stay and at all follow-ups.

Results: The mean increase in SPL was 1.2 ± 1.3 cm (range, -1.0 to 3.0 cm) and it was a statistically significant ($P=0.003$). There was no significant correlation between preoperative curvature and increase in SPL. Eleven of 16 patients (68.8%) was reported a perceived penile length increase after surgery. There was no procedure related complication such as hematoma, infection, and tissue necrosis.

Conclusions: With the simple dissection and detachment of the scrotal septum from penile base, we obtained objective penile elongation and subjective outcomes without complications. We suggest that this is a promising surgical method to compensate the potential penile length loss in patients who undergo plication surgery with Peyronie's disease.

Keywords: Penile elongation; Peyronie's disease; scrotal septum

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AB086. Penile transplantation: a long way to routine clinical practice

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Background: The aim of this review was to discuss the current issues in penile transplantation.

Methods: PubMed, ISI Web of Science and Google Scholar databases (until April 2015) were searched for

relevant publications on penile transplantation.

Results: Patients with penile carcinoma might be ideal possible patients who require transplantation. Penis deficiencies caused by surgery (e.g., traditional circumcision in some countries) might be an important resource for penile transplantation. Although penile reconstruction, penile replantation, and penile lengthening are other available options for penile defects, the following limitations should be considered: (I) no good substitute is available for erectile tissue in reconstructive surgery; (II) no excellent cosmetic result can be achieved in most cases; (III) multiple operations are needed; (IV) limited ischemic time and well-preserved amputated penis are required; and (V) occurrence of nerve/vascular damage.

Conclusions: At present, only two penile transplantations were reported but showed initial success. However, uncertainty of long-term erectile function, immunosuppression-related concerns, ethical issues, and even financial burden have limited the development of penile transplantations. Penile transplantation is still in the exploratory stage, and the operation will be performed only after strict preoperative evaluation, patient selection, full informed consent, and approval of the ethics committee. Only after all the above concerns are solved can penile transplantation be applied in routine practice.

Keywords: Penile transplantation

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