

## Preface

### Run Wang

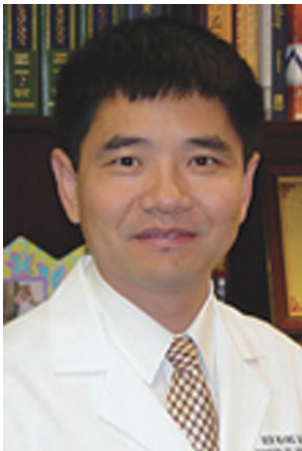
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Guest Editor: Run Wang

*Transitional Andrology and Urology* (TAU) is a new player in the competitive publishing market and has quickly captured the attention of the Andrology and Urology communities thanks to the leadership of Professor Tom F. Lue and Professor Yinglu Guo, Editors-in-Chief of TAU. I was honored when Professor Tom F. Lue invited me in 2012 to be a guest editor for a special issue of the TAU on men's health. I am now very pleased to present this special issue with superb articles contributed by many internationally renowned authorities.

Andrology and Urology are very closely related specialties. Both specialties deal with, but are not limited to the male genitourinary system. Men's health is the center of Urological Andrology with a great deal of exciting progress in recent years. With the increase in an aging population, the incidence and prevalence of sexual dysfunction is obvious. It is estimated that 322 million men worldwide will suffer from ED by 2025 (1). However, many available epidemiology studies are descriptive and not evidence-based. In this issue, a critical look at descriptive epidemiology of sexual dysfunction in Asia was compared to the rest of the world by Professor Lewis from Georgia Health Science University and he called for better evidence-based data (2).

Prostate cancer is the leading solid-organ cancer among adult men in the U.S. and radical prostatectomy (RP) is the most common treatment option for clinically localized prostate cancers with excellent long term results. However, RP is associated with significant risk of ED (3). ED following RP is related to neuropraxia due to the cavernous nerve injury and hypoxia due to the lack of nocturnal erection. Recent advances in the understanding of post-prostatectomy ED have led to the routine use of penile rehabilitation. In this issue, three articles discuss post RP penile rehabilitation. The study from the University of Texas Medical School at Houston provides the science of the vacuum erectile device (VED) in penile rehabilitation after RP based on the studies from a unique animal model (4). It is now believed that VED therapy has an anti-hypoxic effect. Professor Burnett from the Johns Hopkins University describes the current rehabilitation strategy based on clinical evidence for erection recovery after RP (5). Interestingly, a study from China reports on patients' attitudes about penile rehabilitation after RP and its feasibility in China (6). This is the first such a study in a Chinese population and the authors should be congratulated.

Peyronie's disease (PD) is the formation of a plaque of fibrous tissue within the tunica albuginea of the penis that causes penile deformity and disability. Unfortunately, to date there is not a Food and Drug Administration (FDA) approved medical therapy for this disease. In this issue, three articles reviewed the current therapy for PD. Professor Levine from Rush University gives a contemporary review of non-surgical treatment for PD and provides the information for all medical therapies that are currently being tested (7). A study from China reports that their modified penile plication surgery for PD and their results are consistent with other surgical treatment as reviewed by physicians from University of Texas Medical School at Houston (8,9).

Premature ejaculation (PE) is the most common male sexual dysfunction. Unfortunately, treating this condition has been a challenge and a frustration for many urologists and andrologists because currently no medication has been approved by FDA to treat PE. However, recent advances in the study of PE have drawn us closer to the effective treatment of this disorder. The review by physicians from Tulane University discusses emerging treatment options for PE and provides the advantages and limitations of each treatment option (10).

Urethral injury is a very common condition seen in urologic practice. Surgical reconstruction for urethral stricture disease has now become a mainstay, yet it can be technically challenging. Urethral reconstruction surgery can also affect erectile function. Physicians from the University of Texas Medical School at Houston discuss details regarding anterior urethral stricture repair and the success of each surgical technique. This information is important for physicians and patients before they commit to a particular surgery (11).

Penile prosthesis implantation is and will continue to be the most effective treatment modality for ED. However, it is under used due to various reasons. One of the concerns regarding penile implantation is the loss of penile length (12). In this issue, experts from Canada describe the strategies for maintaining penile size following penile implant (13). Hopefully, with the use of these strategies, patients' satisfaction will be improved after the surgery.

Cancers are major health issues in modern society. With improved surgical techniques, molecular marker guided chemotherapy and advanced radiation techniques; more patients will be successfully treated and survive. However, cancer treatment can significantly impair patients' sexual function. In this issue, Professor Incrocci from the

Netherlands reviews certain cancers and their treatment associated sexual dysfunction and proposes standardized procedures to assess quality of life in cancer patients, offer sexual counseling and inform patients about the availability of effective treatments for sexual dysfunction (14).

Urological Andrology, like other medical specialties, has progressed quickly by keeping pace with the evolution of modern technology. Our knowledge of the pathophysiology of male sexual dysfunction is greater now than at any time before. Each discovery provides new targets for potential therapies and raises new questions. It is hoped that this special issue of the TAU will stimulate researchers in this rapidly progressing area of medicine.

### Acknowledgements

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