

Clinical Case Study

UROcellz

Clinical History

Patient has a past medical history of diabetes (type II), hypertension and sickle trait. Patient admits that he first experienced difficulty in erectile dysfunction when he started taking his blood pressure medications. Patient has been unable to afford PDE-5 inhibitors and primary care physician reported a low testosterone level (142). No

other urologic complaints.

OVERVIEW

PATIENT AGE

56

DIAGNOSIS

ERECTILE DYSFUNCTION

CAUSE

DIABETES (TYPE II)

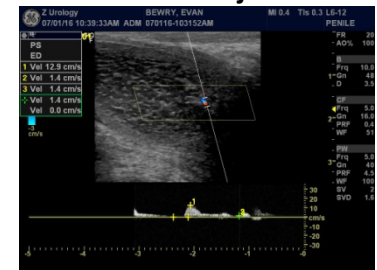
Management & Outcomes

Initial visit - Penile Doppler PSV 15.5 cm/s with 0.1cc of Trimix #9. ProFlo amniotic fluid (2 mL) (Vivex Biomedical Inc., Miami, FL) in sterile saline (4 mL) was injected into corpora bilaterally.

One month follow-up - Patient states that he has morning erections and they are firmer however, he is unable to have intercourse because the erections are not rigid enough. Penile Doppler PSV 34.3 cm/s with 0.1cc of Trimix #9.

Two-month follow-up - Patient admits that his morning erections have improved from the previous visit. He is now able to have intercourse. Penile Doppler PSV 34.7 cm/s with 0.1cc of Trimix #9.

Pre ProFlo Injection



Post ProFlo Injection



PROFLO--- 1 MONTH -----ABILITY TO HAVE ERECTIONS
2 MONTHS---- ABILITY TO HAVE INTERCOURSE

<http://urocellz.com/wp-content/uploads/2017/05/Mr-WB-diabetic.mov>