1 of 24 | Return to Result List | Refine Search

Citation

Title: ***Subcutaneous*** **Testosterone** ***Pellet Implant*** **(Testopel®) Therapy for Men with Testosterone Deficiency Syndrome: A Single-Site Retrospective Safety Analysis.**

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Subcutaneous Testosterone Pellet Implant
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Abstract: Introduction. Long-acting ***subcutaneous*** testosterone ***pellets*** provide sustained and steady testosterone levels for 3 to 6 months. Testopel® ***subcutaneous*** crystalline testosterone ***pellets*** are U.S.-approved for the treatment of men with testosterone deficiency syndrome. Published experience with testosterone ***pellets*** manufactured by Organon has noted relatively high rates of ***pellet*** extrusion and infection. Aim. To report safety and limited efficacy data from our patients treated for testosterone deficiency syndrome with Testopel® ***subcutaneous*** testosterone ***pellets***. Main Outcome Measures. Infection with or without ***pellet*** extrusion, as determined by longitudinal follow-up. Methods. Single-site, retrospective analysis of medical records from December 2003 through April 2008. Results. A total of 80 men met inclusion and exclusion criteria. In the 292 ***implant*** procedures performed, four adverse events were reported including one implantation site infection. No spontaneous ***pellet*** extrusions were reported. Total and free testosterone concentrations were significantly higher at follow-up than at baseline for all patients. Eighty-six percent of patients were satisfied with this treatment modality based on symptom improvement or having subsequent ***implant*** procedures. Conclusions. Testosterone replacement with long-acting Testopel ***pellets*** had a lower rate of infection (0.3%, 1/292 procedures) as compared with historical data from the Organon testosterone ***pellet*** (1.4–6.8%). Additionally, the rate of ***pellet*** extrusion was substantially lower (0.3%, 1/292 procedures) as compared with historical data (8.5–12%). None of the patients who complied with

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post-***implant*** procedure instructions experienced infection or ***pellet*** extrusion. Patient satisfaction was high and serum hormone values were improved. The low infection and extrusion rates observed may have been the result of the manufacturing process, which results in small, smooth-surfaced ***pellets***; the absence of foreign material within the ***pellet*** packaging; and/or differences in the surgical implantation technique used. Though Testopel ***pellets*** have been used in the United States for several decades, more research is needed to document their safety and efficacy. Cavender RK, and Fairall M. ***Subcutaneous*** testosterone ***pellet implant*** (Testopel®) therapy for men with testosterone deficiency syndrome: A single-site retrospective safety analysis. J Sex Med 2009;6:3177–3192. [ABSTRACT FROM AUTHOR]

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