



ESSM 2016 İZLENİMLERİ (4-6 Şubat 2016)

Dr. Abdullah ARMAĞAN



**Bezmialem Vakıf Üniversitesi, Tıp
Fakültesi, Üroloji Anabilim Dalı**

•ESSM 2016

- Oral sunu 101
- Poster sunusu 209
- Workshop 9
- Highlighted poster 8
- Yuvarlak masa (Round table) 21
- Canlı cerrahi 2
- Videocerrahi 1
- Endüstri sponsorlu toplantı 9

•11. Avrasya Androloji Zirvesi-İtalyan Androloji Ortak

- Kabus oturum
- Erkek infertilitesinde medikal tedavi güncelleme
- Erkek infertilitesinde cerrahi tedavi güncelleme
- Erkek infertilitesinde zor vakalar

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*Kharkov National Medical University,
department Urology, Nephrology and Andrology
Kharkov Regional Clinical Center of Urology and Nephrology
named by V. Shapoval, Ukraine*

Transurethral catheterization of the ejaculatory ducts as a method of improving sexual and reproductive functions of men.

Knigavko Oleksandr, MD, PhD

Senior researcher, Associated Professor

TUC and balloon dilation of the ejaculatory ducts



Materyal metod ve sonuç

- N=73 Obstrüktif azoospermi+ prostatik fibrozis
- Transüretral kateterizasyon +balon dilatasyon
- 2 hafta ve 3 ay sonra sürviy ve semen analizi
- Sonuç: Azoospermide düzelme %75.3
Orgazm duyusunda düzelme %92

First results from a novel cell-based assay for anti-myofibroblast activity in Peyronie's disease

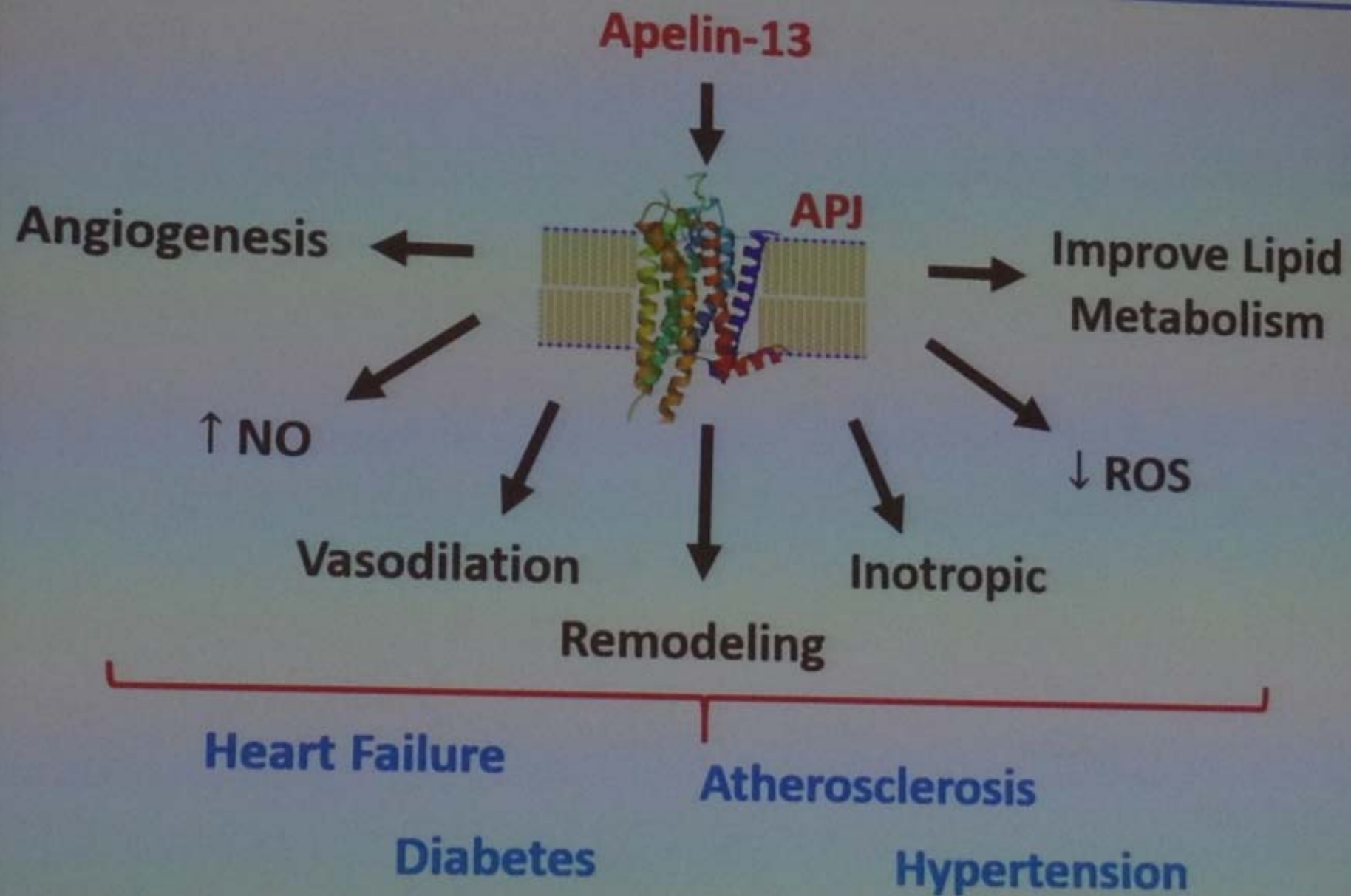
Marta Mateus, William Stebbeds, Bright Ameyaw, Amr Raheem, Marco Spilotros,
Giulio Garaffa, Asif Muneer, Nim Christopher, Selim Cellek and David J Ralph

Amaç ve Sonuç

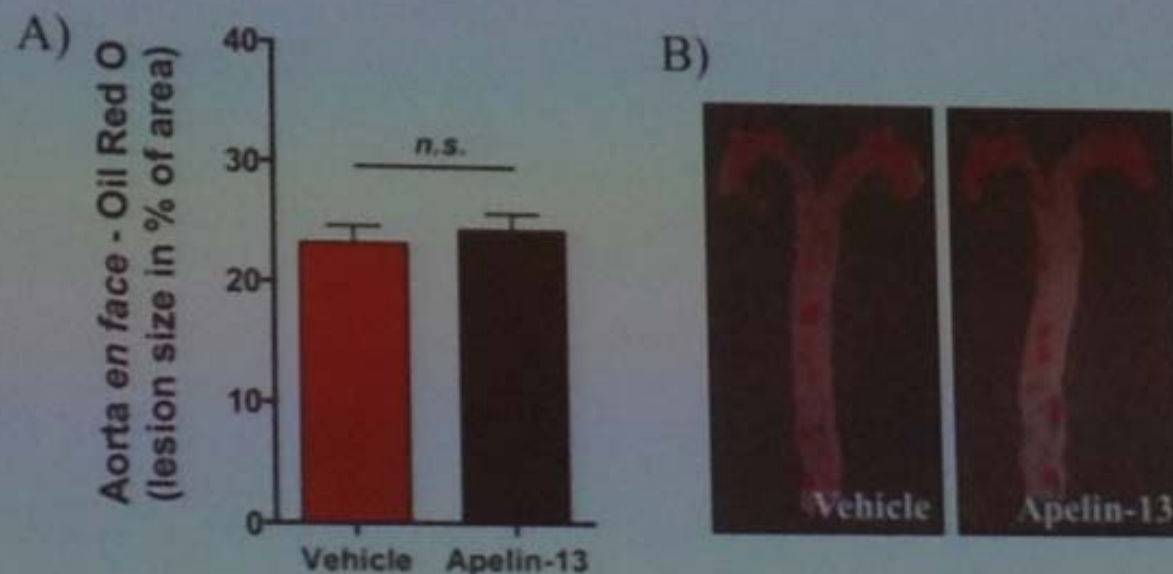
- Tunica albuginea'dan elde edilen hücrelerdeki anti-miyofibroblast aktivite gösteren bileşenleri tanımlayacak etkin bir hücre bazlı testin gelişimi ve validasyonu
- TGF B1 varlığında, PH taşımayan TA'dan elde edilen hücre dizileri kolayca miyofibroblastlara dönüştürülebilirler
- Bu test aynı anda pek çok sayıda farklı bileşenin, TGF B1 indükte miyofibroblast farklılaşmasındaki etkilerini ölçebilir

**Apelin-13 Protects Corpus
Cavernosum against Fibrosis Induced
by Hypercholesterolemia**

Rodrigo Fraga-Silva, PhD



Apelin-13 did not change atherosclerosis size, but improves serum lipid profile



Mouse profile (mmol/L)	Vehicle (n=17)	Apelin-13 (n=18)	p-value
Total cholesterol	35.40 ± 1.28	30.31 ± 1.98	0.0333 *
LDL	27.85 ± 0.95	23.72 ± 1.59	0.0259 *
HDL	8.045 ± 0.498	6.709 ± 0.358	0.0721
Triglycerides	2.166 ± 0.372	1.769 ± 0.299	0.3303
Free fatty acids	1.016 ± 0.038	0.684 ± 0.059	<0.0001 *
Glucose	19.39 ± 0.92	17.64 ± 0.87	0.1608

Sonuçlar

- Apelin-13 erektıl doku yapısı ve yeniden şekillenmesinde önemli bir rol oynamaktadır
- **Apelin-13 MMPs ekspresyonu ve aktivitesini artırarak, kavernalal fibrozisde önemli bir düşüş sağlar**
- Serum lipid profili, Apelin-13 ile tedavi edilen ApoE-/- farelerde gelişme göstermiştir
- **Bu sonuçlar Apelin/APJ'nin korpus kavernozum yapı ve fonksiyonunda önemli regülatör rol oynadığını gösterir**

Intranasal application of oxytocin

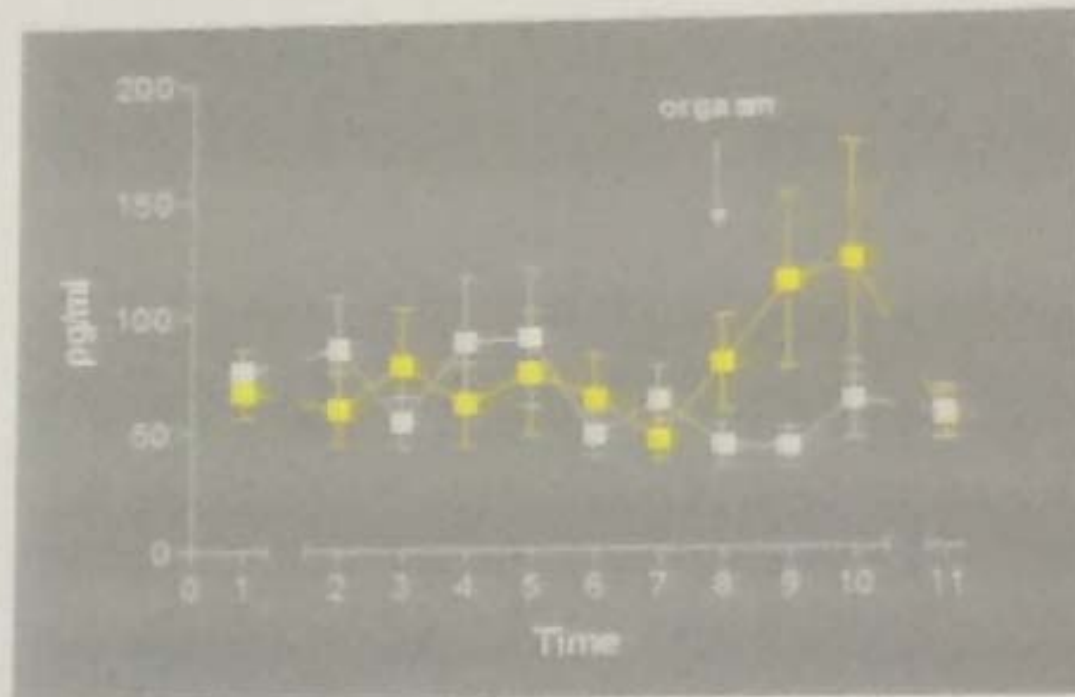
What are the effects on our sex lives?

Tillmann H.C. Kruger



Hannover Medical School

Oxytocin in response to sexual arousal and orgasm in men



Oxytocin increase after orgasm varies between **20–360%** in coincidence with a pronounced prolactin increase

Oxytocin in human sexual behavior

Background from case reports

Anderson-Hunt, M., Dennerstein, L., 1994. **Increased female sexual response after oxytocin**. Br. Med. J. 309, 891-892.

Anderson-Hunt, M., Dennerstein, L., 1995. Oxytocin and female sexuality. Gynecol. Obstet. Invest. 40, 217-221.

CASE REPORTS

Male Anorgasmia Treated with Oxytocin

Waguh William IsHak, MD, FAPA,^{1*} Daniel S. Barman, MD,² and Anne Peters, MD³

^{*}Cedars-Sinai Medical Center—Psychiatry, Los Angeles, CA, USA; ¹University of California at Los Angeles (UCLA)—Psychiatry, Los Angeles, CA, USA; ²Cedars-Sinai Medical Center—Cardiology, Los Angeles, CA, USA; ³Endocrinology, University of Southern California, Keck School of Medicine, Los Angeles, CA, USA

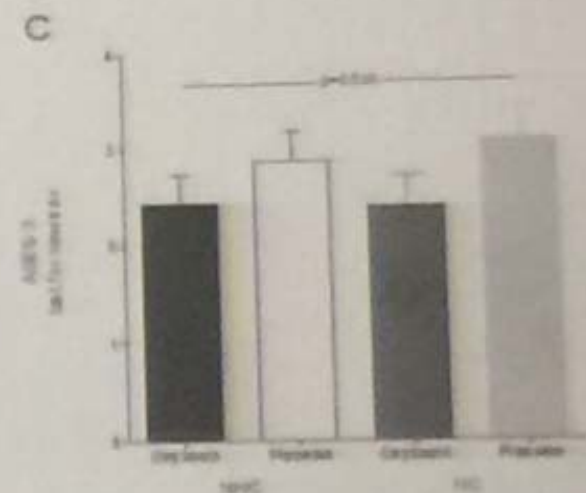
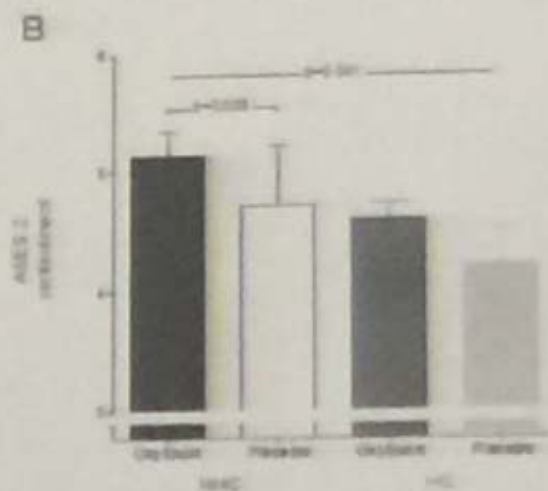
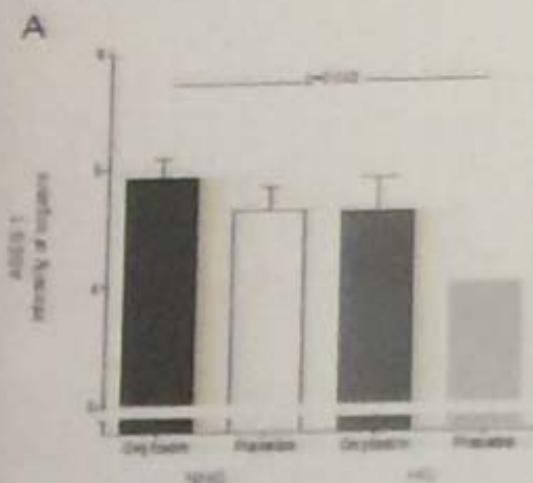
DOI: 10.1111/j.1743-6108.2007.00691.x

J Sex Med 2008 5:1022-24

Dramatic improvement in sexual function induced by intranasal oxytocin
MacDonald & Feifel 2012 J Sex Med 9:1407-10

Oxytocin is not an aphrodisiac

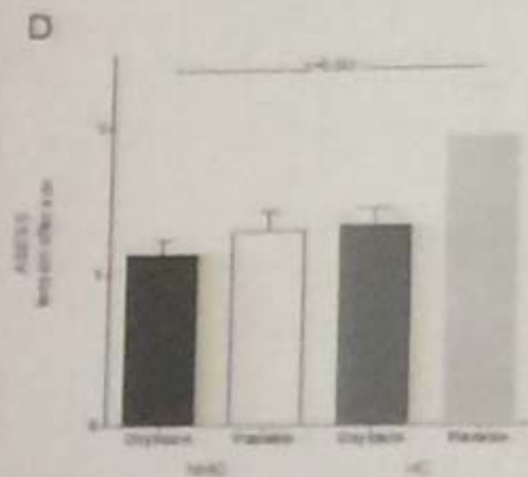
but may impact on sexual experience in healthy couples



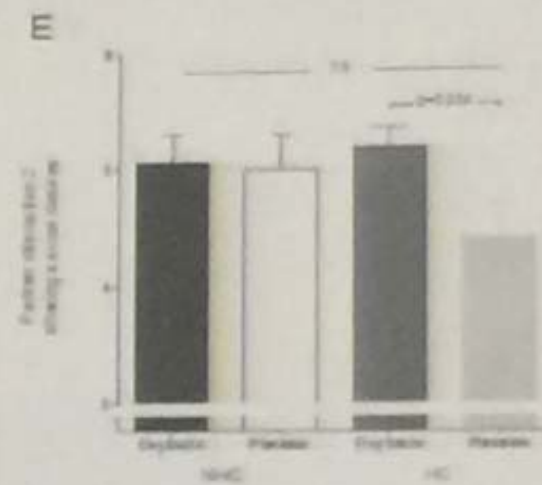
NHC non hormonal contraception
HC hormonal contraception

Oxytocin is not an aphrodisiac

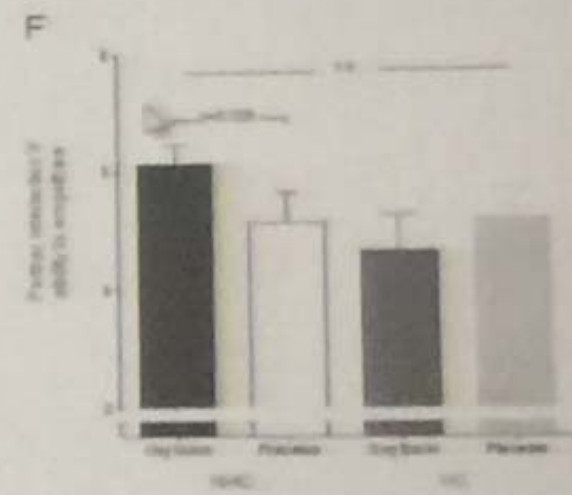
but may impact on sexual experience in healthy couples



level of tension after
sexual intercourse



sharing sexual desires



ability to empathise

NHC non hormonal contraception
HC hormonal contraception

Oksitosin-Seksüel fonksiyon

- Oksitosin duygu, kavrama ve davranışların yönetiminde güçlü fizyolojik bir rol oynamaktadır
- Ancak psikofarmakolojik düzeyde, oksitosinin cinsel fonksiyon ve disfonksiyon üzerinde olumlu etkisi olduğunu gösteren şu **anda çok az kanıt** vardır
- Ancak kişisel ve çevresel faktörleri kontrol eden **daha geniş araştırmalar** ile oksitosinin insan cinselliği üzerinde olumlu yada zararlı etkileri ortaya konabilir



ESSM RI-08 "Sexytocin"
Madrid, 05.02.2016

Sexytocin:

The role of Oxytocin in Sex, Love & War...

Dr. Trynke R. de Jong, PhD
Department of Behavioural and Molecular Neurobiology
Fakultät für Biologie und Vorklinische Medizin



Universität Regensburg

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HP-07-002

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The expression and functional analysis of P₂X₄ receptor in rat penis

Ryo Yahagi¹, Yuji Hotta¹, Tomoya Kataoka², Yasuhiro Maeda¹, Yoshihiro Kawade¹, Kazunori Kimura^{1,2}

¹ Department of Hospital Pharmacy, Graduate School of Pharmaceutical Sciences, Nagoya City University, Japan
² Department of Clinical Pharmaceutics, Graduate School of Medical Sciences, Nagoya City University, Japan

Introduction

The P₂X₄ receptor is a mechanosensitive receptor. In cultured pulmonary microvessel endothelial cells, shear stress was reported to induce Ca²⁺ influx and NO production via activation of the P₂X₄ receptor.¹

In penis, shear stress induced by blood inflow is important to activate eNOS and maintain the penile erection. Though some mechanosensitive receptors such as P₂X₄ receptor might be associated with this phenomenon, there are no reports about this relationship.

In this study, we investigated whether the P₂X₄ receptor is expressed in the penile corpus cavernosum and examined its role in the penile erection.

Reference 1. Venkatesh K. *Acta Med*. 121(11):3-7 2006.

Methods

Subjects:

10-11-week-old male Wistar-ST rats.

Experiment 1: Expression of P₂X₄ receptor mRNA

P₂X₄ primer (product size 375 bp)

Forward: 5'-CGTGGCGGACTATGTGATT-3'

Reverse: 5'-GTGATGTTGGGAGGATGTC-3'

Experiment 2: Localization of P₂X₄ receptor

First antibody

Anti-P₂X₄ receptor (Alomone labx; 1:1000)

Anti-α-SMA (NeoMarkers; ready to use)

Second antibody

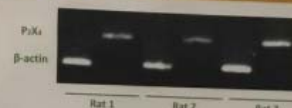
Rabbit IgG (H+L)

(Vector Laboratories; 1:1000)

Experiment 3: Isometric Tension Study

Precontraction: Noradrenaline (NA, 10⁻⁶ mol/L)Cumulative administration: 5'-CTP* (10⁻⁶-10⁻³ mol/L)*5'-CTP (cytidine 5'-triphosphate): Selective P₂X₄ receptor agonist

1 P₂X₄ receptor mRNA



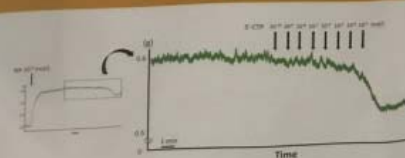
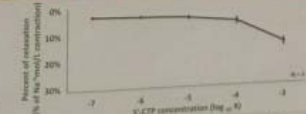
The bands of P₂X₄ receptor mRNA in rat penile corpus cavernosum were observed.

2 Localization of P₂X₄ receptor



P₂X₄ receptor was localized in blood vessels and smooth muscle cells.

3 Isometric Tension Study

*5'-CTP (cytidine 5'-triphosphate): Selective P₂X₄ receptor agonist

5'-CTP, selective P₂X₄ receptor agonist, induced relaxation response from 10⁻⁶ mol/L.

Conclusions

This study suggests that:

- P₂X₄ receptor is expressed in rat penis, especially in the blood vessels and smooth muscles.
- In isometric tension study, 5'-CTP, selective P₂X₄ receptor agonist, induced relaxation response in corpus cavernosum from 10⁻⁶ mol/L.

It is speculated that P₂X₄ receptor is associated with relaxation of penile corpus cavernosum. We need to investigate whether mechanical stress causes penile erection via P₂X₄ receptor.

HP-07-002

The expression and functional analysis of P₂X₄ receptor in rat penis

Ryo Yahagi¹, Yuji Hotta¹, Tomoya Kataoka², Yasuhiro Maeda¹, Yoshihiro Kawade¹, Kazunori Kimura^{1,2}

1. Department of Hospital Pharmacy, Graduate School of Pharmaceutical Sciences, Nagoya City University, Japan
2. Department of Clinical Pharmaceutics, Graduate School of Medical Sciences, Nagoya City University, Japan

Introduction

- P₂X₄ reseptör aktivasyonu pulmoner mikrovasküler endotelden elde edilmiş
- P₂X₄ NO üretimini artırıyor
- **Korpus kavernozum vasküler endotelden ve düz kaslarda ekspresyon yüksek**
- **Muhtemel penil ereksiyondan sorumlu??**



"Patient satisfaction and long term result of surgery for Peyronie's disease: a retrospective study on more than 120 patients treated in one referral centre"



Carlo Ceruti, Mirko Preto, Massimiliano Timpano, Omidreza Sedigh, Marco Falcone,
Mattia Sibona, Marco Lasagna, Valentina Comisso, Bruno Frea, Luigi Rolle
University of Turin, Città della Salute e della Scienza - Molinette - Turin
Urological Clinic - Prof. B.Frea
Andrological Division - Prof. L.Rolle

Introduction and Objectives:

Patients (Pts) with Peyronie's disease (PD) may benefit from prosthetic surgery when presenting erectile dysfunction (ED) unresponsive to medical therapy and / or important penile deformity that does not allow sexual intercourse. In case of ED and mild to moderate deformities, the placement of a penile prosthesis (PP) with or without modeling can be sufficient, in case of severe curvature it is necessary to associate a plaque incision + grafting, in cases of severe shortening are required interventions with the prevailing aim of elongation (circumferential incisions or "sliding technique"). The aim of the study is to compare the outcomes of different surgical approaches on a large monocentric series with long-term follow-up.

Materials and Methods:

Data from Pts who underwent surgery for PD from 2004 to 2014 were reviewed: pre and postoperative data were available of 127 Pts (mean age 64.5, SD 11.6), for 109 pts were also available complete follow up data.

54 Pts with mild to moderate curvature (group 1, mean bending 47°) underwent prosthetic implant with or without modeling, 57 patients with severe curvature (group 2, mean bending 67°) plaque incision + grafting, 16 patients presenting moderate curvature but severe retraction of the penis (group 3, mean bending 37.5°) underwent elongation with sliding technique. PP implanted: AMS 700 in 76 cases, malleable prosthesis in 27 cases, soft implants (Virilis) in 20 cases.

Patients were evaluated before surgery with IPP - Q (specific questionnaire for symptoms related with PD), IIEF and SEP; then at 3, 6 and 12 months with clinical evaluation, IIEF, EDITS, SEP 2, SEP3 and "ad hoc" questions. Statistics: T test, chi-square test.



Results:

10 pt (7.8%) reported Clavien I complications; 2 patients reported a prosthetic infection, 1 pt underwent surgical revision for apical herniation 1 year after surgery. No Pts reported relapse of curvature. Mean IPP-Q score decreased from 43.5 to 8.3, mean IIEF improved from 37.2 to 48, 57, 62 at 3, 6, 12 months respectively ($p < 0.05$), mean EDITS resulted 29, 36, 41 at 3, 6, 12 months. Functional and satisfaction outcomes for the 3 groups are listed in the next table.

Variable	Unit	Group 1	Group 2	Group 3	Statistical significance
Postoperative pain	Mean VAS score	3.4	4.5	4.5	ns
Penile length after surgery	cm	11.2	11.8	11.5	ns
IPP-Q	Mean score variation	-34	-37	-32	ns
IIEF (12 months)	"	25	21	35	s
EDITS	Mean score	41	40	48	ns
SEP2	% positive answers	95	89	94	ns
SEP3	"	74	76	94	s
Do you think the length of your penis is satisfactory?	"	58	93	94	s
Has the quality of your life improved after surgery?	"	76	72	98	s
Should you decide today, would you undergo surgery again?	"	73	64	94	s

Conclusions:

Surgery for PD is safe and reliable; even in more complex and invasive procedures major complications are infrequent and the postoperative pain score is not significantly higher. All the scores significantly improve from 6 to 12 months after surgery: a correct evaluation of outcomes must be performed not earlier than a year. Functional scores improves significantly after surgery in every group. Difficult cases, who undergo complex procedures, show better improvement in functional scores (even if not significant) and higher satisfaction rates (statistical significant).





for Peyronie's disease: a retrospective study on more than 120 patients treated in one referral centre"



*Carlo Ceruti, Mirko Preto, Massimiliano Timpano, Omidreza Sedigh, Marco Falcone,
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University of Turin, Città della Salute e della Scienza - Molinette - Turin
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- N=127 peyronie hastası (2004-2014)
- 54 hafif orta 57 şiddetli kurvatur
- 16 plak insizyonu + greft
- 76 AMS 700, 27 malleable, 20 soft
- 10 CI-1 komplikasyon 2 infeksiyon
- Kurvatur relapsı yok

ACCEPTANCE AND DISCONTINUATION RATES OF DAPOXETINE TREATMENT IN CHINESE PATIENTS WITH PREMATURE EJACULATION

Jing Peng^{1*}, Zhichao Zhang¹, Yiming Yuan¹, Bing Gao¹, Wanshou Cui¹

¹Andrology Center, Tsing University First Hospital, Beijing 100034, P.R. China

*Corresponding Author: Jing Peng, MD, Andrology Center, Peking University First Hospital, Beijing 100034, P.R. China.

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BACKGROUND

Dapoxetine hydrochloride is a rapidly-absorbed selective serotonin reuptake inhibitor (SSRI) and it is the first and only drug approved for on-demand treatment of premature ejaculation (PE) in China.

The efficacy and safety profiles of dapoxetine have been established by worldwide clinical trials. These studies have reported that approximately 30% of patients receiving dapoxetine therapy will discontinue the treatment.

OBJECTIVES

Although dapoxetine has been available in China since late 2013, the rate of dapoxetine treatment discontinuation has not been reported to date.

This study aims to investigate the rates of acceptance and discontinuation from dapoxetine treatment in Chinese patients with PE.

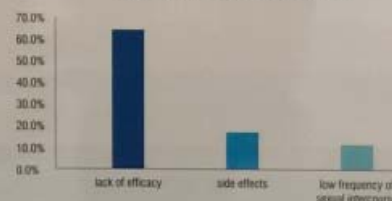
RESULTS

The decision not to initiate dapoxetine treatment was made by 14.9% (n=26) of patients. Reasons given by 46.2% of these patients for non-initiation of treatment include the fear of using a "drug", and a fear of possible adverse events (AEs) as described in the prescribing information.

There were 21 (13.5%) out of 155 patients who eventually discontinued dapoxetine therapy by Week 4. Reasons given for treatment discontinuation include a lack of efficacy (64.7%), side effects (17.6%), and low frequency of sexual intercourse (11.7%) (Figure 1).

Of the patients who completed the 4-week treatment regimen, 72.2% reported they would continue dapoxetine therapy.

REASONS FOR DISCONTINUATION



DISCUSSION

Dapoxetine is the first and only drug approved and indicated for the treatment of PE. However, it remains unclear what the level of acceptability of dapoxetine treatment is among Chinese men with PE.

85.1% of patients with PE were willing to initiate dapoxetine treatment; and 86.5% of these patients would continue with dapoxetine therapy after the first 4 weeks of treatment. About half of the patients who were non-accepting of treatment expressed a fear of both "having to use drugs" and possible adverse events.

Furthermore, it is interesting to note that among those who discontinued dapoxetine treatment by Week 4, low efficacy was given as the reason for doing so by 64.7% of patients. Published data from dapoxetine clinical studies suggest that treatment efficacy improves with a longer duration of therapy. Infrequent sexual intercourse and inadequate counseling on the use of behavioral techniques and treatment expectations may also have contributed to the low efficacy reported by these patients in this study.

Promoting a greater awareness of PE and its treatment should therefore be given priority in China.

CONCLUSIONS

The acceptance of dapoxetine therapy among Chinese men with PE is very high. Non-initiation of treatment was observed in 14.9% of patients while 13.5% of patients who initiated dapoxetine therapy eventually discontinued treatment. The treatment discontinuation rate in this study was lower than that reported in global trials. More comprehensive studies are needed to evaluate factors that may affect treatment satisfaction. It is likely that these factors will include duration of therapy, frequency of sexual intercourse, impact of counseling on behavioral techniques and treatment expectations.

ACCEPTANCE AND DISCONTINUATION RATES OF DAPOXETINE TREATMENT IN CHINESE PATIENTS WITH PREMATURE EJACULATION



Jing Peng^{1*}, Zhichao Zhang¹, Yiming Yuan¹, Bing Gao¹, Wanshou Cui¹

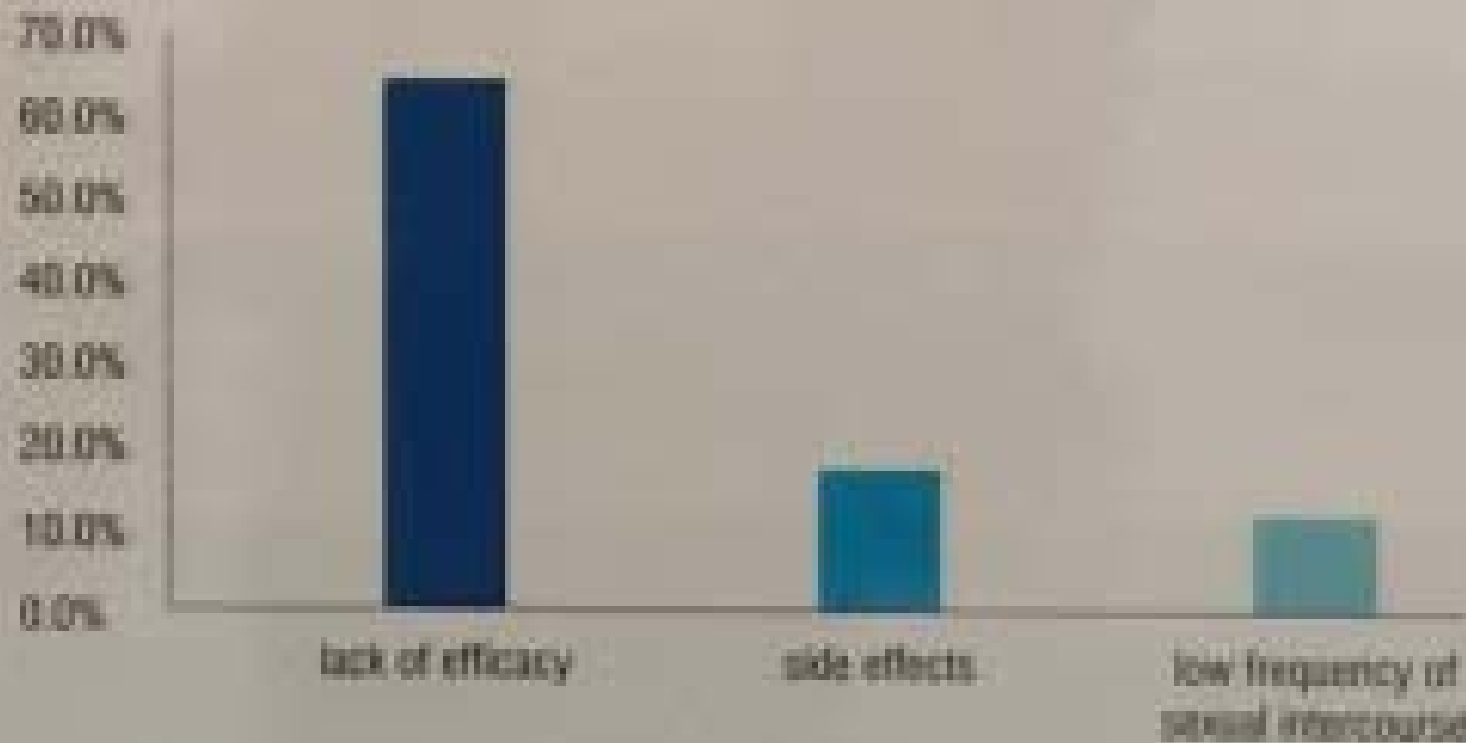
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Tel.: +86-1083226969, E-mail: pengjing@pku.edu.cn



REASONS FOR DISCONTINUATION





Urogenital Myiasis Caused By *Psychoda Albipennis*:

A Case Report

Ege Can Serefoglu

Department of Urology , Bagcilar Training & Research Hospital,
Istanbul, Turkey



Introduction / Patient Information

Myiasis is defined as the parasitic infestation of the body of a vertebrate animal caused by the eggs and larvae of flies within the Diptera species. *Psychoda Albipennis* is known to be a rare cause of urogenital myiasis in humans.

Clinical Presentation

A 42-year-old male patient presented to the urology outpatient clinic with the complaint of moving worm-like objects in his urine for the last 3 weeks. The patient did not have a history of travelling abroad and his medical history was not significant. His physical examination was unremarkable other than mild obesity (BMI=32.28). In the macroscopical evaluation of his urine, two 0.8 cm long worms were detected. The worms were examined under the microscope and they were diagnosed as the fourth stage larvae of *Psychoda Albipennis* (Figure 1-2). The urine analysis findings were remarkable for 7 erythrocytes per HPF, whereas CBC and serum chemistry were within normal limits. Urinary system ultrasonography did not reveal any pathological findings.



Figure-1: The fourth stage larvae of *Psychoda Albipennis*

Treatment

The patient was scheduled for cystoscopic evaluation. Moreover, he was instructed to drink 3 litres of water per day and was prescribed nitrofurantoin 50 mg by mouth three times per day. Cystoscopic evaluation was performed one week later and noted to be oedema in the prostatic urethra and debris and sediment accumulating at the base of the bladder. The patient was discharged the same day and he reported resolution of his symptoms at a 1-week postoperative follow-up visit.

Conclusion

Urogenital myiasis caused by *Psychoda Albipennis* is an extremely rare clinical entity. It can be managed with hydration and antiseptics. The health authorities must take appropriate hygiene precautions and urologists must be aware of these parasites for the proper diagnosis and management of this infestation.



Figure-2: Syphon of the *Psychoda Albipennis*



Urogenital Myiasis Caused By Psychoda Albipennis:

A Case Report

Ege Can Serefoglu

Department of Urology , Bagcilar Training & Research Hospital,
Istanbul, Turkey



- Ürogenital Myiazis-psychoda Albipennis
- 42 yaş E, idrardan hareketli solucan benzeri
- Tedavi: Bol sıvı+ üriner antiseptik

Extracorporeal shock wave therapy (ESWT) as a treatment for Peyronie's disease

Krajská zdravotní, a.s.
Masarykova nemocnice
v Ústí nad Labem, o.z.

MUDr. Marek Broul, Ph.D., FECSM; MUDr. Petr Skála; MUDr. Miroslav Štrbový; MUDr. Jan Schraml, Ph.D.
Clinic of Urology and Robotic Surgery MNUL and UJEP in Ústí nad Labem, Krajská zdravotní a.s.

Objective

Peyronie's disease is an acquired disorder of the tunica albuginea which is characterized by formation of fibrous tissue plaques. It could be associated with erectile dysfunction, painful erection and also with the difficult penetration of erected penis due to its angulation. The aim of our study is to evaluate the efficacy of extracorporeal shock wave therapy as a treatment for patients with Peyronie's disease.



Masaryk Hospital in Ústí nad Labem

Methods

In the period from January 2005 to April 2015, 51 patients with PD were treated with ESWT. The treatment was performed in ten sessions at weekly intervals. We used the PiezoLith 3000 device with piezoelectric shockwave source from the Richard Wolf Company. Each session consisted of 500 shockwaves with emission frequency of 90 shockwaves / min. Average age of patients was 57.8 years. Plaques were found on the dorsal side of penis, the average penile deviation angle during erection was 60 degrees and the average size of the plaque was 10.2 mm. Erectile function was assessed with a five question version of International Index of Erectile Function Questionnaire (IIEF-5). The average score in the IIEF-5 was 11.7.



Pic. No. 1:
PiezoLith 3000 – Richard Wolf GmbH

Results

The treatment was painless for all the patients. Using visual analogue scale (VAS) patients rated it by grade 1 to 2. In 5 cases (9.8%) there were minor subcutaneous petechiae. Serious complications such as urethral bleeding or extensive hematoma did not occur. We evaluated the effects of the therapy two to three months after the last shock wave session. Both objective and subjective improvements of the condition were found in 37 men (72.6%). The penile deviation was reduced by 47.0% in average to 28.2 degrees, the size of plaque was reduced on average by 19.6% to 8.2 mm and a score in the IIEF-5 questionnaire increased on average by 28.6% to average 16.4 points. All patients were able to have an intercourse after the treatment.

Objective improvements	37 patients	72,6 %
Complications	5 patients	9,8 %

Tab No. 1: Improvement and complications

	Before application	After application	Improvement
Penile deviation	60,0°	28,2°	47,0 %
Size of plaque	10,2 mm	8,2 mm	19,6 %
IIEF-5	11,7 pt	16,4 pt	28,6 %

Tab No. 2: penile deviation, size of plaque and IIEF-5 questionnaire

Conclusion

ESWT method is effective and safe. It improves sexual health. It has positive effect on reducing pain during erection and improves sexual functions and mental state of patients. Nowadays this method offers routine conservative procedure in the treatment of PD.

Extracorporeal shock wave therapy (ESWT) as a treatment for Peyronie's disease

KZ Krajská zdravotní, a.s.
Masarykova nemocnice
v Ústí nad Labem, o.z. 

*MUDr. Marek Broul, Ph.D., FECSM; MUDr. Petr Skála; MUDr. Miroslav Štrbavý; MUDr. Jan Schraml, Ph.D.
Clinic of Urology and Robotic Surgery MNUL and UJEP in Ústí nad Labem, Krajská zdravotní a.s.*

- N=51 PD, Kurvatur ortalama 60 derece
- 10 seans ESWT haftada 1
- IIEF de iyileşme, kurvaturde %50,
- Plak boyutunda %20 düzelme
- Ağrı ve komplikasyon yok

•ESSM 2016

- Oral sunu 101
- Poster sunusu 209
- **Workshop 9**
- Highlighted poster 8
- Yuvarlak masa (Round table) 21
- Canlı cerrahi 2
- Videocerrahi 1
- Endüstri sponsorlu toplantı 9

•11. Avrasya Androloji Zirvesi-İtalyan Androloji Ortak

- Kabus oturum
- Erkek infertilitesinde medikal tedavi güncelleme
- Erkek infertilitesinde cerrahi tedavi güncelleme
- Erkek infertilitesinde zor vakalar

WS-09

WORKSHOP

11:30–12:30

Room Paris

Infertility and sexuality: why and how to pay attention

Chair: Ates Kadioglu, Turkey

Speakers:

Saturnino Lujan, Spain

Ahmet Gökçe, Turkey

Description see page 45.



Infertility and sexuality. Women

Ahmet Gokce, MD
Assoc. Prof. of Urology
Sakarya University, School of Medicine,
Sakarya, TURKEY



Özet

- İnfertilitenin kadın cinsel fonksiyonları üzerinde önemli etkisi vardır.
- İnfertil kadınlar değerlendirilirken cinsel fonksiyon ve cinsel kaygılar mutlaka göz önünde bulundurulmalıdır.
- Hastaların cinsel fonksiyonlarıyla ilgili konuşmak onlara daha çok yardım etme imkanı verir.
- Yaşadıkları durumla ilgili cinsel eğitim anksiyetelerini azaltır ve tedaviye uyumu hızlandırır.
- İnfertil kadınların tedavileri sırasında gerektiğinde psikolojik destek de sağlanmalıdır.

KLİNİK MESAJ

Kadında fertilitenin sağlanamadığı veya geciktiği durumlarda cinsel fonksiyonların optimum seviyede tutulması konsepsiyon şansını artırmak için önemlidir.

•ESSM 2016

- Oral sunu 101
- Poster sunusu 273
- Workshop 9
- **Yuvarlak masa (Round table) 21**
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A guide to Collagenase Histolyticum in clinical practice

David Ralph
London

Curvature improvement

**Baseline curvature
deformity - 45°**

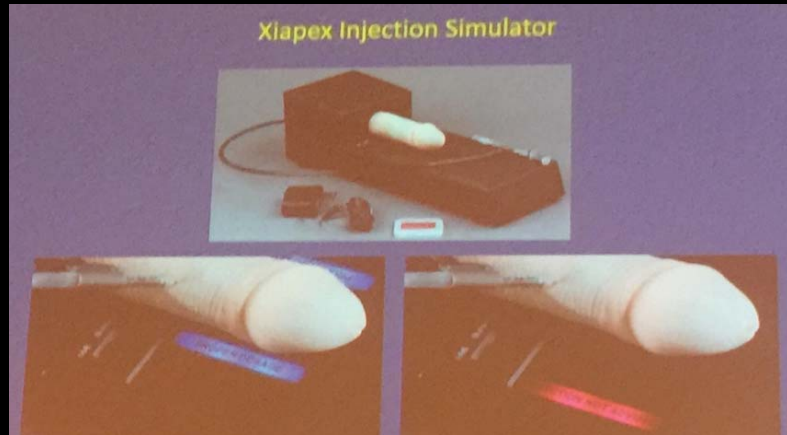
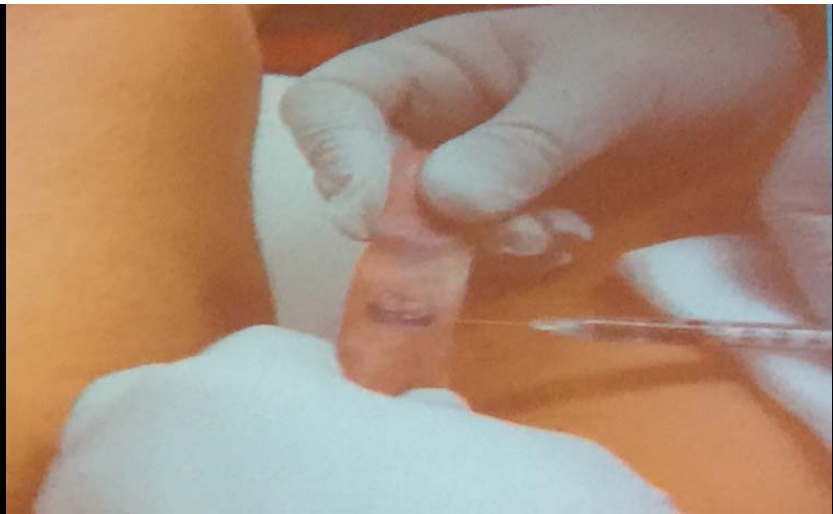
**End of study
curvature**

deformity - 28°

- 17° Improvement



Shabelgh, Jordan, et.al, SMSNA, 2013; McMahon, Auerbach, AUA, 2013



Sonuç

- Etketif
- Klinik araştırma metodlarının modifikasyonu
- Uygun maliyetli olması gerekmektedir
- Gereken klinik araştırmalar
 - Zamanlama
 - Enjeksiyon sayısı
 - Optimal plak özellikleri

Emotional Brain FSIAD Programı

- Emotional Brain, kişiye özel cinsel tıbbi hedefleyen akılcı mantıksal programları gelişimi ve uygulanması ile uğraşan bilimsel araştırma firmasıdır
- Düşük cinsel istek ve uyarılma en sık rastlanan kadın cinsel şikayetleridir
- Pek çok kadın cinsel tatminsizlik sonucu stress yaşamaktadır

- Bu kombinasyon Kadın Cinsel İstek/Uyarılma bozukluğu adıyla isimlendirilen bir klinik durum olarak tanımlanmıştır (FSIAD)
- Güvenli ve etkili bir ilacın gelişimi için uzun yıllardır süren uğraşlar verilse de, HSDD'li premenapozal kadınların tedavisi için ancak yakın zamanda FDA onaylı bir ilaç kullanıma sunulmuştur

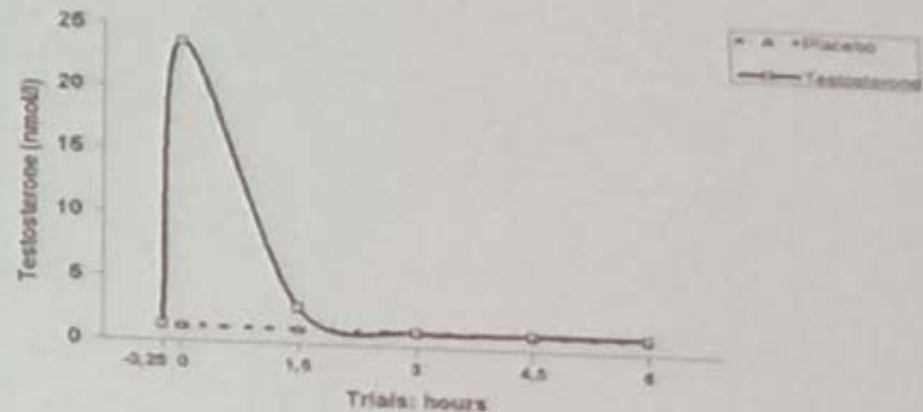
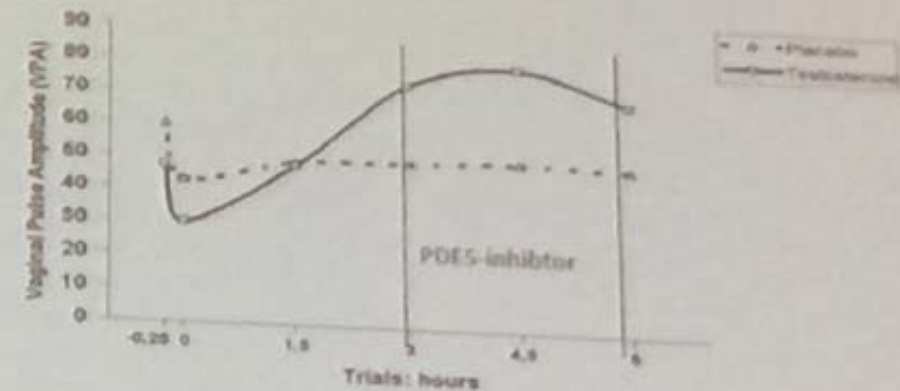
Lybrido ve Lybridos

- FSIAD'ın tedavisi için iki yeni 'on demand' ilaç geliştirilirken değişik mekanizmalar hesaba katılmıştır
 - Lybrido, izafi olarak cinsel işaretlere karşı kısıtlı hassasiyet taşınması sonucu düşük cinsel motivasyon ve istek azlığı gelişen hasta alt grubunu hedeflemektedir
 - Lybridos, cinsel inhibisyon mekanizmalarının aşırı aktivasyonu sonucu cinsel şikayetleri taşıyan hasta alt grubu için geliştirilmiştir

Lybrido

Sublingual testosterone (0,5 mg) produces an increase in sexual motivation and desire in sexually functional women, about **4 hours** after it's peak plasma levels ($T_{max} = 15$ minutes).

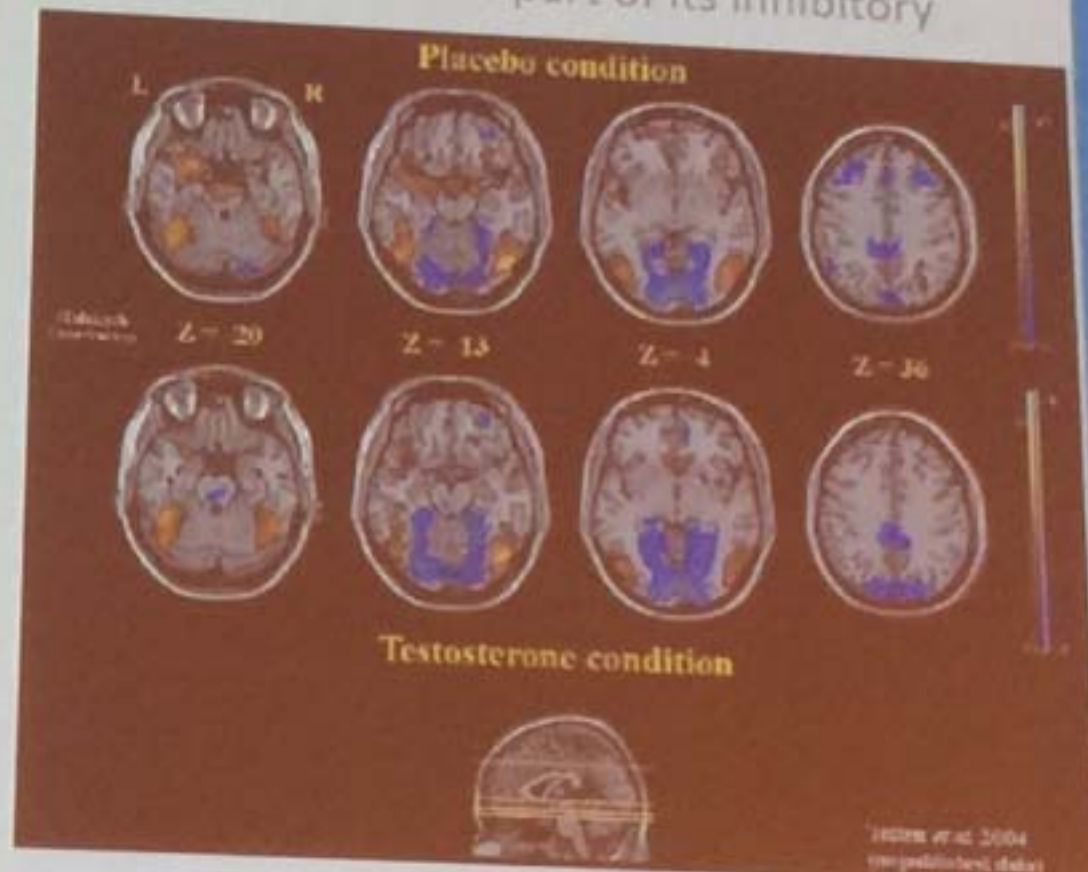
Lybrido = Sublingual testosterone combined with a PDE-5 inhibitor, in which the timing of the peak plasma concentration of the PDE-5 inhibitor coincides with the 4 hour delay in behavioral effects of the testosterone.



Towards Lybridos: Prefrontal Cortex and Inhibitory Control

The prefrontal cortex (PFC) is involved in inhibitory control of motivational behavior, including sexual behavior. An important mediator in inhibitory control is the neurotransmitter *serotonin*, which exerts part of its inhibitory effect via its actions in the PFC.

When sublingual testosterone increases the sensitivity of the brain for sexual cues, one might expect a more pronounced activation of inhibitory mechanism in the brains of women prone to sexual inhibition.



ISSM Update 2016

ESSM Winter Meeting: Madrid, Spain



Wayne JG Hellstrom, MD FACS
ISSM President

My Wife is a Muslim and
Not a terrorist, but
I'm Scared of Her
Anyway



- İyi ve kötü her zaman var olacaktır
- Sadece aşk nefreti yenebilir
- Cinsel tıp, aşkın bilimidir



Basics of Shockwave Therapy for Erectile Dysfunction

Walaa Khaled

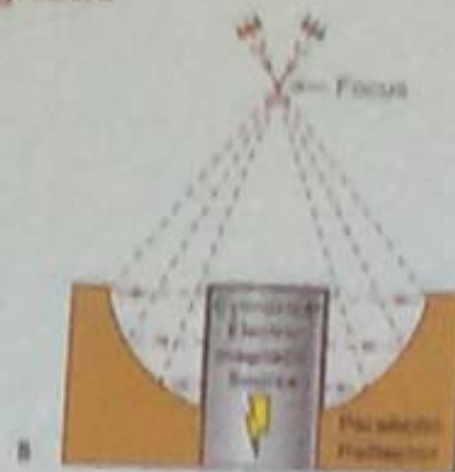
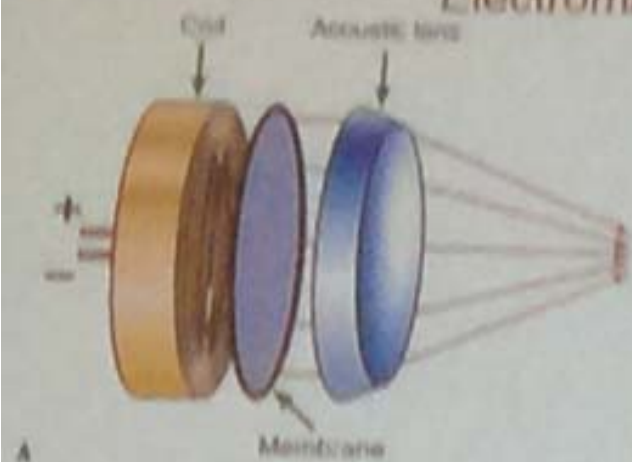
Technical Program Manager, Dornier MedTech

University of Bochum, High Frequency Engineering

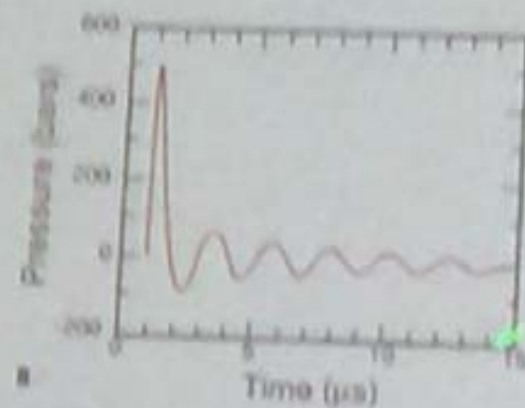
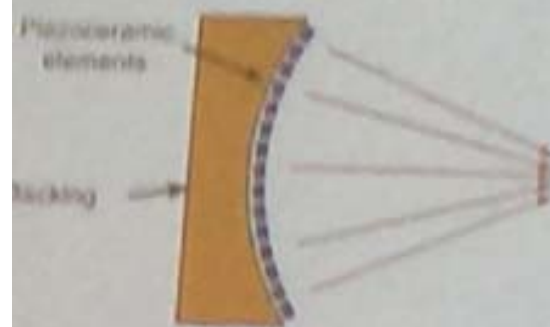
University of Frankfurt, Dept. of Cardiology, Faculty of Medicine

Technologies for the production of real SW!

Electromagnetic



Piezoelectric



Focal zones

20 kHz components

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

100 kHz

Electromagnetic Shock wave Sources

- **EMSE**: Electromagnetic Shock wave Emitter
Dornier uses EMSE technology since 1989 in Lithotripsy and ESWT

- **Components:**

- Flat coil (EMSE 40f)
- Membrane (solid vibrating conductor)
- Liquid filled SW path
- Acoustic lens
- Silicone cap

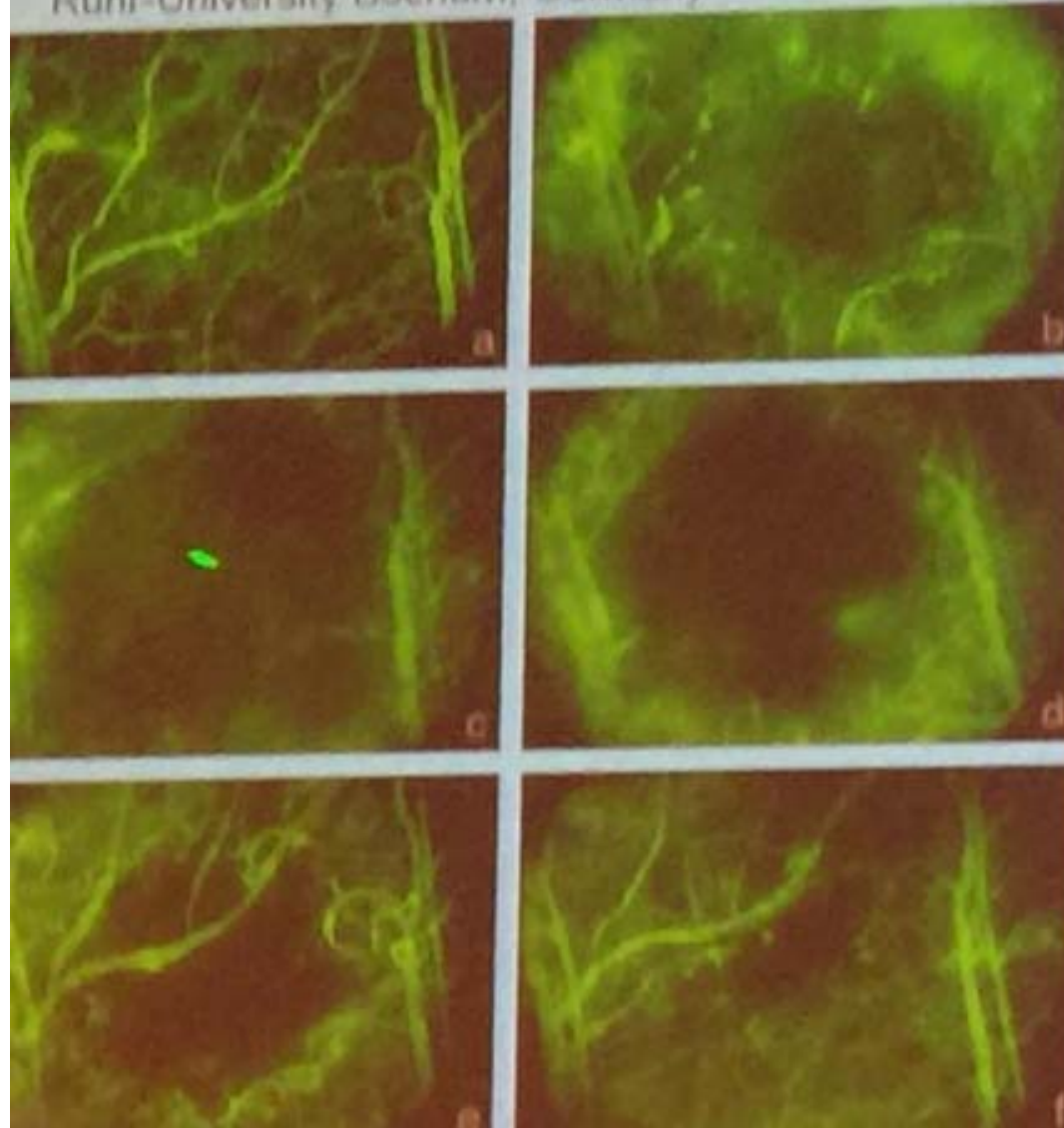


- **Advantages of EMSE versus Electrodes**

- Wide energy and dynamic range
- Constant energy release
- Constant and precise smart focus position
- Long-life cycle, no decrease during lifecycle
- No consumables

Results of Animal Study Revascularization (2014)

Ruhr-University Bochum, Germany



Histology and electron microscopy

Stained non-perfused area of the mouse ear as parameter for angiogenesis.

- a) before vascular dysfunction
- b) immediately after dysfunction as well as after
- c) first ESWT
- d) second ESWT
- e) third ESWT
- f) after follow up within two weeks.

Source: Goertz O, et al. Journal Burns. 2014;40(7):1365-137



Does ESWT have an effect on erectile dysfunction?

Peter Lyngdorf

**Clinic for Sexual Dysfunction,
Copenhagen**

Method

28 men

Mean age: 61,1 years (45-78 yrs)

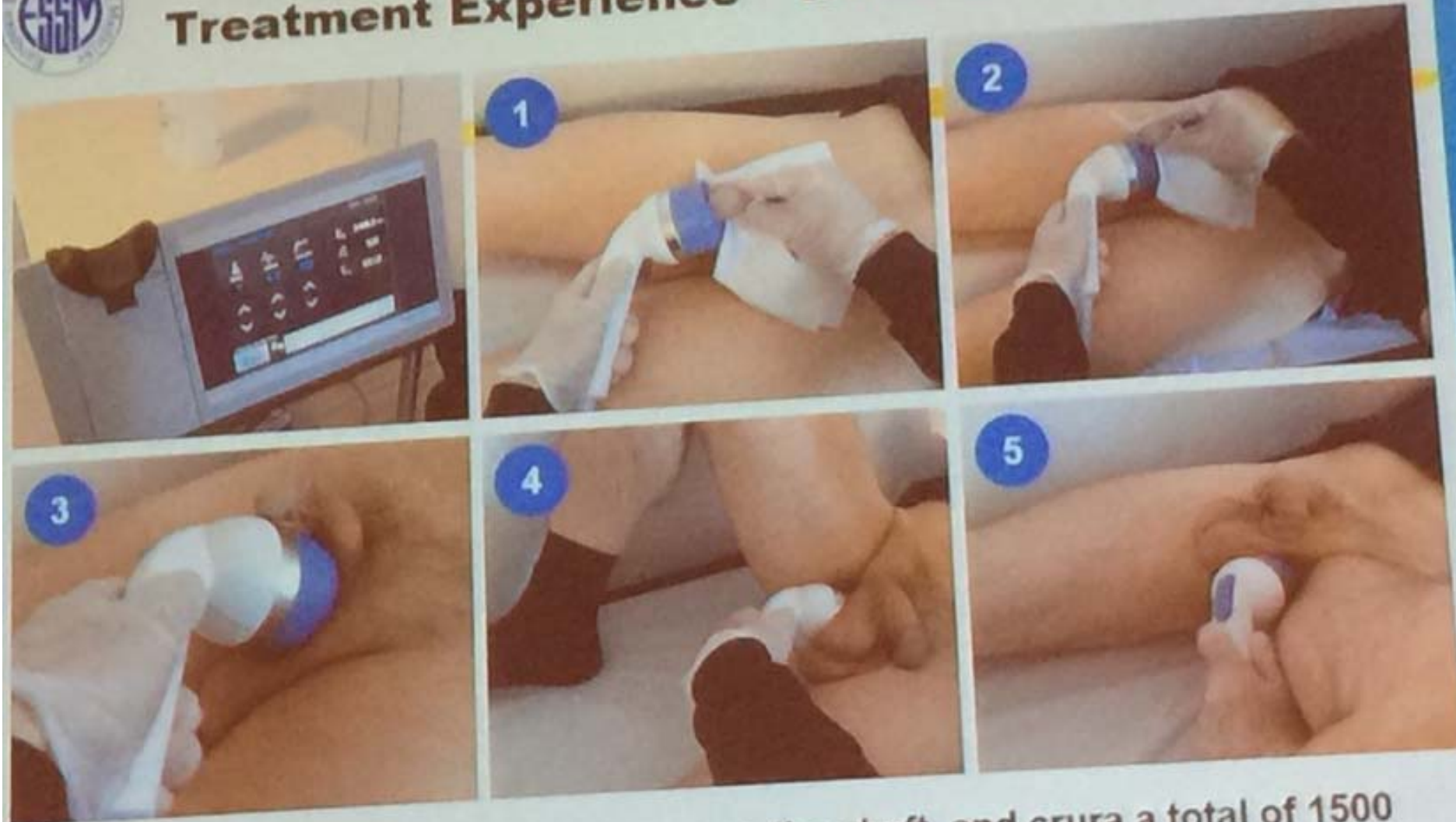
Duration of ED: 16 months

Previous treatment: PDE-5-I

Co-morbidity: Hypertension, Diabetes Mellitus (DM)

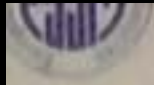


Treatment Experience – twice a week



Apply 300 shocks at five locations across the shaft and crura a total of 1500 shocks per session (15 min).

Data from single study, Denmark Dr. Lyngdorf, ISMST (2014)



Results

Change in IIEF-ED (N= 28)

Before

17,3

After treatment

23,5

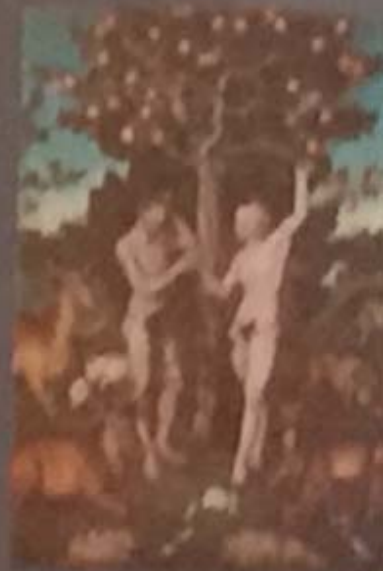
$p < 0,01$

Dornier Aries- Vaskülojenik ED'de yeni tedavi seçenekleri

- Bütün hastalara etkili ve tatmin edici bir sonuç sağlayan bir ED tedavisi yoktur
- PDE 5 inhibitörlerinde bile etkinlik azlığı, tam sertlik sağlanamaması veya tolere edilemeyen yan etkiler sebebiyle bırakma oranı > %50
- **Diabetikler ve vasküler ED'li hastalar gibi tedavi edilmesi zor gruplarda ancak oral terapi ve penil ESWT tatmin edici bir sonuç sağlayabilir**
- **Vasküler ED'de Dornier Aries, penil şok dalga tedavisi yeni ve umut verici bir gelişmedir**

Flibanserin – are we medicalizing Hypoactive Sexual Desire Disorder (HSDD) in women?

Annamaria Giraldi, Professor, MD, PHD, FECSM
Sexological Clinic, Copenhagen, Denmark

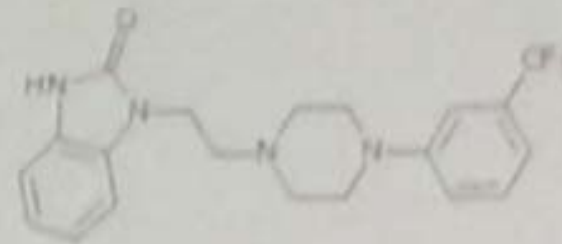


Why is this topic interesting?

- Flibanserin (Addyi®):
- Experiences from PDE-5 inhibitors in men
- First drug approved by the FDA to treat HSDD in premenopausal women. In Europe Intrinsa® is approved for postmenopausal women
- A lot of women do have HSDD
- It is big business
- It is sexual health politic – how should we treat HSDD, does it exist?

Flibanserin®

- A 5-HT_{1A} serotonin receptor agonist and a 5-HT_{2A} serotonin receptor antagonist
- In animals shown to reduce the 5-HT_{2A} and increase noradrenaline and dopamine in the prefrontal cortex



Boston Scientific

Advancing science for life™

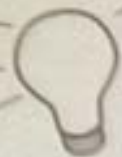
Prospective Registry of Outcomes with
Penile Prosthesis for Erectile Restoration
PROPPER

Gerard Henry, M.D.



Birth of a Registry

Boston
Scientific



2009: Concept of PROPPER proposed by 14 physicians

2010: PROPPER protocol written

Dec 2015:

- 1204 implants at 11 sites
- 746 1-year follow-ups
- 38 4-year follow-ups

2011

2011: AMS initiates study with 14 NA sites

2013

July 2011: First enrollment in PROPPER

2015

PAST



PRESENT

PROPPER Study Design

Boston
Scientific



- **Objective:** Assess real world outcomes for patients receiving a penile implant
- **Study Design:** Prospective, multi-center, multi-country, observational study
- **Patients:** Up to 1350 males receiving an original or revision penile implant
- **Follow-up:** Up to 5 years

The only prospective, large, multi-center study for penile implants

PROPPER Implant Characteristics

Boston
Scientific

AMS 700® Series 3-Piece IPP



96.8% subjects



- ❖ AMS 700 is the only penile implant with InhibiZone Antibiotic Surface Treatment
- ❖ 99.7% of subjects receiving AMS 700 received Inhibizone

AMS Ambicor® 2-Piece IPP



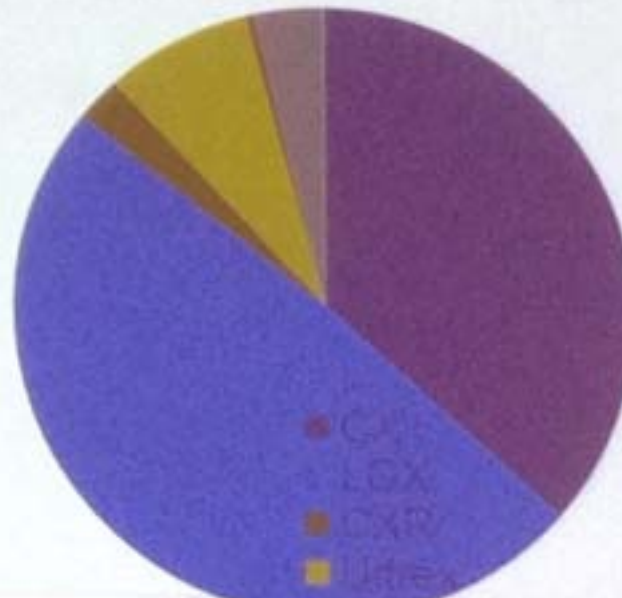
2.2% subjects

AMS Spectra® Malleable



1.0% subjects

AMS 700 Cylinder Type



Sonuçlar

- İlk prospektif, multi sentrik, monitörize, geniş kohort değerlendirmeli, penil implant çalışmasıdır
- Araştırmacılar bu araştırmayı penil implantın kapsamını savunmak için bir fırsat olarak görmektedir
- Bulgular ilerideki penil protez uygulamalarını değiştirebilir
- Araştırma, şu andaki basılı literatürü arttıp geliştirecektir



The role of CUV in female orgasm



ENDOSEX

Chair of Endocrinology and Medical Sexology
Tor Vergata University of Rome - ITALY

Emmanuele A. Jannini

UJ. RM

nomina sunt consequentia rerum

- Clitoris (De Graaf, 17th century)
- G Spot (Addiego, 1981)
- Clitoral complex (O'Connell, 2008)
- Clitoral Urethral Complex (Oakley, 2013, 2014)
- CUV Complex (Jannini, 2013, 2014)



Justinian the Great

Copyright 2006 Fox Internet Services



Vulva

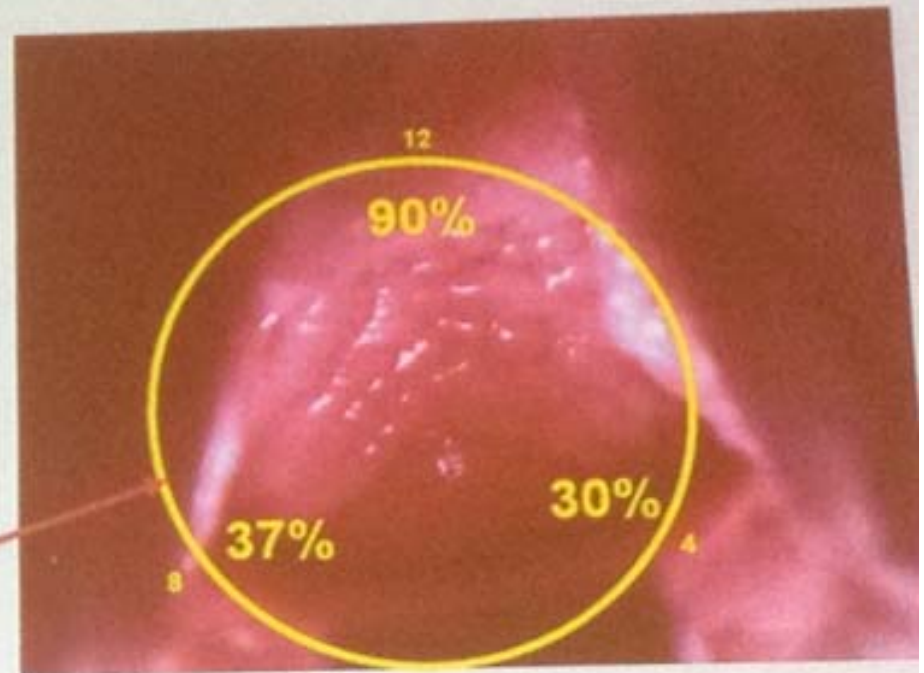
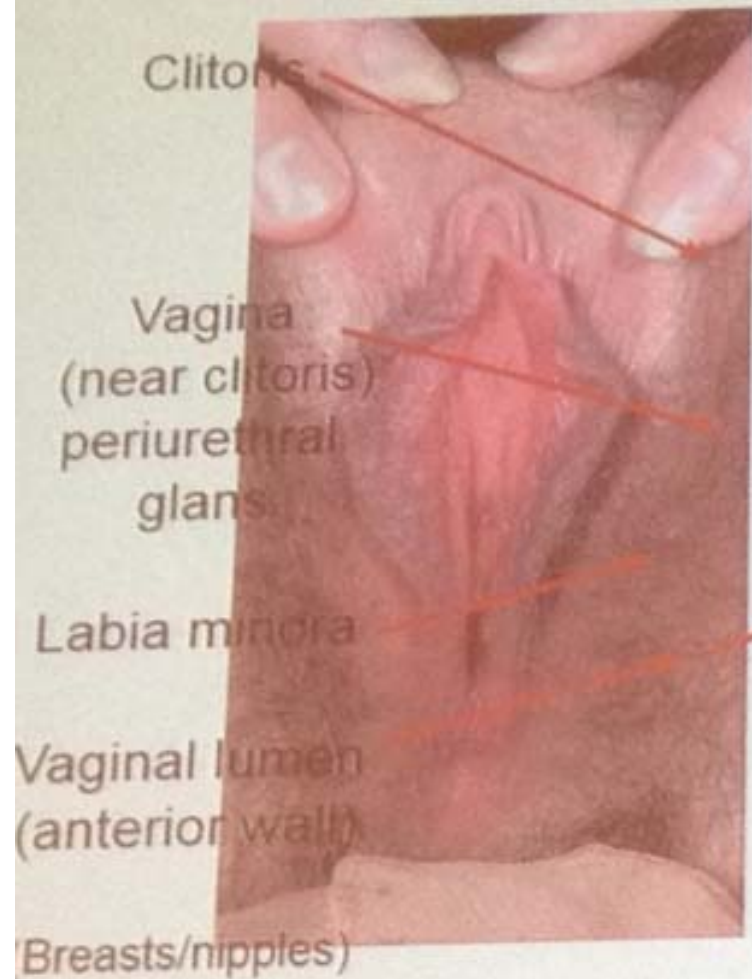
Prostate

Bladder

Uterus

Vagina

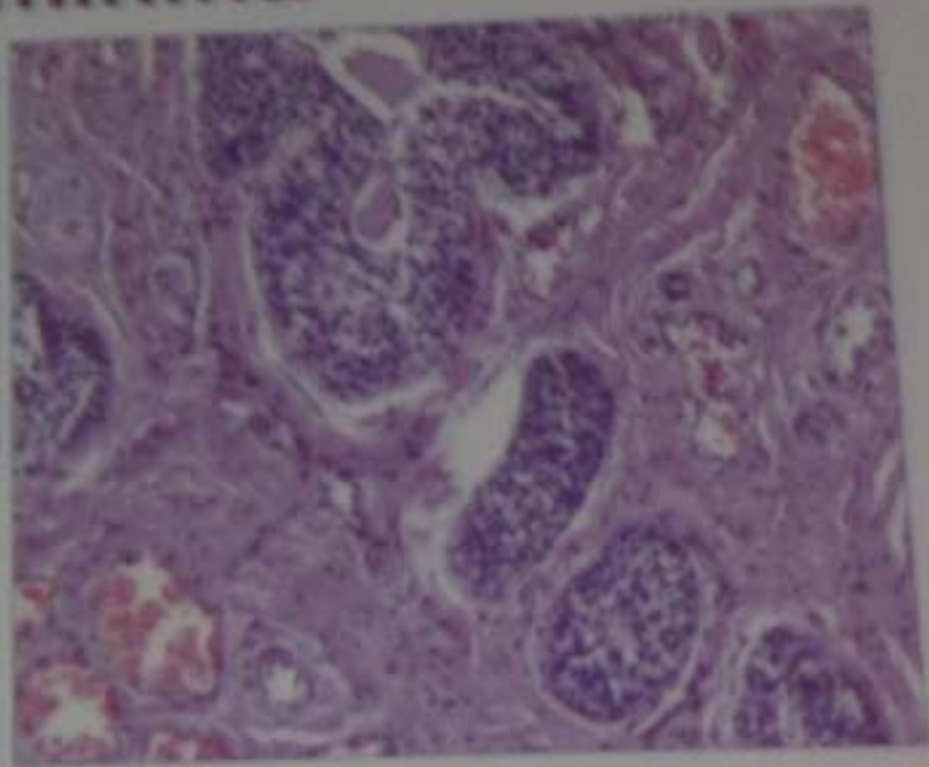
Ranking order of genital erotic sites sexual arousing potential



vaginal sensitivity
(n=47)

(Perry & Whipple)

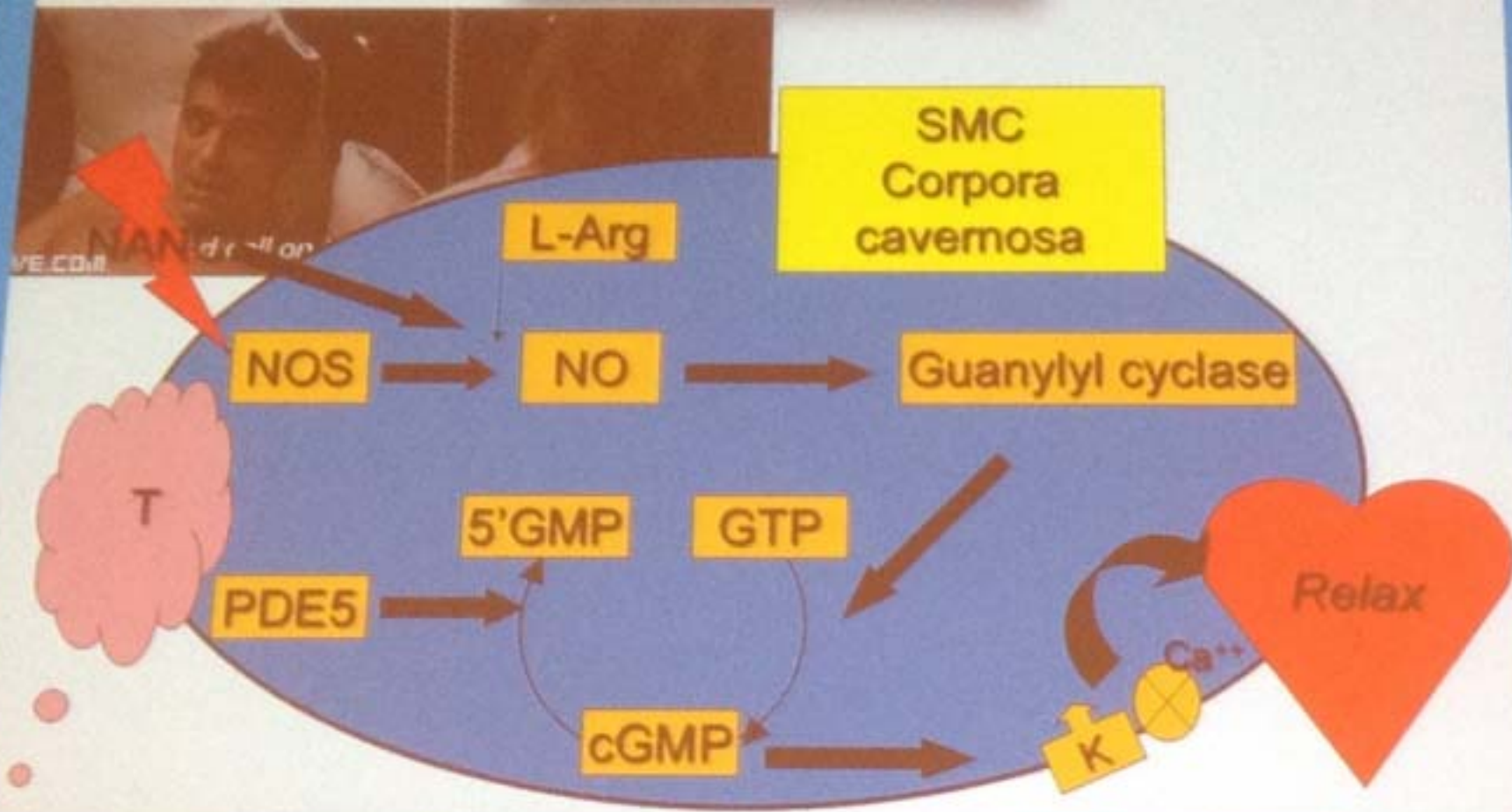
Paraurethral glands, or Skene glands, or prostata foeminina



TYPE 5 PHOSPHODIESTERASE EXPRESSION IN THE HUMAN VAGINA

GIULIA D'AMATE, CIRA R. T. DE GIOIA, MAURO BOLOGNA, DANIELA GIORDANO,
MAURO GIORGI, SUSANNA DOLCI, AND EMMANUELE A. JANNINI

UROLOGY 60: 191-195, 2002. © 2002.



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Supported by an educational grant from Boston Scientific.

VS-01

VIDEO SURGERY COURSE

14:00 – 15:30

Room Madrid

Industry sponsored Video Surgery Course

Chairs: Ates Kadioglu, Turkey

Fulvio Colombo, Italy

**001 Penile prosthesis complication management tips.
Distal penile shaft reconstruction and reinforcement: the „double-windsocks“ technique**
Paulo Egydio, Brazil

002 Total phalloplasty using a musculocutaneous latissimus dorsi (MLD) free flap
Miroslav Djordjevic, Serbia

003 Transurethral resection of ejaculatory duct for ejaculatory duct obstruction treatment: monopolar, bipolar or holmium laser?
Selahittin Cayan, Turkey

004 Recurrent hypospadias surgery: potpourri
Rados Djordjevic, Serbia

Transurethral Resection of Ejaculatory Duct Obstruction: Monopolar, Bipolar or Holmium Laser?

Selahittin ayan, MD, FECSM
Professor of Urology

**University of Mersin School of Medicine,
Department of Urology, Mersin, Turkey**



Sonuçlar

- Ejakulatuar kanalın tranuretral rezeksiyonu distal ejakülatuar kanal rahatsızlığı için bilinen bir tedavi yöntemidir
- Kolay, güvenli ve etkili bir yöntemdir
- Prognozun tahmininde embriyolojik kalıntılar etkilidir
- **Obstruksiyonun düzeltilmesinde ve şikayetlerin iyileşmesinde bütün methodlar etkilidir**
- **Lazer kesi/çatısızlaştırma komplikasyon düzeylerini azaltabilir**

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Prostat kanseri tedavisi sonrası inkontinans ve seksüalite

**How to select the right patient for the
right treatment:**

**What role does sexuality play in Pca
treatment?**



Andrea Salonia, MD, PhD, FECSM

Università Vita-Salute San Raffaele

Director, URI-Urological Research Institute

Division of Experimental Oncology/Unit of Urology, IRCCS Ospedale San Raffaele



- Operasyon öncesi EF (Eretil fonksiyon) deęerlendirmesi önemini korumaktadır
- Tedavi öncesi temel dönüş kavramı ayrıntısıyla anlatılmalıdır
- Hastaya kişiye özel sonuç tahmini verilmelidir
 - Operasyon öncesi özelliklere göre (onkolojik ve klinik)
 - Tedavi tipine göre
- **Pca için tedavi gören hastalarda EF'nun korunması ve tedavisi, doğru hastada doğru zamanda doğru tedaviyi uygulamaktan geçer**

Effects of Pelvic Floor Training and Penile Rehabilitation on Continence Recovery after Radical Prostatectomy

Giorgio Gandaglia

Department of Urology, San Raffaele Hospital, Milan, Italy

Olv Vattikuti Robotic Surgery Institute, Melle, Belgium



URI
Urological
Research
Institute
Istituto di Ricerca Urologica



ORSI
Olv Vattikuti Robotic
Surgery Institute

PFMT ve Penil Rehabilitasyonun UC iyileşmesinde etkisi

- **Operasyon öncesi ve sonrası PFMT'nin RP sonrası UC'nin iyileşmesindeki yeri hala tartışmalıdır**
- UC iyileşmesini hızlandırmak için RP op. Olan erkek PFMT protokolü konusunda bilgilendirilmelidir
- PDE 5 i'leri pelvik perfüzyonu, uretral oksijenizasyonu iyileştirerek UC gelişimini sağlayabilir
- **Ameliyat sonrası PDE 5 inhibitörlerinin kullanılması hem UC hem de EF iyileşmesini sağlayabilir**

Bringing the sex back
in sexual medicine:
Rehabilitation after radical prostatectomy
should be **sexual-** and not penile **rehabilitation**

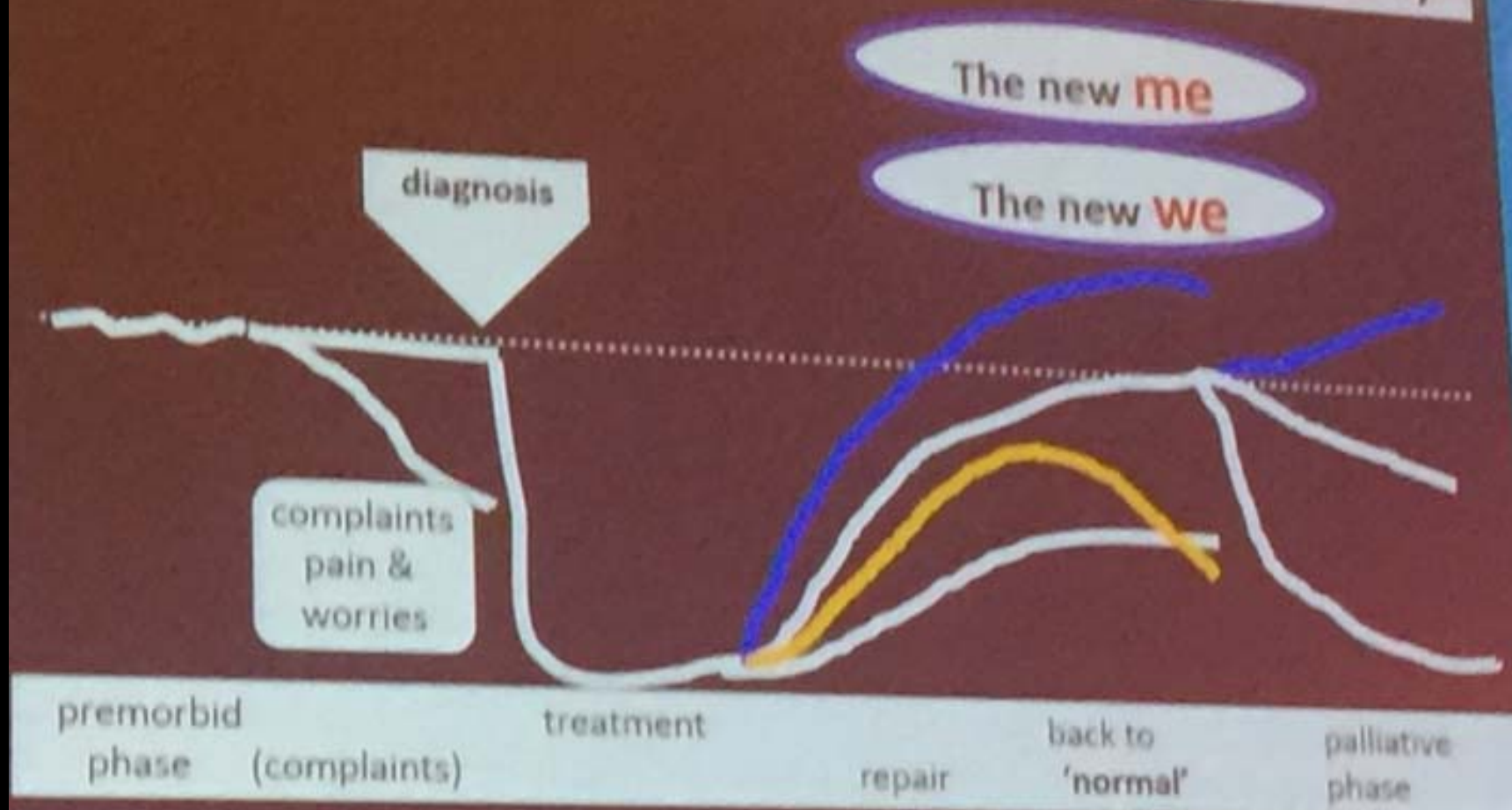
Y. Reisman MD, PhD, FECSM
Dutch Centre Sexual Medicine (NCMS)
The Netherlands



MADRID

Cancer:

Patterns of sexuality / intimacy

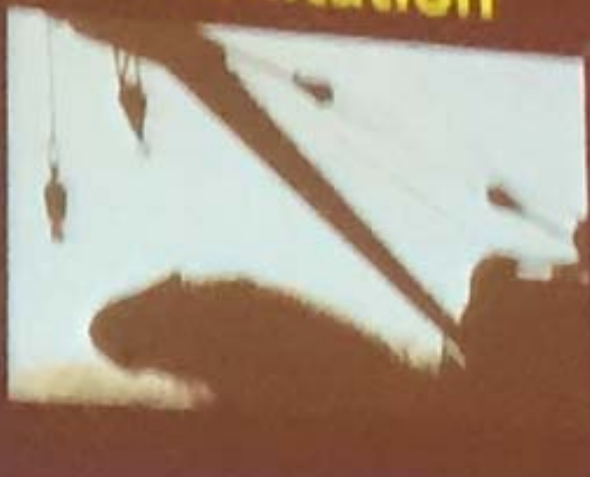


Post-RP Sexual Dysfunctions

- **Erectile dysfunction (ED)**
- Anejaculation
- Anorgasmia
- Dysorgasmia (painful orgasm)
- Orgasm associated urine leak (climacturia)
- Penile length alterations
- Penile curvature



**From Penile
Rehabilitation**



To Sexual Rehabilitation



MARRIO

Özet

- RP sonrası rehabilitasyon tatmin edici bir cinsel yaşamı hedeflemelidir
- Hasta ve partneri bunu değerlendirmelidir
- Sadece penetrasyona odaklanılmamalıdır
- Cinsel Rehab. aynı zamanda ejakülasyon kaybı, penis kısalması, orgazm his değişikli kliği, vücut imajında bozulma, anksiyete ve partnerin etkisini ele almalıdır

Radikal prostatektomi sonrası inkontinans ve protez cerrahisi

Ignacio Moncada Iribarren, İspanya

- RP sonrası ED çok sıkken, inkontinans daha seyrek (%10'u cerrahi gerektirir)
- Cerrahi sonrası 18-24 ay beklenmeli ve rehab. Şans verilmelidir
- İnkontinans için Sling ve AUS, ED için IPP önerilir. Kombinasyon mümkündür
- Doğru ellerde yüksek etkinlik ve düşük komplikasyon oranları ile cerrahi sonuçları son derece olumludur

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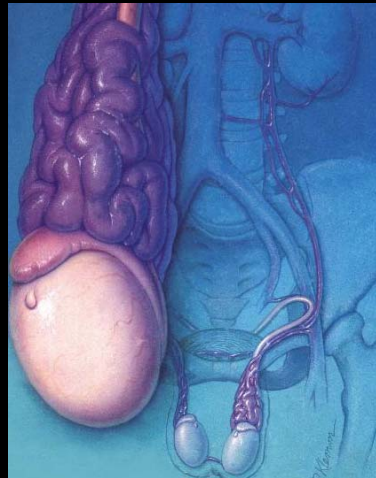
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Update on the Microsurgical varicocele repair

Selahittin ayan, MD, FECSM
Professor of Urology

**University of Mersin School of Medicine,
Department of Urology, Mersin, Turkey**



Sonuçlar

- Varikozel testis hasarına sebep olabilen ilerleyici bir hastalıktır
- **Eksternal spermatic ven/gubernakular veni bağlamak için inguinal veya subinguinal yaklaşım gerekmektedir**
- Post-op nüks, arteryal yaralanma ve hidrosel oranlarını düşürmek için optik büyütme kullanılmalıdır
- Varikozeli olan infertil erkeklerde mikrocerrahi varikozel onarımı en düşük komplikasyon oranına sahiptir



CURRENT TREATMENT OF HYPOGONADOTROPIC HYPOGONADISM

M. Murad BASAR, MD
Professor of Urology
Memorial Sisli Hospital, Dept. of Urology
Istanbul, Turkey

Sonuç

- Medikal tedavinin infertiliteyi düzeltebildiği nadir durumlardandır:
 - Fertilite isteyen HH erkeklerde androjen replasman tedavisi kullanılmamalıdır
 - Spermatogenez ve androjen üretiminin indüksyonu ve sürdürülmesi dışarıdan gonadotropin verilmesi ile sağlanır
 - Tedavi hCG ile başlanmalı, sonradan sperm üretimi için hMG eklenebilir
 - Tedaviye 18-24 ay devam edilebilir

Sexual activity and it's effects on genito-urinary and reproductive health

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18th Congress of the European Society for Sexual Medicine, 06.02.2016, Madrid

Sonuç

- Sık cinsel aktivite: ≥ 3 /hafta
 - Prostat kanserine karşı korur
 - ED oluşum riskini azaltır
 - MPD prevalansını azaltır
 - AUSS şikayetlerini azaltır
 - Testosteron üretimini uyarır
 - Kronik prostatitde faydalı olabilir
 - Gebelik oranlarını artırır

