Evaluation of a multi-herb supplement for erectile dysfunction: a randomized double-blind, placebo-controlled study.

Shah GR, Chaudhari MV, Patankar SB, Pensalwar SV, Sabale VP, Sonawane NA. Source Jivdaya Hospital, Dharmoday bldg, Jivdaya lane, L.B.S. Marg, Ghatkopar (West), Mumbai 400 086, India.


Abstract

BACKGROUND: Evidence is lacking for multi-ingredient herbal supplements claiming therapeutic effect in sexual dysfunction in men. We examined the safety and efficacy of VigRX Plus (VXP) - a proprietary polyherbal preparation for improving male sexual function, in a double blind, randomized placebo-controlled, parallel groups, multi-centre study.

METHODS: 78 men aged 25-50 years of age; suffering from mild to moderate erectile dysfunction (ED), participated in this study. Subjects were randomized to receive VXP or placebo at a dose of two capsules twice daily for 12 weeks. The international index of erectile function (IIEF) was the primary outcome measure of efficacy. Other efficacy measures were: Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS), Serum testosterone, Semen analysis, Investigator's Global assessment and Subjects' opinion.

RESULTS: In subjects receiving VXP, the IIEF-Erectile Function (EF) scores improved significantly as compared to placebo. After 12 weeks of treatment, the mean (sd) IIEF-EF score at baseline increased from 16.08 (2.87) to 25.08 (4.56) in the VXP group versus 15.86 (3.24) to 16.47 (4.25) in the placebo group (P < 0.0001). Similar results were observed in each of the remaining four domains of the IIEF (orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction). There was a significant difference for VXP versus placebo comparison of
mean (sd) EDITS scores of patients: 82.31(20.23) vs 36.78(22.53) and partners :
(82.75(9.8) vs 18.50(9.44); P < 0.001. Thirty-five out of 39 (90%) subjects from the
VXP group and one (3%) from the placebo group wished to continue with the
treatment they received. Investigator's global assessment rated VXP therapy as very
good to excellent in more than 50% patients and placebo therapy as fair to good in
about 25% of patients. Incidence of side effects and subject's rating for tolerability of
treatment was similar in both groups.

**CONCLUSIONS:** VigRX Plus was well tolerated and more effective than placebo in
improving sexual function in men.

**TRIAL REGISTRATION:** Clinical Trial Registry India, CTRI/2009/091/000099, 31-03-
2009

**Effects of Korean ginseng berry extract on sexual function
in men with erectile dysfunction: a multicenter, placebo-
controlled, double-blind clinical study.**

Choi YD, Park CW, Jang J, Kim SH, Jeon HY, Kim WG, Lee SJ, Chung WS.

**Source**

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Medicine, Seoul, South Korea.


**Abstract**

Ginseng is beneficial for many aspects of human physiology, including sexual
function. In this study, we have evaluated the efficacy and safety of an extract of
ginseng berry, which has a ginsenoside profile distinct from other parts of the plant,
on sexual function in men with erectile dysfunction. In all, 119 men with mild-to-
moderate ED participated in a multicenter, randomized, double-blind, parallel,
placebo-controlled clinical study. They were administered 4 tablets of either
standardized Korean ginseng berry (SKGB, 350 mg ginseng berry extract per
tablet), or placebo, daily, for 8 weeks. Efficacy was assessed with the International
Index of Erectile Function (IIEF)-15 and premature ejaculation diagnostic tool (PEDT)
at the end of the 4th and 8th week. We observed that the total and each of the
individual domain scores of IIEF-15 increased from 40.95±7.05 to 46.19±12.69
significantly in the SKGB by the 8th week (P<0.05).  The erectile function domain of
IIEF changed slightly from 17.17±2.57 to 18.59±5.99 in the SKGB group by the 8th
week (P<0.05). In addition, PEDT scores significantly improved from 9.14±4.57 to
7.97±4.4 and 7.53±4.26 in the SKGB group after 4 and 8 weeks of treatment
(P<0.05). Safety markers including hormone and lipid in the blood were assessed at
the end of the 4th and 8th week and they remained unchanged. Oral administration
of the SKGB extract improved all domains of sexual function. It can be used as an alternative medicine to improve sexual life in men with sexual dysfunction.

**Editorial Comment:** Two well-designed trials with herbal ingredients aiming at improving ED but with completely different findings. In the first trial from India the authors try to convince the readership that their multi-herb supplement is more effective than PDE 5 inhibitors - they found an increase of 9 points from baseline in the IIEF -EF which is more than usually reported with PDE 5 inhibitor. Those data are hardly to believe and the reviewer has no doubt that they will never be confirmed by ED patients in an openly accessible ED market. A similar story we have seen in the past with PE where a multi-herb supplement (SS-cream) promised unbelievable efficacy data in trials never being confirmed and reported in the open market.

Regarding the second multicenter trial with Korean Ginseng the data provided here are somewhat strange, showing that this herbal compound did not really work regarding ED as being assessed by the IIEF-EF but otherwise has shown positive effects on all other sexual functions including especially PE. Those who are knowledgeable of the literature know that 4 years ago in a review paper on the efficacy of Korean Ginseng including 7 randomized trials the authors came to the conclusion that collectively these RCTs provide suggestive evidence for the effectiveness of red ginseng in the treatment of erectile dysfunction (Jang DJ, Lee MS, Shin BC, Lee YC, Ernst E Red ginseng for treating erectile dysfunction: a systematic review. Br J Clin Pharmacol. 2008 Oct;66(4):444-50).

**Oral Mucosa as a Reservoir of Human Papillomavirus: Point Prevalence, Genotype Distribution, and Incident Infections Among Males in a 7-year Prospective Study.**

Kero K, Rautava J, Syrjänen K, Grenman S, Syrjänen S.


**Source**

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**Abstract**

**BACKGROUND:**

In addition to the anogenital malignancies, human papillomavirus (HPV) has been linked to oropharyngeal cancer as an important risk factor in both men and women. Knowledge of oral HPV infection among males is needed to elucidate the transmission routes and potential for prevention.

**OBJECTIVE:**
To assess the prevalence, genotype distribution, and incidence of oral HPV infections among healthy Finnish men followed for 7 yr.

**DESIGN, SETTING, AND PARTICIPANTS:**

Oral scrapings for HPV testing were taken from 131 fathers-to-be (mean age: 28.9 yr) at baseline and at 2-mo, 6-mo, 12-mo, 24-mo, 36-mo, and 7-yr follow-up visits to detect prevalent and incident HPV infections. Purified DNA extracted from scrapings was used for HPV genotyping, with the Multimetrix kit (Progen Biotechnik, Heidelberg, Germany) detecting 24 genotypes. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Point prevalence, genotype distribution, and incident rates of oral HPV infections. Demographic data were collected using structured questionnaires, and covariates of incident oral HPV infections were analysed using uni- and multivariate Poisson regression (for panel data).

**RESULTS AND LIMITATIONS:**

The point prevalence of oral HPV infection fluctuated from 15.1% to 31.1% during the follow-up period. In total, 17 different HPV genotypes were found. At baseline, the single most frequent genotype among the HPV-positive samples was HPV16 (33.3%; 8 of 24), followed by HPV33 (12.5%) and HPV82 (12.5%). Multiple-type infections comprised 16.7% (4 of 24), HPV16 being involved in all combinations. For baseline-negative men, the mean time to the first incident infection ranged from 3.9 mo (HPV82) to 25.7 mo (HPV56). None of the demographic factors was a significant independent predictor of incident oral HPV infections in multivariate models.

**CONCLUSIONS:**

Detection of oral HPV DNA carriage in men is common, HPV16 being the most prevalent genotype. Oral mucosa may play a significant role in HPV transmission.

**Prevalence of Chlamydia trachomatis, Mycoplasma hominis, Mycoplasma genitalium, and Ureaplasma urealyticum Infections and Seminal Quality in Infertile and Fertile Men in Kuwait.**

Al-Sweih NA, Al-Fadli AH, Omu AE, Rotimi VO.

Source

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**Abstract**

This study was undertaken to determine the prevalence of Chlamydia trachomatis, mycoplasmas, and ureaplasmas in semen samples of infertile compared with fertile men and to evaluate the seminological variables of semen from infected and noninfected men. A total of 127 infertile and 188 fertile men seen in a maternity hospital clinic were recruited into the study over a period of 14 months. Specimens
were obtained by masturbation and examined for the presence of Ureaplasma urealyticum, Mycoplasma hominis, Mycoplasma genitalium, and C trachomatis by polymerase chain reaction. Semen analysis was performed according to World Health Organization guidelines. U urealyticum, M hominis, M genitalium, and C trachomatis were demonstrated in the semen samples of 31 (24.4%) vs 49 (26.1%), 22 (17.1%) vs 61 (32.4%), 6 (4.7%) vs 6 (3.2%), and 5 (3.9%) vs 7 (3.7%), respectively, of infertile and control men. Mixed infections were detected in 14 (11%) of infertile and 29 (15.4%) of fertile men. The infertile men positive for M hominis had semen samples that showed statistically significant differences in the mean of sperm pH and leukocyte count between infected and uninfected men (P < .03 and P < .001, respectively). Similarly, there was statistically significant difference in the leukocyte counts of M genitalium and C trachomatis in infected compared with uninfected men. A similar trend was noted in infected fertile compared with uninfected men. The difference in prevalence of these urogenital pathogens among infertile compared with fertile men was not statistically significant. However, genital mycoplasmas and chlamydial infections appeared to influence semen quality negatively.

Editorial Comment: Both publications show that STD are increasing and clinically meaningful and may on a long-term also have an implication on our sexual attitudes. Interestingly to note that the carcinogenic HPV genotype 16 is quite commonly found in the male oral mucosa. Considering the fact that many couples used to have unprotected oral sexual activities they should be informed about HPV and other STD transmission risks.

Male Sexual Dysfunktion:

**Erectile Dysfunction**

Effects of once-daily tadalafil on treatment satisfaction, psychosocial outcomes, spontaneous erections, and measures of endothelial function in men with erectile dysfunction but naive to phosphodiesterase type 5 inhibitors.

Porst H, Brock GB, Kula K, Moncada I, Montorsi F, Basson BR, Kinchen K, Aversa A.

Source

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Abstract

Previous studies established the efficacy of once-daily tadalafil for men with erectile dysfunction. However, no trial has focused on the effects of such treatment on men without previous experience using oral phosphodiesterase type 5 inhibitors. Patients were randomized (2:1) to once-daily tadalafil 5 mg (with possible down-titration to 2.5
mg; n = 146) or placebo (n = 69) for 12 weeks. Among 215 patients (mean age, 52 years), once-daily tadalafil treatment resulted in 61.7% of study participants reporting their ability to achieve and maintain erections as being much better or very much better (vs 21.7% on placebo; P < .001). Tadalafil significantly improved treatment satisfaction on the Erectile Dysfunction Inventory of Treatment Satisfaction (P < .001 vs placebo at end point) and psychosocial outcomes on the Self-Esteem and Relationship (SEAR) questionnaire (least squares mean difference in SEAR total score change from baseline, 11.8 [95% confidence interval, 5.4%-18.2%; P < .001 vs placebo)]. Patients receiving once-daily tadalafil also experienced a higher proportion of daily self-reported spontaneous morning erections at end point (58.7%) compared with placebo (42.2%; P < .001 for the between-treatment difference in changes from baseline). However, no significant differences in parameters of endothelial dysfunction (including biomarkers and peripheral arterial tonometric measures) or nocturnal erections as recorded by the nocturnal electrobioimpedance volumetric assessment were observed between treatment groups. Tadalafil was well tolerated; adverse events included back pain, headache, and dyspepsia. These findings may contribute to a more comprehensive understanding of once-daily tadalafil's effects on phosphodiesterase type 5 inhibitor-naive men.

**Acute effects of sildenafil on uroflowmetric parameters in erectile dysfunction patients with and without lower urinary tract symptoms.**

Oztürk MI, Koca O, Sertkaya Z, Keles MO, Kaya C, Karaman MI.

**Source**

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**Abstract**

Using phosphodiesterase type 5 (PDE5) inhibitors in patients with lower urinary tract symptoms continues to draw attention. Despite clinical improvements in patients, it is still debatable whether urinary flow rates are increased or not. The aim of this study was to evaluate the acute effects of sildenafil, a PDE5 inhibitor, on uroflowmetry parameters. A total of 110 men who had applied to our outpatient clinics and who had had no history of alpha blocker and PDE5 inhibitor use were included in our study. Two uroflowmetries were performed within 24-72 hours without any treatment. Participants received 50 mg of sildenafil at their third visit, and uroflowmetry was repeated after 2 hours. A total of 102 men were included in the analysis, and baseline uroflowmetry values were compared with values obtained after sildenafil use. The mean age of the 102 participants who had attended all three visits (92.7%) was 52.1 ± 12.2 years. Mean of baseline maximal flow rate values were 17.1 ± 5.1 mL/s, mean of baseline maximal flow rate after sildenafil was 18.2 ± 5.1 mL/s; average flow rate values at the baseline and after sildenafil were 9.5 ± 3.5 and 9.9 ±
3.5 mL/s, respectively. Means of postvoid residual urine volume for baseline and after sildenafil were 31.2 ± 20.1 and 27.7 ± 18.4 mL, respectively. Statistically significant difference is determined between baseline and postsildenafil values in terms of average flow rates at baseline and postvoid residual urine values. Results of this study suggest that sildenafil has an effect on uroflowmetric parameters during an acute period.

Comparison of efficacy and satisfaction profile, between penile prosthesis implantation and oral PDE5 inhibitor Tadalafil therapy, in men with nerve-sparing radical prostatectomy erectile dysfunction.


Source

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BJU Int. 2012 Dec 18. [Epub ahead of print]

Abstract

What's known on the subject? and What does the study add? Erectile dysfunction after nerve-sparing radical retropubic prostatectomy constitutes a challenge to the urologist. The mainstay of medical treatment after radical prostatectomy to restore spontaneous erectile function remains phosphodiesterase (PDE5) inhibitors, despite the fact that data from animal studies suggesting that PDE5 inhibitors can prevent smooth muscle apoptosis and fibrosis have not yet been extrapolated to humans because of a lack of standardized protocols. If the above treatment fails, second-line therapies such as intraurethral prostaglandins, penile injection therapy and vacuum devices are offered. When less invasive therapies are ineffective, interventions that preserve sexual function such as penile prosthesis implantation become the treatment of choice. Our study reveals the alternative of penile prosthesis implantation as first-line treatment in erectile dysfunction after nerve-sparing radical prostatectomy. It also highlights its superiority to the oral PDE5 inhibitor treatment, regarding the erection, frequency, firmness, maintenance and penetration ability. This suggests that a concept of an early penile intervention in the future would be promising for those patients who wish to remain sexually active without depending on oral formulations with doubtful and delayed results.

OBJECTIVE:

To evaluate the outcome of penile prosthesis surgery in comparison to oral phosphodiesterase type 5 (PDE5) inhibitor administration, in men with erectile dysfunction after nerve-sparing radical prostatectomy, as early penile intervention therapy.

PATIENTS AND METHODS:
A total of 174 patients treated by nerve-sparing retropubic radical prostatectomy (RRP) for clinically localized prostate cancer, between January 2006 and September 2009 enrolled in the study, 153 patients fulfilled the inclusion criteria, and 69 (45%) patients presented with post-RRP erectile dysfunction 6 months after primary surgery. Fifty-four patients were disease-free and subdivided into two arms according to treatment modality, either tadalafil three times/week or penile prosthesis implantation. All patients were evaluated using the International Index of Erectile Function (IIEF) questionnaire preoperatively and at 6, 12 and 24 month postoperatively. Repeated measurements analysis of variance was conducted to evaluate the effect of time and group on IIEF total score.

RESULTS:

There was a significant reduction in IIEF score from preoperative values to the first measurement after surgery in both treatment groups. The overall degree of change from the first time point immediately after surgery to 2 years was greater in the penile prosthesis group than the tadalafil group (20.4 ± 1.3 vs 8.1 ± 2.4, P < 0.001).

CONCLUSIONS:

The efficacy and satisfaction results of both treatment types are considered acceptable. However, regarding the erection frequency, firmness, penetration ability, maintenance and erection confidence it seems that penile prosthesis implantation is superior to oral treatment. The concept of early penile intervention should be considered and is promising for all patients with post-RRP erectile dysfunction.

Sexual function and autonomic dysreflexia in men with spinal cord injuries: how should we treat?

F Courtois X Rodrigue, I Côté, M Boulet, J-G Vézina, K Charvier and V Dahan


Abstract

Study design:

Systematic review.

Objectives:

Review the literature on the acute or prophylactic treatment of autonomic dysreflexia in the context of sexual activities.

Methods:

Medline search using AD and spinal cord injury and all years of publication.

Results:
Thirty-seven papers on the specific treatment of AD showed that nifedipine, prazosin, captopril and clonidine are candidates in the context of sexual activities. Prazosin, however, has an initial hypotensive effect requiring to begin treatment 12 h before intercourse, which makes it less ideal for spontaneous sexual activities. Captopril has an initial hypotensive effect and was only studied in acute AD. Its usefulness in prophylaxis remains to be demonstrated. Clonidine has successfully been used clinically for decades, but never studied in randomized control trials. Nifedipine remains the most widely studied and significant treatment of AD whether in acute or prophylactic conditions. Recent concerns suggest increased cardiovascular risks with sublingual nifedipine in non-SCI populations, but negative long-term effects have not been reported in the SCI population.

**Conclusion:**

Sexual function is a priority for men with SCI. As sexual activities, in particular ejaculation, can be a source of AD, adequate treatments and prophylaxis must be considered in the context of sexual activities. Experts must meet and conclude on the thresholds, parameters and treatments that should be considered in the long-term management of AD in the context of sexual function in men with SCI.

**Keywords:**

spinal cord injury; ejaculation; autonomic dysreflexia; adalat; nifedipine

**Treatment of obstructive sleep apnoea as a therapeutic modality for associated erectile dysfunction.**

Khafagy AH, Khafagy AH.

**Source**

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**Int J Clin Pract. 2012 Dec;66(12):1204-8.**

**Abstract**

Aim: This study aimed to determine the impact of long-term treatment with continuous positive airway pressure (CPAP) and obstruction relieving surgical procedure on obstructive sleep apnoea syndrome (OSAS) patients on erectile function (EF). Methods: Eighty male OSAS patients, suffering from erectile dysfunction (ED) were studied. The severity of OSAS was determined by evaluation of daytime sleep tendency using the Epworth Sleepiness Scale (ESS), measure of minimal oxygen saturation (SaO(2) ) percentage and the frequency of apnoea-hypopnea index (AHI) during sleep. EFs were assessed using five-question International Index of Erectile Function (IIEF-5) questionnaire. The nocturnal penile rigidity of the patients was evaluated using automated Rigiscan. Results: Patients
were subjected to CPAP every night for 3 months. After 3 months of CPAP treatment, the patients showed significant improvements in ESS and recorded much lower SaO(2) percentages compared with their pre-treatment measures. Moreover, post-treatment AHIs were significantly lower, compared with pre-treatment indexes. Post-treatment evaluation of EFs showed significant improvements. Conclusions: In summary, OSAS in male patients can be considered as an underlying pathogenic factor for later development of ED. Therefore, its treatment can induce significant improvement in patients' EF. The mechanism underlying ED in patients with OSAS remains unclear. However, nasal CPAP, which is the gold standard in treatment of OSAS patients, and obstruction relieving surgery have been found effective in improving sexual performance and quality of life.

**Ejaculatory Disorders**

**Semen quality in ejaculates produced by masturbation in men with spinal cord injury**

A S Q Kathiresan, E Ibrahim, R Modh, T C Aballa, C M Lynne and N L Brackett

**Abstract**

**Study design:**

Retrospective study.

**Objectives:**

Most men with spinal cord injury are anejaculatory. Much has been reported about their semen quality collected by penile vibratory stimulation and electroejaculation (EEJ). What is not well-described is the nature of semen quality in SCI patients who can ejaculate by masturbation. This study was performed to understand the degree to which their semen quality differed from that of anejaculatory SCI patients versus that of healthy non-SCI control subjects.

**Setting:**

University of Miami.

**Methods:**

Retrospective chart review of Male Fertility Research Program participants from 1991 to 2011.

**Results:**
Of 528 SCI subjects, 444 met inclusion criteria of completing an algorithm in which ejaculation occurred by masturbation than the PVS group or EEJ group as the PVS group and control group than the PVS group or EEJ group (41%, \(P<0.001\)).

**Conclusion:**

This is the first report focusing on semen quality obtained by masturbation in men with SCI. Sperm motility was higher in men with SCI who could, versus could not, ejaculate by masturbation. Completeness of injury may contribute to this difference.

**Keywords:**

Spinal cord injuries; ejaculation; semen; sperm; masturbation; electroejaculation

**Attention-deficit hyperactivity disorder in patients with premature ejaculation: a pilot study.**

Soydan H, Ates F, Adayener C, Akyol I, Semiz UB, Malkoc E, Yilmaz O, Basoglu C, Baykal KV.

Source GMMA, Haydarpasa Teaching Hospital, Istanbul, Turkey,

*Int Urol Nephrol. 2012 Sep 22. [Epub ahead of print]*

**Abstract**

**PURPOSE:** The etiology of both adult-type ADHD and PE is not completely understood, but the studies revealing common etiologic factors for both conditions suggest a high likelihood of coexistence. We aimed to find out the prevalence of ADHD among adult males with lifetime PE.

**METHODS:** The patients with lifetime PE were included in the study. Both patients and controls were evaluated with the 10-item premature ejaculation index of Althof and Rosen for premature ejaculation, Wender Utah rating scale (WURS) and Conner's adult ADHD rating scales (CAARS) for determining the presence of attention-deficit hyperactivity disorder syndrome.

**RESULTS:** A total of 38 patients and 27 controls were included in the study. Patient and control groups were similar in terms of age and (\(p<0.878\)), but different IELT (\(p<0.001\)). ADHD was detected in 16 (42.1 %) of patients with PE, while ADHD symptoms were detected in only 1 (3.7 %) of control patients. Distribution of patients in the study group according to ADHD types was as follows: Type 1, Type 2, Type 3 in 2 (5.3 %), 4 (10.5 %), and 10 (26.3 %) patients, respectively.

**CONCLUSIONS:** ADHD is significantly more frequent among patients with PE than controls. The close relationships between these two diseases must be examined by prospective studies.

**Free nerve ending density on skin extracted by circumcision and its relation to premature ejaculation.**
Abstract

Many studies have shown that skin tissue extracted by circumcision can cause differences in sexual function, especially at the time of ejaculation. Sensitivity changes in penile skin and sexual satisfaction deriving from circumcision starting from premature ejaculation (PE) are discussed. Furthermore, most of these studies rely on questionnaires. Extracted free nerve endings (FNE) on the foreskin, which can detect temperature, mechanical stimuli (touch, pressure, stretch) or pain (nociception), have not been researched. Our aim is to determine FNEs in foreskin and the affects on sexual function, especially PE. This prospective study was done on adults who voluntarily applied to be circumcised between September 2010 and October 2011. The ejaculation latency times (ELT) before circumcision have been assessed, and a PE diagnostic tool (PEDT) form was filled out by the urologist according to the answers given by the volunteers. The proximal and distal ends of the foreskin were marked before circumcision, and the extracted foreskin was sent to the pathology department to determine FNEs. Twenty volunteers (average age 21.25 ± 0.44 years) were included in the study. The average ELT was 103.55 ± 68.39 seconds, and the average PE score was 4.35 ± 3.13. Proximal, middle, and distal tip nerve densities were compared. Proximal and distal (P = .003) and proximal and middle (P = .011) segments differed from each other, whereas middle and distal were similar (P = .119). There were not any correlations between PEDT scores and total nerve endings number (r = .018, P = .942). Also there were not any correlations between mean ELT and PEDT scores (r = .054, P = .822). The tissue extracted by circumcision has intensive FNEs, yet FNE intensity has no relation to PE.
prostatectomy (RP), the natural recovery time of erectile function is at least 2 years. Factors such as thermal damage, ischaemic injury, mechanically induced nerve stretching and the local inflammatory effects of surgical trauma may also impair the cavernous nerves during RP. The concept of penile rehabilitation was first studied by Montorsi et al. in 1997. They showed that the use of any drug or device at or after RP could maximize the recovery of erectile function. Penile rehabilitation programmes (PRPs) with vasoactive agents, such as oral phosphodiesterase-5 inhibitors (PDE5Is), intraurethral and intracavernosal vasoactive agents, and vacuum erection devices (VEDs) can protect erectile tissue integrity and prevent corporal smooth muscle atrophy and diminish collagen formation.

• The present findings are consistent with previous reports that PRPs have a significant beneficial effect on early erectile function recovery and that preoperative erectile function is one of the important predictors of erectile function after RP. Patients can be referred for penile rehabilitation if they have any degree of erectile function (mild, moderate or normal) before operation. We also showed that the combination of PDE5Is and VEDs for PRPs offers the shortest erectile function recovery period.

Objective

• To define the optimal penile rehabilitation programme (PRP) based on preoperative Sexual Health Inventory for Men (SHIM) scores after robot-assisted radical prostatectomy (RARP).

Patients and Methods

• The medical records of 203 patients who underwent bilateral nerve-sparing RARP between 2007 and 2011 were reviewed for the present retrospective study.

• According to patients’ preoperative erection status, group 1 (SHIM = 8–16), group 2 (SHIM = 17–21) and group 3 (SHIM = 22–25) were defined.

• After bilateral nerve-sparing RARP, phosphodiesterase-5 inhibitors (PDE5Is), a vacuum erection device (VED), the combination of PDE5Is and a VED, or none of them were utilized by all patients for penile rehabilitation.

• Treatment success was defined as a rigid erection suitable for successful sexual intercourse.

Results

• The numbers of patients in groups 1, 2 and 3, respectively, were 9, 22 and 73, and the mean erectile function recovery periods (EFRPs) were 15.44 ± 7.73, 12.31 ± 8.12 and 8.73 ± 5.67 months (P < 0.05).

• Group 3 offered the best results for EFRP. Only PDE5Is or the combination of PDE5Is and VED use had a beneficial effect on EFRP (P < 0.05).

• Using PDE5Is and VED together provided the best result, but there was no difference between PDE5Is and a VED (P ≥ 0.05).
**Conclusions**

- After bilateral nerve-sparing RARP, PRP with PDE5Is, including the combination of PDE5Is and VED, has a beneficial effect on erectile function recovery across all levels of baseline erectile function.

- Further large randomized control studies are needed to validate these findings.

**Irbesartan promotes erection recovery after nerve-sparing radical retropubic prostatectomy: a retrospective long-term analysis.**

Segal RL, Bivalacqua TJ, Burnett AL.


**Source**

Department of Urology, The James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD, USA.

**Abstract**

Study Type - Therapy (retrospective cohort) Level of Evidence 2b What's known on the subject? and What does the study add? Erectile dysfunction following radical prostatectomy (RP) is among the most common and dreaded adverse effects of the surgery. Multiple studies confirm the potential benefit of various drug classes to accelerate the return of erectile function (EF) after RP. There is pre-clinical evidence supporting the use of angiotensin-receptor blockers (ARBs) for this purpose, although this has not been studied in humans. The present study shows that there may be a benefit in the recovery of EF post-RRP in patients taking a daily dose of irbesartan, an ARB, following RRP. In addition, the use of irbesartan may curb the loss of stretched penile length which occurs postoperatively. Further study in the form of prospective, randomized, placebo-controlled clinical trials are necessary to confirm these findings.

**OBJECTIVE:**

- To evaluate retrospectively the potential benefit of administering irbesartan, an angiotensin-receptor blocker, to improve erectile function (EF) recovery after nerve-sparing radical retropubic prostatectomy (RRP).

**PATIENTS AND METHODS:**

- Before surgery potent patients who underwent nerve-sparing RRP between April and December 2009 elected to start daily oral irbesartan 300 mg on postoperative day 1 (n= 17). A contemporaneously clinically matched cohort consisting of patients who declined irbesartan use served as the control group (n = 12). • Postoperative 'on demand' use of erectile aids (phosphodiesterase type 5 [PDE5] inhibitors and intracavernous injections) was adopted. • Potency was monitored by the
administration of International Index of Erectile Function-5 (IIEF-5) questionnaires before surgery and at early (3 months) and long-term (12 and 24 months) postoperative intervals. • Stretched penile length (SPL) was measured both immediately and 3 months after surgery.

RESULTS:

• EF status was no different between groups at baseline (P > 0.05). • While the IIEF-5 scores at 24 months after surgery were statistically similar between the two groups (control = 15.2 ± 2.0, irbesartan = 14.1 ± 3.1, P= 0.77), at 12 months the IIEF-5 scores of the irbesartan group were significantly higher than those of the control group (14 ± 2.6 vs. 7.2 ± 1.6, P < 0.05). • The proportional loss of SPL after RRP was less in the irbesartan than in the control group at 3 months (-0.9 ± 1.5% vs -5.6 ± 1.5, P < 0.05).

CONCLUSION:

• Regular irbesartan use after nerve-sparing RRP in patients with normal preoperative erectile function could improve EF recovery after surgery and mitigate early loss of SPL

A review of outcomes of an intracavernosal injection therapy programme.


Source

Sexual and Reproductive Medicine Program, Urology Service, Memorial Sloan-Kettering Cancer Center Department Of Urology, Weill Cornell Medical Center, New York, NY, USA.

Abstract

Study Type - Therapy (outcomes research) Level of Evidence 2b What's known on the subject? and What does the study add? Intracavernosal injection (ICI) therapy is an important treatment option for erectile dysfunction. However, high discontinuation rates have been reported for ICI therapy, and a risk of priapism has long been a concern. There has never been a large sample study performed with multivariate analysis to characterise outcomes of ICI therapy. The present paper reviews ICI therapy outcomes in a very large population of men at a tertiary care Sexual Medicine Clinic over 5 years. Multivariate analysis was used to further characterise these outcomes. The present study shows that for a large percentage of our sample of patients, ICI therapy is a successful treatment strategy. And, while discontinuation rates are still high, many of those not continuing ICI therapy achieved success with phosphodiesterase inhibitors. Also, the incidence of priapism was less in the present study than previously reported.
OBJECTIVES:

• To review the outcomes, adverse events and discontinuation rates of intracavernosal injection (ICI) therapy in men with erectile dysfunction (ED) in a sexual medicine practice over a 5-year period at a tertiary referral centre. • Since 1983, ICI has become a staple therapeutic option and high success rates have been reported. However, priapism is a significant concern and discontinuation rates are estimated to be >50%.

PATIENTS AND METHODS:

• Men presenting with ED who were enrolled in our ICI programme between September 2002 and August 2006 were followed at least annually. • Patient demographic information, agents used, erectile function outcomes and adverse events were recorded. • Failure was defined as the inability to have penetrative sex. Discontinuation was defined as patient declaration of such, failure to attend an annual follow-up visit or failure to call for a repeat prescription. • Multivariable analysis was used to define predictors of failure to respond to ICI therapy, as well as predictors of discontinuation within 36 months of starting ICI in those patients responding.

RESULTS:

• In all, 1412 patients had complete data and constituted the study population. Most patients were using Trimix and 89% of Trimix users were capable of having sexual intercourse. • Response rates were lower in pelvic radiation and diabetic patients. • However, the discontinuation rate was significant; it was lower in men who had not undergone radical prostatectomy (RP). Of note, many RP patients discontinued ICI because of recovery of natural or phosphodiesterase type 5 inhibitor-assisted erections.

CONCLUSIONS:

• ICI therapy is associated with very high success rates even in men with high comorbidity profiles; however, the discontinuation rates, even in men who had not undergone RP, by the end of the third year are significant. • Of note, the recorded priapism rate was extremely low (0.5%).

Surgical implantation of artificial urinary device and penile prosthesis through trans-scrotal incision for postprostatectomy urinary incontinence and erectile dysfunction: synchronous or delayed procedure?

Rolle L, Ceruti C, Sedigh O, Timpano M, Destefanis P, Lillaz B, Galletto E, De Maria C, Falcone M, Dalmasso E, Fontana D.

Abstract

OBJECTIVE:
To compare simultaneous and 2-stage surgical implantation of an artificial urinary sphincter (AUS) and penile prosthesis (PP) for patients with severe urinary incontinence and erectile dysfunction after prostatectomy.

METHODS:
The data from 23 patients were reviewed, 15 (group 1) underwent simultaneous implantation and 8 (group 2) underwent 2-stage surgery. The operative time, complications, postoperative pain, incidence of pre- and postoperative urinary incontinence, erectile dysfunction rating (International Consultation on Incontinence questionnaire, Incontinence Quality of Life, International Index of Erectile Function, and Erectile Dysfunction Inventory of Treatment Satisfaction), and patient satisfaction were evaluated.

RESULTS:
The mean operative time was 140 minutes for the simultaneous procedure (group 1) and 105 minutes for AUS placement and 65 minutes for PP placement (group 2). No major postoperative complications were recorded. The average postoperative hospital stay was 2.5 days after the double-implant procedure and 2.4 days after AUS and 1.2 days after PP placement. The visual analog scale score at 6 and 24 hours after surgery was 5 and 3 in group 1, and 4 and 3 after AUS and 3 and 2 after PP (group 2; P > .05). At 1 year, all patients were socially continent, with an average International Consultation on Incontinence score of 2 in group 1 and 2 in group 2. Of the patients in groups 1 and 2, 65% and 68% were completely dry, respectively (P > .05). The Incontinence Quality of Life score increased from 37 to 84 in group 1 and from 41 to 82 in group 2. The Patient Global Impression of Improvement revealed that 92% of group 1 and 95% of group 2 experienced "great improvement" (P > .05). The International Index of Erectile Function and Erectile Dysfunction Inventory of Treatment Satisfaction score was 70 of 75 and 87 of 100 in group 1 and 72 of 75 and 86 of 100 in group 2, respectively (P > .05). Group 1 patients were completely satisfied, and all group 2 patients stated they would have preferred synchronous surgery.

CONCLUSION:
AUS and PP synchronous placement is feasible and safe and as effective as the 2-stage procedure, with better acceptance by patients.
Various Penile Disorders

The penile perception score: an instrument enabling evaluation by surgeons and patient self-assessment after hypospadias repair.
Weber DM, Landolt MA, Gobet R, Kalisch M, Greeff NK.

Source

Division of Pediatric Urology, Department of Pediatric Surgery, University Children's Hospital Zurich, Zurich, Switzerland; Children's Research Center, University Children's Hospital Zurich, Zurich, Switzerland. Electronic address: Daniel.Weber@kispi.uzh.ch.

Abstract

PURPOSE:

Studies of the outcome of hypospadias repair must document quality, including assessment of complications and appraisal of appearance. To our knowledge the Pediatric Penile Perception Score is the first validated instrument for the outcome assessment of hypospadias repair in prepubertal males by surgeons and patients. We validated the instrument for adult genitalia.

MATERIALS AND METHODS:

Standardized photographic documentation was prepared for 19 men after hypospadias repair and 3 with normal genitalia after circumcision. This was sent to 21 urologists, who rated the outcome with a questionnaire comprising items on the penile meatus, glans, shaft skin and general appearance. Each item was rated with a 4-point Likert scale. The Penile Perception Score is a sum score of all items. Patients were asked to provide a self-assessment with the same instrument.

RESULTS:

When calculated with the ICC and the rank correlation using Kendall W, concordance among urologist scores was fair and good (0.46 and 0.64, respectively, p <0.001). Instrument stability was 0.78, indicating good reproducibility. Using the Spearman rank correlation coefficient general appearance correlated well with single items, including the meatus (r = 0.93, p = 0.000), glans (r = 0.92, p = 0.000) and shaft skin (r = 0.89, p = 0.000). No significant differences were found between patient and urologist Penile Perception Scores.

CONCLUSIONS:

The Penile Perception Score is a reliable instrument for urologist assessment and self-assessment of postpubertal genitalia after hypospadias repair. The instrument can be recommended for all age groups because it was previously validated for the pediatric population.

The use of octyl cyanoacrylate (superglue) in hypospadias repair including its use as a fixator for urethral stents.
Tan HL, Nah SA, Budianto II, Sehat S, Tamba R.
Abstract

BACKGROUND:

Octyl cyanoacrylate has been used for many years for simple skin closure, but its use in hypospadias repair and as a urethral stent fixator has not been previously reported. We report our experience.

METHOD:

A retrospective study was performed of all children undergoing hypospadias surgery from July 2007 to July 2011. Octyl cyanoacrylate was used for skin closure after placing a few sutures to align the skin edges. No other dressing was used. A urethral stent, if used, was glued to the penis and removed after one week.

RESULTS:

Seventy two procedures were performed on 37 patients. Eight distal hypospadias (22%) underwent single stage repair. Seventeen (46%) underwent staged repair for severe hypospadias, and twelve (32%) "hypospadiac cripples" underwent various salvage procedures. One patient (1/72) had partial dehiscence, and one stent dislodged. There were no wound infections. Four (4/25) tabularized urethroplasties developed a fistula (16%).

CONCLUSION:

Octyl cyanoacrylate is easy to apply on difficult hypospadias contours. It forms a strong, waterproof adhesive bond which separates from epithelial surfaces in 7 to 10 days and makes it an effective urethral stent fixator and an ideal dressing for hypospadias surgery.

Pedicled skin flap of foreskin for phalloplasty in the management of completely concealed penis.

Li Z, Wei D, Guizhen H, Miao Y, Lugang H.

Source

Department of Pediatric Surgery, West China Hospital of Sichuan University, Wai-nan Guo-xue Xiang 37#, Chengdu, Sichuan, 610041, P.R. China.

Abstract

OBJECTIVE:

To evaluate the effect of pedicled skin flap of foreskin for phalloplasty in the management of completely concealed penis.

METHODS:

We retrospectively reviewed 97 consecutive patients with completely concealed penis, which had been surgically corrected between November 2004 and January 2012. All patients were repaired using 2 surgical methods: 18 with Shiraki’s operation and 79 with a technique of pedicled foreskin skin flap.

RESULTS:

With 1 month to 7 years (mean 18 months) follow-up, the 18 cases treated by Shiraki’s operation had satisfactory exposed penile shaft but too much incision and obvious edema. The 79 cases treated by pedicled foreskin skin flap uniformly reported satisfaction with the operative results. They found the surgical repair was successful in appearance and improved hygiene, accessibility, and penile exposure. There was no recurrence to the pre-treatment condition, or any chordee, penile distortion, trapped penis, erectile abnormalities, or voiding complications in any case. The pedicled skin flap was without ischemia or necrosis and yielded no post-operative wound infections, wound separation, or unsightly scarring. Slight edema and swelling of the flap were common, but these issues completely resolved by 3 weeks.

CONCLUSION:

Numerous operative procedures have been described and adopted for the management of completely concealed penis, but the pedicled skin flap phalloplasty can achieve maximum utilization of prepuce to assure coverage of the exposed penile shaft. It has fewer complications, achieving marked aesthetics and often functional improvement. This suggests pedicled foreskin skin flap for phalloplasty is a relatively ideal means for treating completely concealed penis.

Congenital phimosis in patients with and without lichen sclerosus: distinct expression patterns of tissue remodeling associated genes.


Source

Department of Urology, Pediatric Urology and Andrology, Justus Liebig University, Giessen, Germany.

Abstract

PURPOSE:

Lichen sclerosus is a potentially important factor in the ongoing debate concerning the pathology of persistent congenital phimosis. We assessed the molecular differences of congenital phimosis in boys with and without lichen sclerosus compared to age matched boys with fully retractable foreskins to gain more insight into the pathogenesis of fibrotic remodeling of the prepuce.

MATERIALS AND METHODS:

A total of 150 boys were circumcised in a prospective study between 2007 and 2009. Using target gene specific preamplification and quantitative real-time polymerase chain reaction based low density arrays, we measured the mRNA expression of 45 tissue remodeling associated genes in foreskins of boys with absolute phimosis and lichen sclerosus (8 patients) and those of an age matched group of boys with phimosis but no lichen sclerosus (8), as well as a control group with foreskins without delimitable changes (6). Complementary protein expression and inflammatory infiltrates were assessed by immunohistochemical analysis.

RESULTS:

Cellular composition, inflammatory infiltrate and microenvironment as seen in histologically proven lichen sclerosis differed significantly from the other groups. In particular, lichen sclerosis was characterized by over expression of bone morphogenetic protein 2 and its corresponding receptor, matrix metalloproteinases 1 and 9 and tissue inhibitor of metalloproteinases 1, cytokine chemokine ligands 5 (RANTES) and interleukin 4, and transforming growth factor-β2 and its corresponding receptor. There were no major molecular differences between specimens from boys with congenital phimosis without signs of lichen sclerosis and controls.

CONCLUSIONS:

Distinct expression patterns of tissue remodeling associated genes are evident in boys with congenital phimosis and lichen sclerosis, while congenital phimosis without lichen sclerosis represents a physiological condition.

**Testosterone and Male Hormonal Disorders**

Association between sex steroid hormones and hematocrit in a nationally representative sample of men.

Paller CJ, Shiels MS, Rohrmann S, Menke A, Rifai N, Nelson WG, Platz EA, Dobs AS.
Low or high hematocrit levels are associated with increased morbidity and mortality, mediated via anemia or thromboembolic events, respectively. It is therefore important to identify factors that influence hematocrit. Although androgens are known to stimulate hematopoietic cells, it is unknown whether circulating sex steroid hormones affect hematocrit. The association between serum sex steroid hormone concentrations and hematocrit in men aged ≥20 years was evaluated in a cross-sectional study of 1273 men in the Third National Health and Nutrition Examination Survey (1988-1991). Outcomes were low (<10th percentile), high (>90th percentile), and mean hematocrit. Men with low free testosterone levels had a lower hematocrit than men with normal free testosterone levels (P = .03), although no relationship was found between total testosterone level and hematocrit. The relationship between sex hormone-binding globulin (SHBG) and hematocrit was complex, with both low (P < .001) and high (P = .01) SHBG levels associated with lower hematocrit in men aged ≥20 years and only high (P = .01) SHBG levels in men aged ≥50 years. The odds ratio (OR) of high vs normal hematocrit increased as total estradiol (OR, 2.84; P trend = .04) and free estradiol (OR, 2.23; P trend = .09) levels increased. In this nationally representative study of men, sex steroid hormone levels, particularly low free testosterone and high SHBG levels, were associated with lower hematocrit, and high total and free estradiol levels were associated with high hematocrit. Thus, changes in sex hormone levels with aging may contribute to the increased prevalence of anemia and thromboembolic stroke in men as they age.

Seasonal fluctuations in testosterone-estrogen ratio in men from the southwest United States.
Moskovic DJ, Eisenberg ML, Lipshultz LI.

Although controversial, seasonal variations in testosterone have been observed in several populations of men throughout the world. This finding might have an impact on screening and treatment of hypogonadism. We examined the circannual patterns of sex hormones in the Southwest United States. A prospectively assembled database of almost 11,000 patients in a men's health practice was used to collect
Circulating endothelial cells as marker of endothelial damage in male hypogonadism.


Source

International Scientific Institute "Paolo VI", Università Cattolica del S. Cuore, Largo F. Vito 1, Rome 00168, Italy. milardid@yahoo.it.


Abstract

Testosterone deficiency has become a frequently diagnosed condition in today's society affected by epidemic obesity, and is associated with cardiovascular risk. Recent studies have established the importance of altered vascular endothelium function in cardiovascular disease. The damage to the endothelium might also cause endothelial cell detachment, resulting in increased numbers of circulating endothelial cells (CEC) within the bloodstream. To evaluate whether hypogonadism could modify CEC count in peripheral bloodstream, we investigated peripheral blood CEC count using the CellSearch System, a semiautomatic method to accurately and reliably enumerate CECs, which are sorted based on a CD146(+), CD105(+), DAPI(+), CD45(-) phenotype, in a population of 20 patients with hypogonadism. The control group comprised 10 age- and sex-matched healthy participants. CEC count per milliliter was significantly increased in patients with hypogonadism vs the control group. In the group with hypogonadism, an inverse exponential correlation was present between testosterone levels and CEC count per milliliter. A direct linear correlation was present between waist circumference and CECs and between body...
mass index and CECs. The regression analysis showed that testosterone was the significant independent determinant of CECs. Our results underline that male hypogonadism is associated with endothelial dysfunction. The correlation between CEC and waist circumference underlines that visceral obesity may be synergically implicated in this regulation. Future studies are required to unveil the mechanisms involved in the pathogenesis of testosterone-induced endothelial disfunction, which may provide novel therapeutic targets to be incorporated in the management of hypogonadism.

**Androgens Promote Prostate Cancer Cell Growth through Induction of Autophagy.**

Shi Y, Han JJ, Tennakoon JB, Mehta FF, Merchant FA, Burns AR, Howe MK, McDonnell DP, Frigo DE.

**Source**

Center for Nuclear Receptors and Cell Signaling (Y.S., J.J.H., J.B.T., F.F.M., D.E.F.), Departments of Biology and Biochemistry (Y.S., J.J.H., J.B.T., F.F.M., D.E.F.) and Engineering Technology (F.A.M.), and College of Optometry (A.R.B.), University of Houston, Houston, Texas 77204; and Department of Pharmacology and Cancer Biology (M.K.H., D.P.M.), Duke University Medical Center, Durham, North Carolina 27710.

**Mol Endocrinol. 2012 Dec 18. [Epub ahead of print]**

**Abstract**

Androgens regulate both the physiological development of the prostate and the pathology of prostatic diseases. However, the mechanisms by which androgens exert their regulatory activities on these processes are poorly understood. In this study, we have determined that androgens regulate overall cell metabolism and cell growth, in part, by increasing autophagy in prostate cancer cells. Importantly, inhibition of autophagy using either pharmacological or molecular inhibitors significantly abrogated androgen-induced prostate cancer cell growth. Mechanistically, androgen-mediated autophagy appears to promote cell growth by augmenting intracellular lipid accumulation, an effect previously demonstrated to be necessary for prostate cancer cell growth. Further, autophagy and subsequent cell growth is potentiated, in part, by androgen-mediated increases in reactive oxygen species. These findings demonstrate a role for increased fat metabolism and autophagy in prostatic neoplasias and highlight the potential of targeting underexplored metabolic pathways for the development of novel therapeutics.
STD/AIDS and Venereal Diseases

Standard treatment regimens for nongonococcal urethritis have similar but declining cure rates: a randomized controlled trial.

Manhart LE, Gillespie CW, Lowens MS, Khosropour CM, Colombara DV, Golden MR, Hakhu NR, Thomas KK, Hughes JP, Jensen NL, Totten PA.

Source

Department of Epidemiology, University of Washington, Washington, DC.

Clin Infect Dis. 2012 Dec 7. [Epub ahead of print]

Abstract

Background. Azithromycin or doxycycline is recommended for nongonococcal urethritis (NGU). Recent evidence suggests their efficacy has declined. We compared azithromycin and doxycycline in men with NGU, hypothesizing that azithromycin was more effective than doxycycline.

Methods. From January 2007-July 2011, English-speaking males ≥16 years, attending a sexually transmitted diseases clinic in Seattle, Washington with NGU (visible urethral discharge or ≥5 PMNs/HPF) were eligible for this double-blind, parallel-group superiority trial (www.ClinicalTrials.gov (NCT00358462)). Participants received active azithromycin (1g)+placebo doxycycline or active doxycycline (100mg bidx7d)+placebo azithromycin. Urine was tested for Chlamydia trachomatis (CT), Mycoplasma genitalium (MG), Ureaplasma urealyticum-biovar 2 (UU-2) and Trichomonas vaginalis (TV) using nucleic acid amplification tests. Clinical cure (<5 PMNs/HPF with or without urethral symptoms and absence of discharge) and microbiologic cure (negative tests for CT, MG, and/or UU-2) were determined after 3 weeks.

Results. Of 606 men, 304 were randomized to azithromycin and 302 to doxycycline. CT, MG, TV and UU-2 were detected in 24%, 13%, 2%, and 23%, respectively. In modified intent-to-treat analyses, 80% (172 of 216) (95% confidence interval 74-85%) receiving azithromycin and 76% (157 of 206) (70-82%) receiving doxycycline experienced clinical cure (p=0.40). In pathogen-specific analyses, clinical cure did not differ by arm, nor did microbiologic cure differ for CT (86% versus 90%, p=0.56), MG (40% versus 30%, p=0.41), or UU-2 (75% versus 70%, p=0.50). No unexpected adverse events occurred.

Conclusions. Clinical and microbiologic cure of NGU were somewhat low and there was no significant difference between azithromycin and doxycycline. M. genitalium treatment failure was extremely common.
Antiretroviral therapy to prevent HIV transmission in serodiscordant couples in China (2003–11): a national observational cohort study

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The Lancet, Available online 1 December 2012

Summary

Background

On the basis of the results of the randomised clinical trial HPTN 052 and observational studies, WHO has recommended that antiretroviral therapy be offered to all HIV-infected individuals with uninfected partners of the opposite sex (serodiscordant couples) to reduce the risk of transmission. Whether or not such a public health approach is feasible and the outcomes are sustainable at a large scale and in a developing country setting has not previously been assessed.

Methods

In this retrospective observational cohort study, we included treated and treatment-naive HIV-positive individuals with HIV-negative partners of the opposite sex who had been added to the national HIV epidemiology and treatment databases between Jan 1, 2003 and Dec 31, 2011. We analysed the annual rate of HIV infection in HIV-negative partners during follow-up, stratified by treatment status of the index partner. Cox proportional hazards analyses were done to examine factors related to HIV transmission.

Findings

Based on data from 38,862 serodiscordant couples, with 101,295·1 person-years of follow-up for the seronegative partners, rates of HIV infection were 2·6 per 100 person-years (95% CI 2·4–2·8) among the 14,805 couples in the treatment-naive
cohort (median baseline CD4 count for HIV-positive partners 441 cells per µl [IQR 314–590]) and 1·3 per 100 person-years (1·2–1·3) among the 24,057 couples in the treated cohort (median baseline CD4 count for HIV-positive partners 168 cells per µl [62–269]). We calculated a 26% relative reduction in HIV transmission (adjusted hazard ratio 0·74, 95% CI 0·65–0·84) in the treated cohort. The reduction in transmission was seen across almost all demographic subgroups and was significant in the first year (0·64, 0·54–0·76), and among couples in which the HIV-positive partner had been infected by blood or plasma transfusion (0·76, 0·59–0·99) or heterosexual intercourse (0·69, 0·56–0·84), but not among couples in which the HIV-positive partner was infected by injecting drugs (0·98, 0·71–1·36).

**Interpretation**

Antiretroviral therapy for HIV-positive individuals in serodiscordant couples reduced HIV transmission across China, which suggests that the treatment-as-prevention approach is a feasible public health prevention strategy on a national scale in a developing country context. The durability and generalisability of such protection, however, needs to be further studied.

**Funding**

Chinese Government's 12th Five-Year Plan, the National Natural Science Foundation of China, and the Canadian International Development Research Centre.

## Female Sexual Dysfunction

### Pregnancy Ambivalence and Contraceptive Use Among Young Adults in the United States

Jenny A. Higgins assistant professor, Ronna A. Popkin doctoral student, John S. Santelli clinical professor

*Perspectives on Sexual and Reproductive Health Volume 44, Issue 4, pages 236–243*

**CONTEXT**

Pregnancy ambivalence, or conflicted desire about having a baby, has been associated with decreased contraceptive use and unintended pregnancy. However, prior studies have neither included men nor focused on young adults, even though people in their 20s have the highest rates of unintended pregnancy.

**METHODS**

Nationally representative data from 2008–2009 were used to examine pregnancy ambivalence and its association with contraceptive practices among 774 respondents who were 18–29 years old and in current sexual relationships. Bivariate and multivariate analyses assessed relationships between pregnancy ambivalence, contraceptive use, gender and other social, demographic and psychosocial variables.
RESULTS

Forty-five percent of respondents exhibited pregnancy ambivalence. The proportion was higher among men than among women (53% vs. 36%), and the difference remained significant in the multivariate analysis (odds ratio, 2.9). Ambivalence was associated with lowered likelihood of contraceptive use, but this relationship was statistically significant only for men: Compared with men with clear intentions to avoid pregnancy, ambivalent men were less likely to have used any method of contraception in the last month (0.4).

CONCLUSIONS

The association between men's pregnancy ambivalence and contraceptive practices suggests that women should not remain the sole targets of pregnancy prevention programs. Further research should explore whether clinical interventions that assess and address pregnancy ambivalence for both women and men could lead to improved contraceptive counseling and use.

Sexuality of Chinese women around menopause.
Lo SS, Kok WM.

Source

The Family Planning Association of Hong Kong, G/F, 8/F, 9/F, 10/F Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong Special Administrative Region. Electronic address: stlo@famplan.org.hk.

Maturitas. 2012 Dec 19. [Epub ahead of print]

Abstract

OBJECTIVE:

To study the sexual activities and prevalence of sexual dysfunctions in midlife Chinese women and their correlations with demographic factors, sexual dissatisfaction and interpersonal difficulty.

STUDY DESIGN:

This is a cross-sectional survey of a convenience sample of women aged 40-60, who requested gynecological checkup or attend social activities at Women's Club.

MAIN OUTCOME MEASURES:

Sexual activities, sexual dysfunctions, sexual dissatisfaction, demographic factors and interpersonal difficulty were assessed by self-administered questionnaire.

RESULTS:
Among 371 eligible subjects, 22.4% and 39.6% women had low intimacy and coitus frequency (0 to <12 acts in one year), respectively. The odds ratios for low coital frequency in the natural menopausal and surgical menopausal subgroups were 3.00 and 5.09, respectively (95% confidence interval: 1.73-5.19 and 1.77-14.69, respectively). Overall, 77.2% women had at least one type of sexual dysfunctions; this proportion was highest in the surgically menopausal subgroup (88.9%) followed by the naturally menopausal subgroup (79.3%), the perimenopausal subgroup (78.2%) and the premenopausal subgroup (72.2%) (p=0.003). No lubrication (42.9%) was the commonest sexual dysfunction and predominantly affected naturally and surgically menopausal women (p=0.001). Sexual dysfunction was the major contributor to sexual dissatisfaction (0.80), followed by interpersonal difficulty (0.2). Arousal disorder was the pivot of interaction between sexual dissatisfaction, menopausal status and low coital frequency.

CONCLUSIONS:

Chinese women had fewer intimate contacts and less coitus when menopause progressed. No lubrication was the commonest sexual dysfunction and predominantly affected menopaused women. Our model showed that sexual dysfunction is the main contributor to sexual dissatisfaction.

Hormone replacement therapy after endometrial cancer.
Manley K, Edey K, Braybrooke J, Murdoch J.

Source

Department of Gynaecology, St Michaels Hospital, Bristol BS2 8EG, UK. John.Murdoch@UHBristol.nhs.uk.


Abstract

Endometrial cancer is the fourth most common female cancer in the UK and the most common gynaecological cancer. Quality of life and symptom control needs to be considered in women who enter a surgically induced menopause. Hormone replacement in this population has been controversial to date. The current evidence regarding the safety of estrogen only and combined hormone replacement therapy is discussed in this review. The use of topical vaginal therapies, alternate therapies and the current data regarding testosterone use for symptom control is also outlined
Mixed Topics

The Semen Quality of 1158 Men With Testicular Cancer at the Time of Cryopreservation: Results of the French National CECOS Network.

Source
Laboratoire de Biologie de la Reproduction-CECOS, EA 4308 "Gamètogenèse et qualité du gamète", IRIB, CHU Charles Nicolle, 1 rue de Germont, 76031 Rouen cedex, France. nathalie.rives@chu-rouen.fr.


Abstract
Testicular cancer is the most common cancer in young men. Several studies have reported an alteration in semen quality in nonseminoma tumors, but this result has not been confirmed in all of the published data. We performed a retrospective study in a population of 1158 men with testicular cancer who banked sperm between 1999 and 2003 in 11 French Centre d'Etude et de Conservation des Oeufs et du Sperme humain laboratories. Our study evaluated prefreeze and postthaw sperm parameters according to patient medical history, tumor histological type, and disease stage. Pure seminomas were found in 48% of our population. Testicular cancer was generally diagnosed at stage I. In cases of a history of unilateral cryptorchidism, testicular cancer occurred preferentially in the maldescended testis. Semen samples were preferentially collected after orchiectomy. The sperm concentration and total sperm number were significantly lower before orchiectomy in seminomas compared with nonseminoma tumors (P < .001). After orchiectomy, these parameters decreased for nonseminoma tumors and did not vary for seminomas. Semen parameters were more severely impaired for stage III tumors, and when patients had a history of cryptorchidism or when they were less than 20 years of age. Azoospermia was more frequently observed before than after orchiectomy. In this study, we determined that sperm cryobanking should preferably be performed before orchiectomy and that testicular sperm extraction concurrent with orchiectomy should be used in severe spermatogenesis impairment. Our study highlights that seminomas alter sperm production more significantly than nonseminoma tumors and seem to preferentially impair spermatogenesis in tumor-bearing testes

Infertility and the risk of adverse pregnancy outcomes: a systematic review and meta-analysis.

Messerlian C, Maclagan L, Basso O.
Abstract

STUDY QUESTION:
Do women who conceive without treatment after a long time to pregnancy (TTP) have an increased risk of preterm birth compared with women in the general obstetric population?

SUMMARY ANSWER:
Based on this meta-analyses of 14 studies, women with a long TTP are at an increased risk of preterm birth: pooled crude odds ratio (OR): 1.38 (95% CI: 1.25-1.54).

WHAT IS KNOWN ALREADY:
Several studies have shown that women who conceive without treatment after >12 months of trying have an elevated risk of poor pregnancy outcomes. To date, no systematic review or meta-analysis of this evidence has been published.

STUDY DESIGN, SIZE, DURATION:
This systematic review identified literature from Embase, Medline and Popline published between January 1974 and October 2011, on the association between infertility in a non-treated population and the risk of preterm birth, low birthweight (LBW), small-for-gestational age and birthweight deficits.

PARTICIPANTS/MATERIALS, SETTING, METHODS:
Two authors independently conducted the searches, selected the studies and abstracted the data. A total of 89 full-text articles were assessed for eligibility and 17 met the inclusion criteria. The pooled analysis of the primary outcome led to a total sample size of 1 269 758 births: 19 983 in the exposed/infertile group and 1 249 775 in the unexposed/fertile group. There were a total 68 885 preterm births in the overall sample: 1644 (8.2%) and 67 241 (5.4%) among the infertile and reference groups, respectively.

MAIN RESULTS AND THE ROLE OF CHANCE:
A moderate increase in the risk of preterm birth persisted irrespective of the type of pooling. The common OR of the pooled crude preterm birth data compared with the pooled regression-adjusted analysis was modestly attenuated: from 1.38 (95% CI: 1.25, 1.54) to 1.31 (95% CI: 1.21, 1.42), with I(2) decreasing from 53.2 to 3.9% in the crude to adjusted results, respectively. An association of a similar magnitude was seen between infertility and LBW, due in part to overlapping of outcomes.

LIMITATIONS, REASONS FOR CAUTION:
Consistency of the estimates across various types of pooling, including the more restricted sensitivity analyses of higher quality studies, is reassuring. While it is possible that systematic error may have been present through misclassification of exposure and confounding, these findings suggest that it would need to be of the same magnitude across diverse studies, which seems unlikely.

WIDER IMPLICATIONS OF THE FINDINGS:
A long TTP is only a symptom, research is needed to assess whether specific groups of infertile couples are at increased risk of adverse outcome, or whether the increased risk is due to characteristics common to most infertile couples. As long as the contribution of infertility is not clarified, the risks due to assisted reproductive technologies cannot be properly assessed.

STUDY FUNDING/COMPETING INTEREST(S):

C.M. was supported by a Canadian Institutes of Health Research doctoral research award at the time of this study. No competing interests are declared.

The risks of selective serotonin reuptake inhibitor use in infertile women: a review of the impact on fertility, pregnancy, neonatal health and beyond.

Domar AD, Moragianni VA, Ryley DA, Urato AC.

Source

Boston IVF, Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Harvard Medical School, 130 Second Avenue, Waltham, MA 02451, USA.


Abstract

STUDY QUESTION:

What is the current literature on the safety and efficacy of selective serotonin reuptake inhibitor (SSRI) use in infertile women?

SUMMARY ANSWER:

There is little evidence that infertile women benefit from taking an SSRI, therefore they should be counseled appropriately about the risks and be advised to consider alternate safer treatments to treat depressive symptoms.

WHAT IS KNOWN ALREADY:

SSRI use is associated with possible reduced infertility treatment efficacy as well as higher rates of pregnancy loss, preterm birth, pregnancy complications, neonatal issues and long-term neurobehavioral abnormalities in offspring.

STUDY DESIGN, SIZE, DURATION:

Review of existing literature.

PARTICIPANTS/MATERIALS, SETTING, METHODS:
We conducted a review of all published studies that evaluate females with depressive symptoms who are taking antidepressant medications and who are experiencing infertility.

MAIN RESULTS AND THE ROLE OF CHANCE:

Antidepressant use during pregnancy is associated with increased risks of miscarriage, birth defects, preterm birth, newborn behavioral syndrome, persistent pulmonary hypertension of the newborn and possible longer term neurobehavioral effects. There is no evidence of improved pregnancy outcomes with antidepressant use. There is some evidence that psychotherapy, including cognitive-behavioral therapy as well as physical exercise, is associated with significant decreases in depressive symptoms in the general population; research indicates that some forms of counseling are effective in treating depressive symptoms in infertile women.

LIMITATIONS, REASONS FOR CAUTION:

Our findings are limited by the availability of published studies in the field, which are often retrospective and of small size.

WIDER IMPLICATIONS OF THE FINDINGS:

Practitioners who care for infertility patients should have a thorough understanding of the published literature so that they can adequately counsel their patients.

STUDY FUNDING/COMPETING INTEREST(S):

None.