



**MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE**

MESSM's

▶ **NEWSLETTER**

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9 Months Until 9th Annual Congress of the MESSM



MESSM

Letter from the President

Allow me to introduce myself, I am Professor Dr. Osama Shaeer, President of MESSM and Professor of Andrology at the Faculty of Medicine, Cairo University, Egypt.

Whether you are a health care provider or a respected member of the public, MESSM is here to provide you with the latest in sexual health, to improve your life as a human being and your practice as a healthcare attendant.

The World Health Organization states that Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. We are here to promote this concept and achieve the goal.

Sexual health and sexual medicine is under-explored, relative to other branches of medicine that have been prioritized for centuries. This is despite sexual satisfaction being a pillar of a fulfilling life. This is particularly so in the Middle East, where some stigmata have undermined efforts to promote sexual wellbeing. This does not have to be so.

MESSM is a well-selected group of eminent scientists and health care providers who will develop sexual medicine, and promote sexual wellbeing, all in a way that preserves community and family values.

Our work as Arab scientists is well known, respected, and appreciated worldwide. We intend for our scientific achievements to flourish. We intend to create a second generation of scientists who will follow the same beautiful tradition. We intend to inform and educate the public and help couples in the Middle East to have a better life.



Prof. Osama Shaeer, MD, PhD
President MESSM

Welcome letter

We welcome you to the updated version of the MESSM's quarterly newsletter. This news magazine is specifically designed for your unique needs as a medical professional dedicated to sexual health. We understand the dynamic and ever-evolving nature of this field, and we aim to keep you informed, engaged, and even a little amused with fresh and insightful content.

We have introduced new sections in this year's newsletter; the "Have You Read?" section which delves into captivating and pronounced publications from our members, sparking new perspectives and fueling insightful discussions with patients. With the "Sexual Antiquities" section, we uncover fascinating archaeological discoveries that shed light on our past sexual practices and behaviors. You can also challenge your expertise with our "Test Your Knowledge" section, featuring thought-provoking clinical scenarios and engaging questions. Finally you can dive into real-life cases and learn from your peers in our "Case Presentation" section where we present intriguing clinical situations, exploring differential diagnoses, management strategies, and valuable learning points.

Additionally, the newsletter will maintain its strategy to keep you updated about the latest research published in high impact journals and well informed about the recent society's activities and future scientific conferences and symposia. The MESSM's newsletter objective is to aid you in staying ahead of the curve in sexual health. We're here to inform, inspire, and challenge you, all while fostering a sense of community and shared passion.

We hope that you'd enjoy reading our quarterly newsletter. Don't forget to share our newsletter with your colleagues! The more the merrier, and the wider the impact we can create in supporting sexual health professionals and ultimately, their patients.



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Erectile Dysfunction

J Sex Med. 2025 Jan 9;22(2):307-316. doi: 10.1093/jsxmed/qdae189.

Effect of nebivolol on erectile function: a systematic review and meta-analysis of randomized controlled trials

Youyi Lu ¹, Lin Li ², Qi Li ³, Guoqin Sun ¹

Affiliation

¹ Department of Urology, The Affiliated Yantai Yuhuangding Hospital of Qingdao University, Yantai, Shandong 264000, China.

² Department of Cardiovascular, Weihai Municipal Hospital, Cheeloo College of Medicine, Shandong University, Weihai, Shandong 264200, China.

³ Department of Endocrinology, Yantai Municipal Government Hospital, Yantai, Shandong 264000, China.

Abstract

Background:

Historically, β -blockers have been associated with erectile dysfunction (ED). Nebivolol, a third-generation β -blocker, may have had no negative effect on erectile function because of its vasodilating properties. However, the evidence level was considered either as low or very low.

Aim:

A systematic review and meta-analysis of randomized controlled trials (RCTs) was conducted to determine the effect of nebivolol on erectile function.

Methods:

All published RCTs were searched through PubMed, Cochrane Library, Web of Science, and Embase until October 2023. Review Manager version 5.3.0 was used for statistical analysis. Sensitivity analyses were performed by excluding each study using Stata 17 software.

Outcomes:

The primary outcome was the International Index of Erectile Function (IIEF)-5 score. We excluded publication types, including letters, reviews, and meta-analyses.

Results:

We identified four RCTs in this meta-analysis. All included studies compared the effects of nebivolol vs metoprolol on erectile function. Eight parallel groups with 397 individuals reported IIEF-5 scores. A random-effect model revealed that the IIEF-5 score was significantly higher in the nebivolol group (MD 1.81, 95%CI 0.95-2.68, $P < .0001$, $I^2 = 99\%$). We conducted a sensitivity analysis by removing each individual study and observed that there was no significantly different result. Furthermore, we conducted a prespecified subgroup analysis based on the dosage of metoprolol, patients with ED at the time of enrollment, and disease type. Subgroup analysis revealed that heterogeneity significantly decreased, and the result of the IIEF-5 score was stable and consistent.

Clinical implications:

Our results provides stronger evidence that nebivolol significantly reduced the risk of ED occurrence or progression.

Strengths and limitations:

Our meta-analysis included high-quality RCTs and conducted a predetermined subgroup analysis. However, the main limitations are the limited number of included studies and their heterogeneity.

Conclusion:

Our meta-analysis provided stronger evidence that nebivolol significantly reduced the risk of ED occurrence or progression compared with metoprolol, irrespective of whether the patient had ED or not. This meta-analysis could serve as an important reference for future studies in this field.

Penile rehabilitation after radical prostatectomy using low-intensity shockwave therapy for erectile function: late results findings from a randomized clinical trial

Pedro Fernandes Lessa¹, Willy Baccaglini¹, Matheus Pascotto de Salles¹, Reuli Cordeiro da Silva¹, Cristiano Linck Pazeto¹, Leonardo Seligra Lopes¹, Sidney Glina¹

Affiliations

¹Department of Urology, Faculdade de Medicina do ABC, Santo André, 09060-650 Brazil.

Abstract

Background:

There is still few evidence to support the use of low-intensity extracorporeal shockwave therapy (LiESWT) in rehabilitation of erectile function after radical prostatectomy (RP).

Aim:

The aim of this study is to assess the long-term results of LiWEST as a penile rehabilitation method in patients who underwent RP.

Methods:

This is an assessment of the late results outcomes of our previous clinical trial registered in ReBEC (ensaiosclinicos.gov.br) RBR-85HGCG. Patients were randomized in two groups with two parallel arms and an allocation ratio of 1:1. The control group received tadalafil 5 mg/day, while the experimental group received tadalafil 5 mg/day and were submitted to 2400 shocks/session-week distributed on four different penile regions across 8 weeks of treatment. Both groups started the penile rehabilitation after the removal of the transurethral catheter. Sexual function was

assessed by International Index of Erectile Function (IIEF-5) score.

Outcomes:

A difference in IIEF-5 without statistical significance between the experimental and control groups.

Results:

Among 77 patients included in our previous analysis, 35 patients were reassessed after a median follow-up of 45 months (95% CI, 42-50 months). Seventeen of them had to be excluded from the analysis for biochemical recurrence and/or new interventions. Remaining 7 and 11 patients in the experimental and control group, respectively. The final mean IIEF-5 score between experimental and control groups showed a difference in favor of the LiWEST group, not statistically significant (18.85, SD 5.66, 95% CI, 13.61-24.1 x 16.63, SD 5.48, 95%CI, 12.9- 20.31; respectively; P = 0.42). Subgroup analysis in patients still using IPDE5 there is a higher difference between mean IIEF5, however not statistically significantly (18.5, SD 6.12, 95%CI 12.07-24.92 x 15.85, SD 3.62, 95% CI, 12.50-19.20, P = 0.35).

Clinical implications:

This study highlights that LiESWT may offer limited long-term benefit for erectile function recovery after RP.

Strengths & limitations:

This study provides valuable long-term data on the use of LiESWT as a penile rehabilitation method after RP. The randomized design and parallel group structure strengthen the reliability Journal of Sexual Medicine Journal of Sexual Medicine For Peer Review of findings, with clear intervention protocols. However, limitations include a small final sample size due to patient exclusions, which likely impacted statistical power and the generalizability of results. Additionally, while differences in IIEF-5 scores favored the LiESWT

group, the lack of statistical significance limits the ability to draw definitive conclusions about its effectiveness.

Conclusion:

The LiESWT showed no impact on long-term results of penile rehabilitation in patients submitted to RP.

postpartum period, shedding light on both the challenges and opportunities for enhancing maternal and couple sexual well-being.

Methods:

Drawing on a combination of existing scientific literature and extensive clinical experience, this expert opinion delves into the physiological transformations, psychological adjustments, and shifts in relational dynamics that accompany pregnancy and postpartum. It sheds light on the sexual experiences of partners and underscores the necessity of a holistic understanding of sexual health in this context.

Outcomes:

The review offers an enhanced perspective on sexual function during pregnancy and postpartum and aims to contribute to a deeper and more nuanced understanding that can inform both clinical practice and future research.

Results:

The results highlight that pregnancy and postpartum phases influence sexual function, with fluctuations in sexual desire and activity resulting from changes in physiological, psychological, and relational factors. Women experience a decline in sexual function, particularly during the third trimester, with factors, such as hormonal changes, body image concerns, and partner dynamics shaping sexual experiences across pregnancy and postpartum stages.

Clinical implications:

A thorough understanding of sexual function throughout pregnancy and postpartum is critical for enhancing maternal and couple health and it creates pathways to more effective and compassionate care.

Strengths and limitations:

The strengths of this review include the integration of scientific literature with clinical experience to

Female Sexual Dysfunction

J Sex Med. 2025 Jan 3;22(1):1-3. doi: 10.1093/jsxmed/qdae140.

Sexual function in pregnancy and postpartum: breaking the silence

Sohayla El Fakahany ¹, Faysal El-Kak ^{2 3}

Affiliations

¹ Center for Research and Population Health, Faculty of Health Sciences, American University of Beirut, Riad El-Solh, Beirut, Lebanon 11-0236.

² Department of Obstetrics Gynecology, American University of Beirut Medical Center, Cairo Street, Hamra, Beirut, Lebanon 11-0236.

³ Department of Health Promotion and Community Health, Faculty of Health Sciences, American University of Beirut, Riad El-Solh, Beirut, Lebanon 11-0236.

Abstract

Background:

Sexual function during pregnancy and the postpartum period is a complex component of maternal and couple health, and it's deeply influenced by an intricate interplay of physiological, psychological, childbirth, and relational factors.

Aim:

This review seeks to explore the nuanced dynamics of sexual function during pregnancy and the

provide a holistic view of sexual function. However, the limitations are the reliance on cross-sectional studies and the scarcity of data on couple sexual functioning.

Conclusion:

Understanding the interplay of physiological and anatomical changes, psychological factors, and partner dynamics is crucial in addressing sexual function during pregnancy and the postpartum period.

J Sex Med. 2025 Feb 15:qdaf022. doi: 10.1093/jsxmed/qdaf022. Online ahead of print.

Phase 2 randomized study of abobotulinumtoxinA in patients with provoked vestibulodynia: dose-finding results

Andrew Goldstein ¹, Rachel Rubin ², Melissa Dahir ³, Irwin Goldstein ⁴, Brooke M Faught ⁵, Nina Bohm-Starke ⁶, Jill Krapf ¹, Peter Caetano ⁷, Magali Volteau ⁸, Robert Silva ⁷

Affiliations

1 The Centers for Vulvovaginal Disorders, Washington, DC 20037, United States.

2 Georgetown University, Department of Urology Washington, DC 20057, United States.

3 Embody Medicine, Omaha, NE 68130, United States.

4 San Diego Sexual Medicine, San Diego, CA 92120, United States.

5 PazonaMD Urology, Brentwood, TN 37209, United States.

6 Department of Clinical Sciences, Division of Obstetrics and Gynecology, Karolinska Institutet Danderyd Hospital, 3 Washington Circle NW, Suite 205, Stockholm, Sweden.

7 Ipsen, Cambridge, MA 02142, United States at the time of the study, now at Noema Pharma, Basel Switzerland.

8 Ipsen, Paris, France.

Abstract

Background:

Hypertonicity of the pelvic floor muscles is commonly associated with provoked vestibulodynia (PVD); therefore, patients may benefit from treatments that relax the pelvic floor.

Aim:

To define optimal (safe and efficacious) doses of abobotulinumtoxinA (aboBoNT-A) for the treatment of PVD associated with hypertonic pelvic floor muscle dysfunction and to explore use of a novel endpoint for pain assessment for PVD.

Methods:

This phase 2, randomized, placebo-controlled study comprised two steps: dose escalation (Stage 1) and dose expansion (Stage 2). Stage 1 included up to four treatment cycles; Cycle 1 was double blind, Cycles 2-4 open label. Patients were assessed for retreatment every 6 weeks. Stage 2 was not conducted because of early study termination by the sponsor, unrelated to observed safety signals. Enrolled patients-premenopausal women with PVD with associated pelvic-floor hypertonia-were randomized (n = 60) 4:1 to receive aboBoNT-A (doses: 100, 300, 400, or 500 units [U]) or placebo.

Outcomes:

The primary endpoint was safety. Additionally, a novel composite endpoint, dilator maximum tested size was evaluated. This endpoint combined assessment of vaginal-dilator tolerability with patient-reported pain assessment on an 11-point numeric rating scale, used as a surrogate measure of sexual activity in this study.

Results:

All treatment-emergent adverse events (AEs) were mild or moderate in intensity, with no serious AEs or AEs leading to withdrawal reported in the double-blind period. AEs of special interest (urinary incontinence, anal sphincter atonia) were observed at low incidence and predominantly with

higher aboBoNT-A doses. The dilator test composite score might be a useful endpoint for pain assessment, with a greater reduction in pain score noted for the 300 U dose group compared with other dose groups and placebo.

Clinical implications:

aboBoNT-A was well tolerated in patients with PVD and a novel method for assessing dilator-induced pain was introduced.

Strengths and limitations:

The study provided valuable data on use of aboBoNT-A in women with primary or secondary PVD and introduced a novel composite endpoint for assessing dilator-induced pain. Study limitations included the small sample size, limiting formal statistical analysis.

Conclusion:

aboBoNT-A was well tolerated in patients with PVD with no safety signals reported. Further studies are warranted to demonstrate clinically meaningful benefits with repeated treatment.

Gynecol Endocrinol. 2024 Dec;40(1):2364220. doi: 10.1080/09513590.2024.2364220. Epub 2024 Jun 24.

Systemic testosterone for the treatment of female sexual interest and arousal disorder (FSIAD) in the postmenopause

Laura Ribera Torres ¹, Sònia Anglès-Acedo ^{1 2 3}, Laura López Chardi ⁴, Eduard Mension Coll ¹, Camil Castelo-Branco ^{1 2 3}

Affiliations

¹ Clinic Institute of Gynecology, Obstetrics and Neonatology, Hospital Clinic, Barcelona, Spain.

² Faculty of Medicine, University of Barcelona, Barcelona, Spain.

³ Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain.

⁴ Obstetrics & Gynecology department, Clínica Corachán, Barcelona, Spain.

Abstract

Introduction:

Female sexual interest and arousal disorder (FSIAD) is the most prevalent female sexual dysfunction in the postmenopause.

Objective:

The aim of this review is to provide a summary of the currently available evidence on the use of testosterone in the treatment of FSIAD in postmenopausal women.

Methods:

A narrative review on the topic was performed. Only randomized controlled trials (RCTs) and systematic reviews and meta-analysis were considered. 123 articles were screened, 105 of them assessed for eligibility, and finally 9 were included in qualitative synthesis following the PRISMA declaration.

Results:

Current evidence recommends, with moderate therapeutic benefit, the use of systemic transdermal testosterone within the premenopausal physiological range in postmenopausal women with Hypoactive Sexual Desire Disorder (HSDD), the previous entity for low desire dysfunction, not primarily related to modifiable factors or comorbidities such as relationship or mental health problems. The available evidence is based on studies with heterogeneity on their design (different testosterone doses, routes of administration, testosterone use in combination and alone, sexual instruments of measurement). There is no data



indicating severe short-term adverse effects, although long-term safety data is lacking.

Conclusions:

Despite having testosterone as a valuable tool, therapeutic strategies are lacking in the pharmacological field of HSDD/FSIAD. Neuroimaging studies could provide valuable information regarding the sexual desire substrate and suggest the potential application of already approved drugs for women with a good safety profile. The use of validated instruments for HSDD in postmenopausal women, considering the level of distress, is necessary to be able to draw robust conclusions on the evaluated treatments.

Peyronie's Disease

J Sex Med. 2025 Feb 17:qdaf016. doi: 10.1093/jsxmed/qdaf016. Online ahead of print.

PenoMeter: a machine learning and algorithmic tool to advance Peyronie's disease assessment

Reza Soltani^{1 2}, Ali Balapour^{1 2}, Luke Witherspoon³, Abdullah Alhamam³, Ryan Flannigan^{2 3 4}, Faraz Hach^{2 3 4}

Affiliations

¹ Bioinformatics Program, The University of British Columbia, Vancouver, V5T 4S6 BC, Canada.

² Vancouver Prostate Centre, M.H. Mohseni Institute of Urologic Sciences, Vancouver, V6H 3ZB BC, Canada.

³ Department of Urologic Sciences, The University of British Columbia, Vancouver, V5Z 1M9 BC, Canada.

⁴ Reproductive & Sexual Medicine Centre, M.H. Mohseni Institute of Urologic Sciences, Vancouver, V6H 3ZB BC, Canada.

Abstract

Background:

Peyronie's disease curvature assessment is a critical step for patient assessment; however, tools for objective, unbiased, and reproducible quantification are currently limited.

Aim:

To develop an automated computational tool to identify the penis from a 2D image and to accurately and reproducibly measure the degree of angulation.

Methods:

We developed PenoMeter using instance segmentation to identify penile anatomical components, key point detection to identify shaft corners, geometric calculations to locate and measure the angulation of the point of maximal curvature. We trained our model on training datasets and evaluated the PenoMeter using a separate dataset of digital penile images.

Outcomes:

The PenoMeter is an artificial intelligence-powered assistive diagnostic toolkit that can automatically assess the curvature angle of penile 2D images that holds potential for healthcare practitioners to use in assistance for PD assessments.

Results:

The PenoMeter's reported angulation, relative to the mean angulation reported by three subspecialized urologists, falls within their range of variability in 57 out of 66 cases (86%) and outside their range of variability in 9 out of 66 cases (14%) of digital images. The PenoMeter demonstrated no intra-observer variance (0°) in repeated measures over time compared to the three subspecialized urologists who demonstrated intra-observer variability between by 3.8° to 7.8°.

Clinical and translational implications:

The Penometer can be utilized for initial PD assessment and tracking treatment outcomes in time-series data for both clinical and research contexts.

Strengths and limitations:

Strengths of the Penometer include unbiased and objective quantification of penile curvature. Furthermore, it demonstrates no intra-observer variability, making it appealing for evaluating time-series digital images. Limitations of the Penometer include the lack of a measure of confidence for curvature assessment. Detection and measurement of other forms of PD deformities such as indentations, hourglass deformities, torque and distal tapering require further development. Finally, accurate curvature quantification is reliant on reproducibly acquiring accurate digital images and an accurate and consistent assessment of penile rigidity; therefore, a well-defined process for image acquisition and clinician assessment of penile rigidity immediately prior to digital photo capture would be required to enhance accuracy of obtaining a representatively accurate image for processing.

Conclusions:

The Penometer's performance in penile curvature assessment of digital photos are objective, accurate and reproducible, and therefore carries potential to assist clinicians' initial PD assessments and treatment outcome tracking. However, the Penometer is not currently positioned to replace the current gold-standard in-office assessment



J Sex Med. 2025 Feb 7:qdaf009. doi: 10.1093/jsxmed/qdaf009.

Chlorhexidine gluconate application, diabetes, revision surgery, and extended operative time increase risk for penile implant infection

Sevann Helo ¹, Milad Bonakdar Hashemi ¹, Matthew J Ziegelmann ¹, Daniel T Lybbert ¹, Javier Piraino ¹, Andres H Guillen Lozoya ¹, Tobias S Köhler ¹

Affiliations

¹ Mayo Clinic Department of Urology, Rochester, MN 55905, United States.

Abstract

Background:

Chlorhexidine gluconate (CHG) (0.05%) has recently been suggested as a dip and irrigation solution at time of inflatable penile prosthesis (IPP) surgery.

Aim:

This study evaluated infection rates before and after implementing CHG protocol while investigating concurrent risk factors contributing to post operative infections.

Methods:

A retrospective, consecutive cohort study was performed that included patients who underwent insertion of a Coloplast Titan IPP including both virgin and revision cases between 2021 and 2024. Cases performed from January 2021 to August 2022 utilized rifampin/gentamicin for dip and vancomycin/gentamicin for irrigation (ABX), whereas those from October 2022 to May 2024 utilized CHG for both dip and irrigation. Perioperative risk factors including dip and

irrigation solution used at time of surgery were compared between groups.

Outcomes:

We defined the incidence of postoperative infection and risk factors associated with infection in each group.

Results:

The incidence of infection was significantly higher in the 0.05% CHG group (13/377) compared to the ABX group (0/320) ($P < .001$). When analyzed separately by subgroup, virgin cases treated with CHG for dip and irrigation demonstrated a significantly higher infection rate (7/315) compared to those in the ABX group (0/280) ($P = .012$). Similarly, in revision cases, the CHG group also exhibited a significantly higher infection rate (0/40) than the ABX group (6/62) ($P = .043$). Univariable analysis of the CHG cohort identified three significant risk factors for infection: diabetes mellitus (DM), extended operative time (OP), and revision surgery ($P = .003$, $.001$, and $< .001$, respectively). Multivariable regression analysis revealed that patients with DM had a 5.7-fold increased risk of infection (OR: 5.70, $P = .004$), while those undergoing revision surgery faced a 5.3-fold higher risk (OR: 5.26, $P = .004$). Additionally, each minute increase in OP was associated with a 1% higher infection risk (OR: 1.01 per minute, $P = .007$). These associations remained significant after adjusting for all variables in the model.

Clinical implications:

Prosthetic surgeons should be cautious about adopting 0.05% CHG for both dip and irrigation in the absence of strong clinical evidence demonstrating its non-inferiority to antibiotic solutions.

Strengths and limitations:

This is the first clinical study reporting infection rates after IPP surgery using 0.05% CHG for both dip and irrigation. While retrospective and non-

randomized, we present a relatively large sample size of patients.

Conclusions:

Our findings identify four risk factors for penile prosthesis infection: usage of the 0.05% CHG solution for dip and irrigation solution of Coloplast hydrophilic-coated devices, DM, revision surgery, and extended OP.

Andrology. 2025 Mar;13(3):610-623. doi: 10.1111/andr.13696. Epub 2024 Jul 16.

Long-term penile prosthesis couple's satisfaction: A systematic review and meta-analysis

Giovanni Corona ¹, Daniele Santi ², Andrea Cocci ³, Walter Vena ^{4 5}, Alessandro Pizzocaro ⁶, Linda Vignozzi ⁷, Andrea M Isidori ⁸, Rosario Pivonello ^{9 10}, Andrea Salonia ^{11 12}, Suks Minhas ¹³, Carlo Bettocchi ¹⁴, Yacov Reisman ¹⁵, Mario Maggi ¹⁶

Affiliations

1. Endocrinology Unit, Azienda AUSL Bologna, Ospedale Maggiore, Bologna, Italy.
2. Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Unit of Endocrinology, Department of Medical Specialties, Azienda Ospedaliero-Universitaria of Modena, Modena, Italy.
3. Department of Urology, University of Florence, Florence, Italy.
4. Endocrinology, Humanitas Gavazzeni-Castelli, Bergamo, Italy.
5. Department of Biomedical Sciences, Humanitas University, Milan, Italy.
6. Unit of Endocrinology, Diabetology and Medical Andrology, IRCSS, Humanitas Research Hospital, Rozzano, Milan, Italy.
7. Andrology, Women's Endocrinology and Gender Incongruence Unit, Mario Serio "Department of Experimental and Clinical Biomedical Sciences, University of Florence, Florence, Italy.



8. Department of Experimental Medicine, "Sapienza" University of Rome, Policlinico Umberto I Hospital, Rome, Italy.
9. Dipartimento di Medicina Clinica e Chirurgia, Sezione di Endocrinologia, Diabetologia, Andrologia e Nutrizione, Unità di Andrologia e Medicina della Riproduzione, Sessualità e Affermazione di Genere, Università Federico II di Napoli, Naples, Italy.
10. Staff of UNESCO Chair for Health Education and Sustainable Development, Federico II University, Naples, Italy.
11. Division of Experimental Oncology/Unit of Urology, URI, IRCCS Ospedale San Raffaele, Milan, Italy.
12. University Vita-Salute San Raffaele, Milan, Italy.
13. Department of Urology, Imperial College NHS Healthcare, London, UK.
14. Andrology and Male Genitalia Reconstructive Surgery Unit, University of Foggia, Foggia, Italy.
15. Sexual Medicine, Flare-Health, Amsterdam, the Netherlands.
16. Endocrinology Unit, Mario Serio" Department of Experimental and Clinical Biomedical Sciences, University of Florence, Florence, Italy.

Abstract

Context:

Data supporting successful and satisfactory penile prosthesis (PP) implantation outcomes are mainly based on subjective, rather than objective, analysis.

Objective:

To systematically review and objectively analyze, all available data related to patient and partner PP satisfaction.

Evidence acquisition:

An extensive search was performed, including the following key-words: ("penile prosthesis" and "satisfaction"). The search, which accrued data from January 1, 1969, up to July 31, 2023, was restricted to English-language articles including human participants.

Evidence synthesis:

Out of 663 retrieved articles, 83 were considered including, 12,132 subjects with a mean age and

mean follow-up of 58.6 [range 20; 77.1] years and 47.6 [range 6; 374] months, respectively. Overall, a high patient satisfaction rate was observed 83[80; 86]%. The satisfaction rate increased in subjects with three-piece PP and in those with a higher rate of cardiovascular or neurological diseases and was independent of the patient's age. Partner's satisfaction rate was lower when compared to that observed in men and it increased according to the use of inflatable devices and the presence of patient Peyronie's disease. The long-term complication rate was limited ranging from 3% for erosion to 4.6% when mechanical failure was considered.

Conclusions:

Patient and partner satisfaction is excellent and increases with time. The number of complications is limited and is strongly associated with the presence of diabetes mellitus.

Patient summary:

We found a high couple satisfaction score that was higher when reported by males compared to females. Patient satisfaction increased with time, and it was independent of age.



Endocrine

Aging Male. 2024 Dec;27(1):2403519. doi: 10.1080/13685538.2024.2403519. Epub 2024 Sep 17.

Testosterone and resistance training improved physical performance and reduced fatigue in frail older men: 1 year follow-up of a randomized clinical trial



Rune Skovgaard Rasmussen ¹, Mette Midttun ², Bo Zerahn ³, Maria Pedersen ³, Anahita Rashid ³, Peter Busch Østergren ^{4 5}, Tine Kolenda Paulin ², Thea Winther Pødenphanth ², Linda Katharina Karlsson ², Eva Rosendahl ², Anne-Mette Ragle ⁶, Anders Vinther ⁶, Karsten Overgaard ¹

Affiliations

¹ Neurological Department N, University Hospital of Copenhagen, Herlev Hospital, Denmark.

² Medical Department O, University Hospital of Copenhagen, Herlev Hospital, Denmark.

³ Department of Clinical Physiology and Nuclear Medicine, University Hospital of Copenhagen, Herlev Hospital, Denmark.

⁴ Department of Clinical Medicine, Copenhagen University, Copenhagen, Denmark.

⁵ Department of Urology, University Hospital of Copenhagen, Herlev Hospital, Denmark.

⁶ Department of Physiotherapy and Occupational Therapy, University Hospital of Copenhagen, Herlev Hospital, Denmark.

Abstract

Objective:

To improve health conditions among hypogonadal men ≥ 70 years of age using testosterone undecanoate (TU) injections, progressive strength training, and oral supplements of vitamin D, calcium, and protein.

Methods:

This study is a 1-year follow-up of a double-blind RCT lasting 20 weeks, including 148 older men ≥ 70 years old with low testosterone levels and mobility problems. During 52 weeks, 4 groups received either testosterone therapy (TU) or progressive resistance training (Training), both (Combo), or no intervention (Controls). Physiotherapists supported the training groups until week 20, while these participants continued trained on their own during weeks 21 to 52. The main outcome measure was the 30-s chair stand test.

Results:

The following numbers of participants completed the trial: 20 (Combo), 20 (Controls), 24 (TU), and

14 (Training). When examining 30-s chair stand test performance within each group at baseline, and at weeks 4, 20 and 52, only the Combo group improved ($p = 0.001$, Friedman Test). Compared to controls, only the Combo group experienced reduced fatigue and tiredness ($p < 0.05$).

Conclusions:

Fifty-two weeks of testosterone supplementation combined with progressive resistance training may enhance physical performance, alleviate fatigue, and had no notable detrimental impacts among males aged ≥ 70 suffering from mobility issues and testosterone insufficiency. Trial registration - Clinical Trials NCT02873559.

Andrology. 2025 Mar;**13(3):439-446.** doi:
10.1111/andr.13707. Epub 2024 Aug 2.

Modulation of circulating free testosterone fraction by testosterone, dihydrotestosterone, and estradiol during testosterone replacement therapy

Ravi Jasuja ¹, Karol M Pencina ¹, Brian Lawney ², Alisa J Stephens-Shields ³, Susan S Ellenberg ³, Peter J Snyder ⁴, Shalender Bhasin ¹

Affiliations

¹ Research Program in Men's Health: Aging and Metabolism, Boston Claude D. Pepper Older Americans Independence Center, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, USA.

² Department of Biostatistics, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA.

³ Department of Biostatistics, Epidemiology and Informatics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, USA.

⁴ Division of Endocrinology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, USA.

Abstract:

Background:

Testosterone, estradiol, and dihydrotestosterone share common ligand binding sites on sex hormone binding globulin and albumin. It is unknown whether and how changes in testosterone, dihydrotestosterone, and estradiol concentrations during testosterone replacement therapy affect free testosterone fraction.

Objective:

To determine the effect of changes in testosterone, dihydrotestosterone, and estradiol concentrations on free testosterone fraction during testosterone replacement therapy of men with hypogonadism.

Methods:

Using data from the Testosterone Trials, we assessed the association of changes in total testosterone, estradiol, and dihydrotestosterone concentrations over 12 months of testosterone replacement therapy with changes in free testosterone fraction, measured using equilibrium dialysis. We used random forests to evaluate the associations of predicted mean changes in free testosterone fraction with changes in circulating concentrations of each hormone at low, mean, or high change in the other two hormones.

Results:

Testosterone replacement therapy not only increased total testosterone, dihydrotestosterone, estradiol, and free testosterone concentrations, but also the percent free testosterone, even though sex hormone binding globulin levels did not change. The predicted changes in free testosterone fraction during testosterone replacement therapy exhibited a non-linear relationship with changes in each of total testosterone, dihydrotestosterone, and estradiol concentrations. Greater increases in testosterone, dihydrotestosterone, and estradiol levels during testosterone replacement therapy were each

associated with higher model-predicted percent free testosterone. Substantially smaller changes in molar concentrations of estradiol and dihydrotestosterone had a greater effect on percent free testosterone than those in testosterone.

Conclusion:

During testosterone replacement therapy of men with hypogonadism, changes in testosterone, dihydrotestosterone, and estradiol concentrations each altered percent free testosterone non-linearly. Small changes in estradiol concentrations exerted much larger effect on the free testosterone fraction than testosterone and dihydrotestosterone, suggesting complex interactions of the three hormones with the binding proteins. Assessment of changes in free testosterone during testosterone replacement therapy should include consideration of changes in all three hormones.



Psychology

Ageing Male. 2024 Dec;27(1):2363275. doi: [10.1080/13685538.2024.2363275](https://doi.org/10.1080/13685538.2024.2363275).

The impact of male genital self-image on depression, anxiety and sexual functions

Adil Emrah Sonbahar ¹

Affiliations

¹ Department of Urology, Izmir Katip Celebi University, Ataturk Training and Research Hospital, Izmir, Turkey.

Abstract

Aim:

This study aims to examine the relationship between male genital self-perception and sexual functioning and depression anxieties.

Method:

The study included male patients who were referred to the andrology outpatient clinic between March 2022 and June 2022. Demographic data of the patients were recorded. Cigarette and alcohol consumption was also noted. The Male Genital Self Image Scale (MGSIS) questionnaire was used for the Genital Self Image(GSI) assessment, which consists of 7 questions. The International Index of Erectile Function (IIEF), composed of 15 questions, was used to evaluate sexual function. STAI-I, STAI-II, and BECK scales were used for depression and anxiety. The penis size of the patients was measured in a flaccid and stretched condition, and the midpenile circumference was recorded. Patients were compared with respect to GSI, depression, anxiety, and sexual functioning.

Results:

A total of 75 patients were included in the study. The mean age of the patients was 46.69 ± 11.32 (26-72), and the mean BMI was 27.82 ± 3.79 (22.46-40.40) kg/m². A slightly positive correlation was found between the patients' flaccid penis size and MGSIS-total scores ($r = 0.260$, $p = .024$) and IIEF-SF scores ($r = 0.240$, $p = .038$). There was a moderately positive correlation between the stretched penis size and IIEF-OS ($r = 0.403$, $p < .001$) and IIEF-SF ($r = 0.354$, $p = .002$). While the MGSIS-total score and the STAI-I and STAI-II scores had a moderate negative correlation, there was an advanced negative correlation between the MGSIS-total score and the BECK score.

Conclusion:

Disruption of men's genital self-perception is moderately related to their susceptibility to depression and anxiety. This situation affects the

person's sexual performance and causes orgasm problems to increase.

J Affect Disord. 2025 Apr 15;375:472-477. doi: 10.1016/j.jad.2025.01.103. Epub 2025 Jan 21.

SSRI use is not associated with the intensity of romantic love, obsessive thinking about a loved one, commitment, or sexual frequency in a sample of young adults experiencing romantic love

Adam Bode ¹, Marta Kowal ², Fabio Cannas Aghedu ³, Phillip S Kavanagh ⁴

Affiliations

¹ School of Archaeology and Anthropology, The Australian National University, Canberra, ACT, Australia. Electronic address: adam.bode@anu.edu.au.

² IDN Being Human Lab - Institute of Psychology, University of Wrocław, Wrocław, Poland.

³ Emotions, Neurocognition and Therapeutic Behavioral Approaches (ENACT) Team, University of Nîmes, France.

⁴ Discipline of Psychology, Faculty of Health, University of Canberra, Bruce, ACT, Australia; Justice and Society, University of South Australia, Magill, SA, Australia.

Abstract

For >15 years, researchers have speculated that selective serotonin reuptake inhibitor (SSRI) use is associated with negative romantic love outcomes. No one has empirically investigated this, however. Drawing on 810 participants from the Romantic Love Survey 2022, we used binary logistic regression to identify differences between young adults experiencing romantic love who were and were not taking SSRIs. Predictor variables were biological sex, mental health problems, intensity of romantic love, obsessive thinking about a loved one, commitment, and frequency of sex. Only biological sex and mental health problems were associated with SSRI use. None of our romantic love variables were associated with SSRI use. This



is the first evidence to demonstrate that SSRI use is not associated with some features of romantic love in a sample of young adults experiencing romantic love. The findings have implications for clinical practice and can be used to allay some concerns among individuals considering commencing SSRIs for common mental health problems.

J Affect Disord. 2025 Apr 15:375:165-173. doi: 10.1016/j.jad.2025.01.043. Epub 2025 Jan 10.

Optimal sexual frequency may exist and help mitigate depression odds in young and middle-aged U.S. citizens: A cross-sectional study

Mutong Chen ¹, Ruibin Yi ², Zhongfu Zhang ³

Affiliations:

¹ Department of Urology, The First Affiliated Hospital of Shenzhen University, Shenzhen Second People's Hospital, Shenzhen, China; Shantou University Medical College, Shantou, China.

² Shantou University Medical College, Shantou, China.

³ Department of Urology, The First Affiliated Hospital of Shenzhen University, Shenzhen Second People's Hospital, Shenzhen, China.

Abstract

Background:

While sexual activity is known to benefit physical health, its connection to psychological well-being is less studied. We hypothesized that lower self-reported sexual frequency would be independently associated with higher odds of depression, as assessed by the Patient Health Questionnaire-9 (PHQ-9).

Methods:

We included 15,794 U.S. adults aged 20-59, reporting sexual frequency and complete PHQ-9 scores, from the National Health and Nutrition Examination Survey (2005-2016). Logistic

regression models evaluated the independent association between sexual frequency and depression, while restricted cubic spline models explored potential non-linear associations.

Results:

The analysis revealed a significant negative association between sexual frequency and the odds of depression. Compared to those engaging in sexual activity less than once per month, participants reporting sexual activity once per month but less than once per week (OR: 0.58; 95 % CI: 0.48-0.70) and at least once per week (OR: 0.6; 95 % CI: 0.51-0.69) had lower odds of depressive symptoms. The restricted cubic spline model indicated a saturation effect (P for nonlinearity = 0.002), suggesting an optimal sexual frequency of 52 to 103 times per year (1-2 times per week) to reduce depression odds.

Conclusion:

We revealed a significant negative association between self-reported sexual frequency and the odds of depression. A sexual frequency of 1-2 times per week showed the greatest protective effects on psychological well-being and may serve as a reference standard for mental health evaluation and monitoring during depression treatment. Further research is needed to determine directionality, causality, and potential modifiers of this association.

J Med Internet Res. 2025 Jan 8:27:e49860. doi: 10.2196/49860.

Pornography-Watching Disorder and Its Risk Factors Among Young Adults: Cross-Sectional Survey

Csaba Erdős ^{# 1}, Oguz Kelemen ^{# 2}, Dávid Pócs ³, Edit Paulik ¹, András Papp ¹, Edina Horváth ⁴, Arbel Golan ¹, Krisztián Széll ⁵

Affiliations

¹ Department of Public Health, University of Szeged, Albert Szent-Györgyi Medical School, Szeged, Hungary.

² Department of Behavioral Sciences, University of Szeged, Albert Szent-Györgyi Medical School, Szeged, Hungary.

³ Cardiology Center, Department of Internal Medicine, University of Szeged, Szeged, Hungary.

⁴ Family Medicine Department, University of Szeged, Szeged, Hungary.

⁵ Institute of Education, Eötvös Loránd University, Budapest, Hungary.

Contributed equally.

Abstract

Background:

The widespread availability of internet-based pornography has led to growing concerns about its impact on mental health, particularly among young adults. Despite increasing recognition of problematic pornography use, standardized diagnostic criteria for pornography addiction are lacking.

Objective:

This study aimed to address this gap by applying adapted DSM-5 (Diagnostic and Statistical Manual of Mental Disorders [Fifth Edition]) criteria to evaluate "pornography-watching disorder" (PWD) in a large sample of young adults in Hungary. The primary objective was to assess the prevalence of PWD among young adults and identify key risk factors associated with its development using DSM-5 criteria adapted for pornography use. It also aimed to advance the understanding of PWD as a potential behavioral addiction.

Methods:

A cross-sectional web-based survey was conducted between September and December 2018, targeting young adults aged 18-35 years in Hungary. Participants were recruited through social media and the University of Szeged Albert Szent-Györgyi Medical School's web page. Of the 9397 respondents, 7187 (76.5%) had previously

consumed pornography and were included in the analysis. PWD was measured using 10 statements adapted from the DSM-5 substance use disorder criteria. Multivariable binary logistic regression was used to identify significant predictors of PWD.

Results:

The prevalence of PWD in the sample was 4.4% (n=315). Frequent pornography consumption was a significant risk factor, with weekly users (odds ratio [OR] 0.45, 95% CI 0.33-0.62, P<.001), monthly users (OR 0.18, 95% CI 0.11-0.28, P<.001), and less than monthly users (OR 0.05, 95% CI 0.03-0.10, P<.001) showing significantly lower odds compared with daily users as a reference category. Male sex was associated with a higher risk (OR 0.53, 95% CI 0.39-0.72, P<.001), as were early exposure to pornography (OR 0.94, 95% CI 0.90-0.98, P=.006), paraphilia (OR 3.95, 95% CI 2.37-6.56, P<.001), dissatisfaction with sexual life (OR 0.94, 95% CI 0.90-0.98, P=.006), difficulty forming personal relationships (OR 0.93, 95% CI 0.88-0.98, P=.005), and strong adherence to religious norms (OR 1.12, 95% CI 1.06-1.19, P<.001). Protective factors included adequate sexual education (OR 0.67, 95% CI 0.53-0.87, P=.02) and residing in the capital (OR 0.52, 95% CI 0.30-0.91, P=.02). The use of an anonymous web-based questionnaire likely reduced the influence of stigma, resulting in more accurate self-reporting of sensitive behaviors.

Conclusions:

This study is among the first to apply DSM-5 criteria to evaluate PWD, providing important insights into its prevalence and associated risk factors in young adults. The findings highlight the need for standardized diagnostic tools for PWD and suggest targeted interventions, particularly for high-risk groups. These results contribute to the ongoing discussion about whether pornography addiction should be recognized as a distinct behavioral disorder.

Ancient Secrets of Pleasure: The Erotic Ceramics of the Moche Civilization

By: Ahmad Majzoub, MD

Deep in the heart of Peru's northern coast, an ancient civilization thrived between 150 and 800 AD—the Moche. Known for their sophisticated irrigation systems, grand pyramids, and elaborate art, they also left behind something unexpected and intriguing—a vast collection of erotic ceramics. These artifacts provide a rare and unfiltered glimpse into their attitudes toward sexuality, offering a window into rituals, relationships, and beliefs that challenge modern assumptions about ancient cultures.

A Different Perspective on Sexuality

While many historical depictions of sexuality emphasize fertility and procreation, Moche ceramics tell a different story. The most striking feature of these



artifacts is their focus on non-reproductive sexual acts, including *Anal intercourse*, which appears more frequently than vaginal penetration, suggesting complex social or ritual meanings; *Oral sex (fellatio)*, depicted in intricate detail, possibly symbolizing pleasure, power, or



Most of the ceramics and pottery were discovered in Huaca del Sol, Huaca de Luna, and Sipán (from left to right) in Peru



spiritual connection; and *Masturbation*, including images of skeletal figures engaging in self-pleasure, hinting at themes of fertility, the afterlife, and rebirth.

These explicit scenes weren't merely created for entertainment—they likely served deeper ritualistic, educational, or symbolic purposes.

Art as a Cultural Mirror

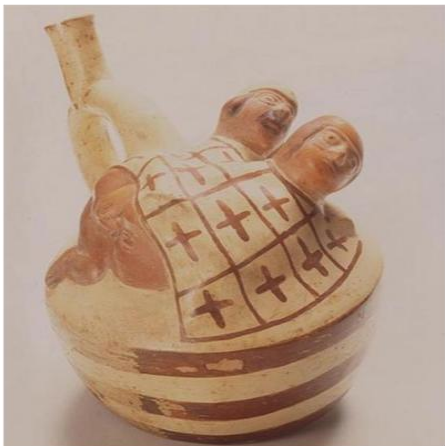
Historians and archaeologists believe these ceramics may have been used for:

- Religious or fertility rituals, where sexuality played a key role in connecting with the divine.
- Education, as a way to instruct young Moche people about intimacy and social norms.
- Spiritual teachings, illustrating the life-death cycle, the flow of energies, or cosmological beliefs tied to sexual expression.

By openly representing such intimate themes, the Moche challenge the notion that ancient societies were universally conservative about sexuality. Their art suggests that, at least in their world, sexual expression was deeply integrated into daily life, spirituality, and cultural identity.

Exploring the Past, Understanding the Present

The Moche erotic ceramics remain one of the most fascinating and debated archaeological discoveries related to human sexuality. They remind us that perspectives on intimacy, pleasure, and relationships have always been diverse, shaped by culture, beliefs, and the human experience itself.



Examples of erotic ceramics and pottery from the Moche Civilization

For those curious to see these remarkable artifacts firsthand, a vast collection is preserved at the Larco Museum in Lima, Peru. There, the past speaks in clay—telling stories of passion, mystery, and a civilization that saw sexuality as an essential part of life's grand design.

Value of prolonged scrotal drainage after penile prosthesis implantation: a multicenter prospective nonrandomized pilot study.

Osmonov D, Ragheb AM, et al. *Int J Impot Res.* 2025 Jan;37(1):87-91.

This groundbreaking multicenter study has shed new light on the importance of prolonged scrotal drainage following inflatable penile prosthesis (IPP) implantation. Conducted across five prestigious medical centers in Europe and Australia, the study aimed to determine whether extending the duration of postoperative drainage could significantly reduce complications such as scrotal hematoma and prosthesis infection. The findings suggest that a simple adjustment in postoperative management—keeping a closed suction drain in place for 72 hours instead of the conventional 24 hours—can lead to dramatically improved surgical outcomes.

The research team, led by an international consortium of urologists, divided 345 patients undergoing first-time (virgin) IPP implantation into three distinct groups. The first group (114 patients) had no postoperative drainage, the second group (114 patients) received a drain for 24 hours, and the third group (117 patients) had a drain for 72 hours. All procedures were performed using a standardized penoscrotal approach, ensuring that any differences in outcomes were attributable to drainage duration rather than surgical technique.

Postoperative complications, particularly hematoma formation, were meticulously assessed using ultrasound at three key time points—24 hours, 3 days, and 10 days after surgery. The results were striking. By the first postoperative day, hematoma incidence was already significantly higher in the no-drain group (8.8%) compared to the 24-hour group (5.3%) and the 72-hour group (1.7%). By the third day, the pattern became even

more evident. The no-drain group continued to experience the highest rate of hematoma (11.4%), whereas those with a drain for 24 hours had a moderate reduction (6.1%), and the 72-hour group had the lowest rate (0.9%). The benefits of prolonged drainage were most pronounced on the tenth postoperative day, where only 0.9% of patients in the 72-hour group developed a hematoma, compared to 9.6% in the 24-hour group and 7% in the no-drain group.

Beyond hematoma formation, the study also investigated infection rates, a critical concern for surgeons performing penile prosthesis implantation. Although infection rates did not show statistically significant differences among the groups, the overall trend favored prolonged drainage. The no-drain group exhibited the highest infection rate at 4.4%, followed by the 24-hour group at 3.5%, while the 72-hour drainage group had the lowest rate at just 0.9%. Interestingly, the study found that the presence of a hematoma within the first 24 hours was a significant predictor of infection, underscoring the indirect benefit of prolonged drainage in reducing this serious complication.

One of the most compelling aspects of this study is that it challenges a longstanding debate in urologic surgery. Traditionally, many surgeons have been cautious about prolonged drainage due to concerns about infection risk, fearing that the drain could serve as a conduit for bacterial entry. However, the results of this research, alongside findings from previous studies, suggest that these concerns may be overstated. In fact, when properly managed, prolonged drainage appears to confer significant benefits without increasing infection risk.

The study's authors emphasize that while their findings strongly support the use of prolonged drainage, additional large-scale, randomized controlled trials are necessary to further validate the data. They advocate for the inclusion of this



approach in standardized postoperative protocols, particularly for patients at high risk of hematoma formation.

With penile prosthesis surgery remaining a gold-standard treatment for men with severe erectile dysfunction, particularly those unresponsive to medical therapies, refinements in surgical technique and postoperative care are essential. This study adds to a growing body of evidence suggesting that small but strategic modifications—such as the duration of scrotal drainage—can significantly improve patient outcomes, reducing complications and potentially expediting recovery.

Surgeon Gender and Early Complications in Elective Surgery: A Systematic Review and Meta-analysis

Caturegli I, Pachano Bravo AM, Abdellah I, Fatima M, Bafford AC, Widyaningsih SA, Kaabia O. *Surgeon Gender and Early Complications in Elective Surgery: A Systematic Review and Meta-analysis. Ann Surg. 2025 Mar 1;281(3):404-416.*

This new systematic review and meta-analysis has tackled a long-standing debate in the medical field: does the gender of a surgeon influence early postoperative outcomes in elective surgery? This expansive study, which reviewed data from over 4.4 million surgical procedures across multiple specialties, found no significant association between surgeon gender and key patient outcomes, including 30-day mortality, readmission rates, and complications.

As gender disparities continue to be a topic of discussion in medicine—especially in surgical fields where women remain underrepresented—this study provides robust evidence to challenge any

lingering biases about the capabilities of female versus male surgeons.

The research, conducted by a team of international investigators, systematically analyzed 11 observational studies published between 2016 and 2023. The studies included a diverse range of surgical specialties, from general surgery to cardiothoracic, orthopedic, vascular, plastic, and gynecologic surgery, covering procedures performed under general or regional anesthesia. The dataset comprised 7072 female surgeons, who collectively performed 325,712 surgeries, making up 7.3% of the total 4,440,740 operations analyzed.

Using rigorous methodology, the researchers adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and the Meta-Analyses of Observational Studies in Epidemiology (MOOSE) guidelines. Statistical analyses were performed using a random-effects model, which accounts for variability across different studies. The researchers also conducted subgroup analyses to explore potential confounders, including surgeon experience, hospital type, procedure complexity, and patient characteristics.

The key takeaway from the findings is that gender does not appear to play a role in early surgical outcomes. The odds ratio for the composite outcome of mortality, readmission, and complications was 0.97 (95% CI 0.95–1.00; P=0.001), indicating no statistically significant difference between male and female surgeons. When analyzing mortality alone, the odds ratio was 0.98 (95% CI 0.90–1.07; P=0.681), again demonstrating no association between surgeon gender and patient death within 30 days of surgery. Complication rates followed a similar pattern, with an odds ratio of 0.93 (95% CI 0.83–1.05; P=0.263), reinforcing the conclusion that patient safety is not affected by the gender of their surgeon.



Interestingly, while the majority of included studies found no significant differences, two studies did suggest that female surgeons might have slightly better outcomes in certain contexts. One study, conducted in Sweden, found that female surgeons performing elective cholecystectomies had a lower likelihood of bile duct injury and shorter hospital stays compared to their male counterparts. Another study found that patients treated by female surgeons had lower odds of experiencing postoperative complications, though when breaking down the data into specific outcomes (mortality, readmission, or complications alone), these differences were no longer statistically significant.

One of the strengths of this meta-analysis is its sheer scale and breadth, covering multiple surgical fields and accounting for potential confounding variables. However, the researchers acknowledge some limitations. The included studies were all observational, meaning they could not establish causation, and some degree of residual confounding may still exist. Additionally, variations in surgical practice, case complexity, and hospital settings could have introduced heterogeneity in the findings.

Beyond the scientific implications, these findings carry broader significance for gender equity in surgery. Historically, female surgeons have faced

numerous challenges, including disparities in training opportunities, compensation, and leadership positions. Studies have also suggested that female surgeons tend to be assigned less complex cases, which could influence perceived differences in outcomes. However, this meta-analysis provides compelling evidence that when it comes to patient safety and early postoperative results, gender should not be a factor in surgical decision-making.

This study sends a clear message to patients, healthcare providers, and institutions: surgical outcomes should be evaluated based on individual surgeon expertise rather than gender. As efforts continue to promote gender equity in the surgical field, these findings reinforce that female surgeons are equally competent and capable as their male counterparts in delivering high-quality surgical care.

Moving forward, the researchers suggest that future studies should examine long-term postoperative outcomes, patient satisfaction, and the impact of surgeon gender in emergency procedures. While this study settles one part of the debate, it also paves the way for continued discussions about how gender biases—both explicit and implicit—can be addressed within surgical practice.

- 1. A 52-year-old male presents with penile pain, curvature, and erectile dysfunction (ED) for the past six months. On examination, a palpable plaque is noted on the dorsal shaft of the penis. Which of the following best describes the role of low-intensity shock wave therapy (LiSWT) in the management of this condition?**

 - a) LiSWT is a first-line treatment and can resolve Peyronie's plaques in most cases.
 - b) LiSWT has shown significant benefits in reducing curvature and disease progression.
 - c) LiSWT may provide pain relief in the acute phase but does not improve curvature or prevent disease progression.
 - d) LiSWT is only effective when combined with intralesional collagenase injections.
 - e) LiSWT is contraindicated in Peyronie's disease due to the risk of worsening fibrosis.

- 2. A 40-year-old woman with no significant medical history presents with persistent lack of sexual desire, causing distress in her relationship. She denies any hormonal abnormalities or relationship issues. Which of the following is the most appropriate pharmacologic treatment option?**

 - a) Combined oral contraceptives
 - b) Flibanserin
 - c) Ospemifene
 - d) Dopamine antagonists
 - e) Local estrogen therapy

- 3. A 34-year-old male presents with persistent difficulty achieving and maintaining an erection during penetrative intercourse but has no difficulty with spontaneous erections or masturbation. He reports anxiety about his performance and an increased heart rate before intercourse. What is the most appropriate first-line intervention?**

 - a) Daily PDE5 inhibitors
 - b) Intracavernosal injection therapy
 - c) Cognitive behavioral therapy (CBT)
 - d) Penile prosthesis implantation
 - e) Androgen replacement therapy

4. Which of the following statements about testosterone replacement therapy (TRT) in men with hypogonadism and cardiovascular risk is most accurate?
- a) TRT has been conclusively shown to increase major adverse cardiovascular events (MACE) in all hypogonadal men.
 - b) TRT should be avoided in all men with prior myocardial infarction.
 - c) In men with controlled cardiovascular disease, TRT may improve metabolic parameters and overall cardiovascular health.
 - d) TRT should be started at high doses in all hypogonadal men with type 2 diabetes to improve glycemic control.
 - e) There is no need for follow-up cardiovascular monitoring in men receiving TRT.
5. A 22-year-old woman with a history of classic congenital adrenal hyperplasia (CAH) presents with concerns about genital sensitivity, difficulty with orgasm, and discomfort during intercourse. She is on long-term glucocorticoid therapy. Which of the following is the most likely explanation for her symptoms?
- a) Psychological trauma from childhood genital surgery
 - b) Excess androgen exposure leading to clitoral hypertrophy and altered genital sensation
 - c) Glucocorticoid-induced vaginal atrophy
 - d) Estrogen deficiency due to adrenal suppression
 - e) Insufficient glucocorticoid dosing leading to androgen excess

Answer key: 1.c, 2.b, 3.c, 4.c, 5.b

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كيف يؤثر سن اليأس على صحتك الجنسية؟
How Menopause Affects Your Sexual Health?

MESM

MENOPAUSE

A woman is shown holding a sign that says "MENOPAUSE". She is surrounded by various items: a red alarm clock, a glass of water, a pill bottle, and a hand holding a pill. The background is a soft pink color.

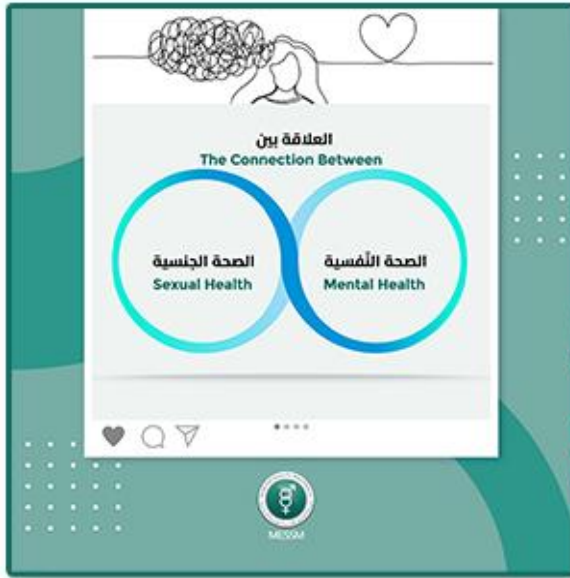


العلاقة بين مرض بيروني والسكري
Link between Peyronie's disease & Diabetes.

MESM

in

A hand is shown holding a blue glucometer displaying "LOW BLOOD SUGAR". The background is a green and white circular graphic with a blue infinity symbol.



العلاقة بين
The Connection Between

الصحة الجنسية
Sexual Health

الصحة النفسية
Mental Health

MESM

A diagram showing two overlapping circles, one labeled "الصحة الجنسية Sexual Health" and the other "الصحة النفسية Mental Health". Above the circles are icons of a brain and a heart. The background is a green and white geometric pattern.



هل يؤثر النظام الغذائي على الرغبة الجنسية؟

يأخذ النظام الغذائي دوراً رئيسياً في الصحة الجنسية. يدعم النظام الغذائي الفعّال بالتمديدات الدورية ونواحي الهرمونات ومستويات الطاقة، مما يعزز الرغبة الجنسية. على العكس، يمكن لتعدادات الغذاء السيئة أن تؤثر سلباً على الوظيفة الجنسية. إمدد النظام الغذائي حتى عامل مهم لتعزيز الصحة العامة والجنسية.

MESM

SEXUAL HEALTH

A tablet displaying "SEXUAL HEALTH" is surrounded by various healthy food items like fruits, nuts, and grains. The background is a light brown color with a starburst graphic.



المخاوف الصحية الجنسية بعد الولادة
Sexual Health Concerns After Giving Birth

MESM

A woman is shown holding a baby. The background is a light blue and white geometric pattern.



كيف يمكن أن يؤثر اضطراب الوسواس القهري على صحتك الجنسية؟
How Can OCD Affect Your Sexual Health?

الأمثال المتطفلة مثل الملحق وعدم الراحة.
Intrusive Thoughts: Like anxiety and discomfort.

MESM

OCD

A man is shown sitting at a desk, looking thoughtful. The background is a dark blue color with a magnifying glass and a block with "OCD" written on it.

Local Affiliation



Jordanian Association of Urological Surgeons



Société Tunisienne de Sexologie Clinique



Saudi Urological Association



The Egyptian Society for Sexual Medicine and Surgery



Saudi Andrology Group



The Saudi Society for Men's Health



Kuwait Urological Association



Libyan Urology Association



Emirates Urological Society



Oman Urology Society



Iranian Psychiatric Association



Egyptian Urological Association



Urological Society of Qatar

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Basic Holistic Approach to the Management of MALE SEXUAL DYSFUNCTION

2:00 PM | Intercontinental Hotel, Riyadh, Saudi Arabia | 31 January 2025



BREAK THE SILENCE

The Basic Holistic Approach to the Management of Male Sexual Dysfunction workshop proved to be a great success, with renowned experts in the field coming together to provide their expertise. We extend our heartfelt thanks to all participants for their involvement and support, which made this event truly impactful.



Recent Events



Basic Holistic Approach to the Management of **MALE SEXUAL DYSFUNCTION**

2:00 PM | Intercontinental Hotel, Riyadh,
Saudi Arabia | 31 January 2025



Recent Events

Basic Holistic Approach to the Management of MALE SEXUAL DYSFUNCTION

2:00 PM | Narcissus Al Hamra Hotel, Jeddah, Saudi Arabia | 7 February 2025



The Basic Holistic Approach to the Management of Male Sexual Dysfunction workshop in Jeddah was a great achievement, gathering esteemed experts to discuss key topics in the field. We deeply appreciate the active participation of everyone, which played a crucial role in making the event a success.



Recent Events



OMAN
INTERNATIONAL
HOSPITAL
MANAGED BY IDEAL MED QMS
مستشفى عمان الدولي
بمسؤولية عالية

Boston
Scientific
Advancing science for life™

MESSM PENILE IMPLANT MASTERCLASS

15 February 2025
Oman International Hospital, Oman

The Meet the Experts MESSM Penile Implant Masterclass was a great success, thanks to the dedicated efforts of MESSM and Boston Scientific. We sincerely appreciate all participants for their valuable contributions contribution



Recent Events



MESSM PENILE IMPLANT MASTERCLASS

15 February 2025
Oman International Hospital, Oman



Recent Events

ESSM
2025

VIENNA, AUSTRIA



MESSM

ESSM Congress 2025

20 -22 February 2025 | Vienna, Austria

Our participation in the ESSM Congress was a great success! It was an outstanding event filled with insightful discussions, valuable exchanges, and meaningful connections. We are grateful to everyone who contributed to making it such a remarkable experience



Recent Events

ESSM
2025

VIENNA, AUSTRIA



MESSM

ESSM Congress 2025

20 -22 February 2025 | Vienna, Austria



Recent Events

MESSM WEBINAR

Andrological Emergencies: Recognition and Management

28 February 2025 | 3:00 PM Cairo Time

The webinar on Andrological Emergencies: Recognition and Management was a true success! We sincerely thank everyone who participated and contributed to the engaging and interactive discussions



Upcoming Events

**Boston Scientific and Middle East
Society for Sexual Medicine**


MESSM Curricula – MENA 2025



**Boston
Scientific**
Advancing science for life™

MESSM Penile Implant Surgery Masterclass

**A Collaborative Between
The Middle East Society for Sexual Medicine
& Boston Scientific**

 **Cairo, Egypt**

 **26 April 2025**

By Invitation
Register Interest

Click Here to Register



MESSM

Upcoming Events

MESSM WEBINAR

Female Desire, Arousal and Orgasmic Disorders

23 April 2025 | 8:00 PM (Cairo Time)

Free Registration
for MESSM/ISSM Members and
Members of our Affiliated Societies

Moderators:



Dr. Ons Kaabia



Dr. Wafaa Eltantawy

Presenters:



Dr. Wafaa Eltantawy



Dr. James Pfaus



Effie Sultani

Webinar Program:

Understanding Female Sexual Response (10 Minutes)

Dr. Wafaa Eltantawy
(UK)

Epidemiology and Neurobiology of Female Desire,
Arousal and Orgasmic Disorders (25 Minutes)

Dr. James Pfaus
(Czech Republic)

Psychosexual Perspective of Female Desire, Arousal
and Orgasmic Disorders (25 Minutes)

Effie Sultani
(UK)

Discussion and Closure (20 Minutes)

[Click Here to Register](#)



Upcoming Events

**Boston Scientific and Middle East
Society for Sexual Medicine**

MESSM Curricula – MENA 2025



**Boston
Scientific**
Advancing science for life™

MESSM Penile Implant Surgery Masterclass

**A Collaborative Between
The Middle East Society for Sexual Medicine
& Boston Scientific**

 Dubai, UAE
 17 May 2025

By Invitation
Register Interest

Click Here to Register



MESSM

Upcoming Events



MESSM Academy Webinars

Vaginismus

 May 2025

Free Access for MESSM / ISSM and
ISSM-Affiliated Societies Members

[Members: Register Now](#)

[Become a MESSM/ISSM Member](#)

[Click Here to Register](#)



Upcoming Events



MESSM Academy Webinars **Penile Curvature**

 June 2025

Free Access

Register Now

Click Here to Register



Upcoming Events



MESSM Academy Webinars

Female Aesthetic Regenerative Surgery

 June 2025

Free Access for MESSM / ISSM and
ISSM-Affiliated Societies Members

[Members: Register Now](#)

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MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE



Upcoming Events



MESSM Academy Webinars

Cardio-Sexuality

 June 2025

Free Access

Register Now

Click Here to Register



Upcoming Events



MESSM Workshops:

Psychosexual Therapy Workshop
A Collaborative Effort of The Middle East Society for Sexual Medicine and Eva Pharma



EVA PHARMA

 **Alexandria, Egypt**

 **June 2025**

Free Access for MESSM / ISSM and ISSM-Affiliated Societies Members

By Invitation
Register Interest
(Available In-person & Online)

Members: Register Now

Become a MESSM/ISSM Member


Click Here to Register

Upcoming Events



MESSM Masterclasses

Hands-on Advanced Training in Andrological Ultrasound

 Cairo, Egypt
 June 2025

Day 1: Online
Free Registration for MESSM/ISSM Members
and Members of our Affiliated Societies.

Day 2: Hands-On
Registration Fees: 100\$ (limited seats)

Members: Register Now

Become a MESSM/ISSM Member

Click Here to Register

Upcoming Events

**Boston Scientific and Middle East
Society for Sexual Medicine**

MESSM Curricula – MENA 2025



**Boston
Scientific**
Advancing science for life™

MESSM Penile Implant Surgery Masterclass

**A Collaborative Between
The Middle East Society for Sexual Medicine
& Boston Scientific**

 **Beirut, Lebanon**

 **4 July 2025**

By Invitation
Register Interest

Click Here to Register



Upcoming Events

**Boston Scientific and Middle East
Society for Sexual Medicine**

MESSM Curricula – MENA 2025



**Boston
Scientific**
Advancing science for life™

MESSM Penile Implant Surgery Masterclass

**A Collaborative Between
The Middle East Society for Sexual Medicine
& Boston Scientific**

**📍 Amsterdam, Netherlands
📅 23-24 July 2025**

**By Invitation
Register Interest**

[Click Here to Register](#)



MESSM

Upcoming Events



MESSM Academy Webinars **Regenerative Therapy in Andrology**

 July 2025

**Free Registration for MESSM/ISSM Members
and Members of ISSM Affiliated Societies**

Members: Register Now

Become a MESSM/ISSM Member

Click Here to Register



Upcoming Events



MESSM



MESSM ACADEMY

MESSM Academy Webinars Psychosexual Therapy

 July 2025

Free Access for MESSM / ISSM and
ISSM-Affiliated Societies Members

[Members: Register Now](#)

[Become a MESSM/ISSM Member](#)

[Click Here to Register](#)



Upcoming Events

**Boston Scientific and Middle East
Society for Sexual Medicine**

MESSM Curricula - MENA 2025



**Boston
Scientific**
Advancing science for life™

MESSM Penile Implant Summer School (Six-Week Online Course)

 August- September 2025

[Register Interest](#)

[Click Here to Register](#)



Upcoming Events



MESSM



MESSM ACADEMY

MESSM Academy Webinars Onco-Sexuality Male and Female

 August 2025

[Click Here to Register](#)



Upcoming Events



MESSM Academy Webinars

Sexuality in Menopause

 September 2025

Free Access

Register Now

Click Here to Register



MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

MESSM

MENO



PAUSE

Upcoming Events



MESSM Workshops: MESSM Penile Curvature Masterclass

 Cairo, Egypt
 October 2025

**Live Surgery
Peyronie's Disease
Congenital Curvature**

**Free Registration for MESSM/ISSM Members
and Members of ISSM Affiliated Societies
(limited seats)**

Members: Register Now

Become a MESSM/ISSM Member

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Upcoming Events



MESSM Academy Webinars

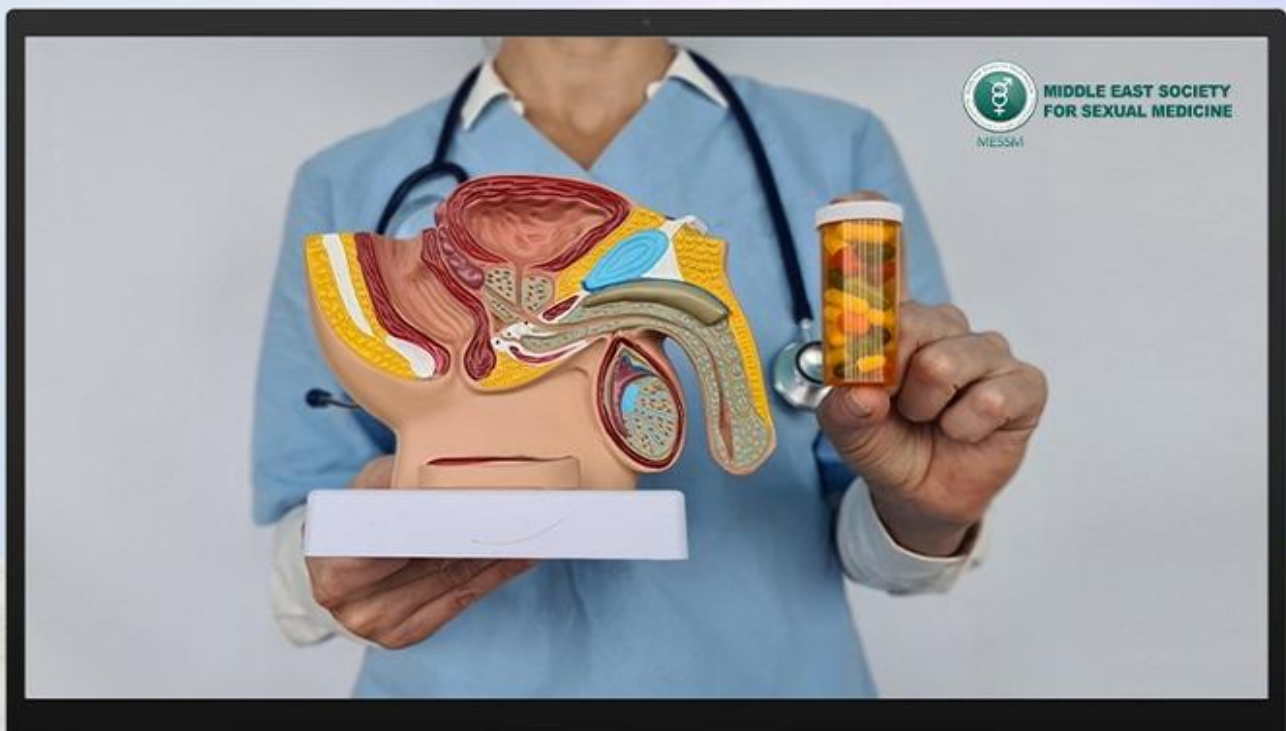
Disorders of Ejaculation

 October 2025

Free Access

Register Now

Click Here to Register



Upcoming Events



MESSM



MESSM ACADEMY

MESSM Academy Webinars

Scientific Research & Publication Training

 October 2025

Free Access

Register Now

Click Here to Register



Upcoming Events

**Boston Scientific and Middle East
Society for Sexual Medicine**

MESSM Curricula – MENA 2025




**Boston
Scientific**
Advancing science for life™

MESSM Penile Implant Surgery Masterclass

**A Collaborative Between
The Middle East Society for Sexual Medicine
& Boston Scientific**

 Muscat, Oman

 November 2025

By Invitation
Register Interest

Click Here to Register



Upcoming Events

9th MESSM Annual Congress Advancing Sexual Medicine Together

MESSM Penile Implant Surgery Workshop

A Collaboration Between

The Middle East Society for Sexual Medicine & Boston Scientific

**Boston
Scientific**
Advancing science for life™

📍 Doha, Qatar

📅 11 December 2025

By Invitation
Register Interest

Click Here to Register



MESSM

Upcoming Events

9th MESSM Annual Congress Advancing Sexual Medicine Together

MESSM Penile Implant Surgery Workshop

A Collaboration Between
The Middle East Society for Sexual Medicine & Rigicon

Rigicon[®]
Innovative Urological Solutions

📍 Doha, Qatar

📅 11 December 2025

By Invitation
Register Interest

Click Here to Register



MESSM

Upcoming Events

9th MESSM Annual Congress Advancing Sexual Medicine Together

Male Regenerative Therapy Workshop

📍 Doha, Qatar

📅 11 December 2025

By Invitation
Register Interest

Click Here to Register




MESSM

Upcoming Events

9th MESSM Annual Congress Advancing Sexual Medicine Together

MESSM Pre-Congress Andrological Ultrasound Workshop

 Doha, Qatar

 11 December 2025

By Invitation
Register Interest

Click Here to Register



MESSM

We're Excited To Announce The

26TH WMSM

WORLD MEETING ON
SEXUAL MEDICINE 2025

Joint ISSM/SASSM Scientific Meeting
11-14 September 2025 | Bangalore, India

India



Upcoming Events



الرابطة القطرية
لجراحة المسالك
البولية | UROLOGICAL
SOCIETY
OF QATAR



MESSM

MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

9th MESSM

9th Annual Congress of Middle East Society for Sexual Medicine

In collaboration with Urological Society of Qatar

Doha , Qatar 11 -13 Dec. 2025

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VENUE:

Itqan - Clinical Simulation & Innovation
Center - Doha- Qatar

www.messmcongress2025.com

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 Arab Organizers
Group

Qatar:

Tel: +97472121580

Tel: +962795536888

UAE: +971564838833

Email: Gm@araborganizers.net

Email: sanad.r@araborganizers.net

Upcoming Events



الرابطة القطرية
لجراحة المسالك
البولية | UROLOGICAL
SOCIETY
OF QATAR



MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

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9th MESSM

9th Annual Congress of Middle East Society for Sexual Medicine

In collaboration with Urological Society of Qatar

Doha , Qatar 11 -13 Dec. 2025

Abstract Submission is now open

[Click Here](#)

**DEADLINE FOR ABSTRACT SUBMISSION
15th OF JULY 2025**

**Arab Organizers
Group**

Qatar:

Tel: +97472121560

Tel: +962795536888

UAE: +971564838833

Email: Gm@araborganizers.net

Email: sanad.r@araborganizers.net

VENUE:

**Itqan - Clinical Simulation & Innovation
Center - Doha - Qatar**

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9th MESSM Congress - Qatar 2025

Our Website

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Our new website just launched with easy one click access to:

- MESSM Newsletter
- Public Awareness Information
- MESSM Activities
- ISSM Access Website
- ISSM University
- JSM Journal of Sexual Medicine Access
- ISSM Video Journal of Prosthetic Urology Access

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