



**MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE**

MESSM's

► **NEWSLETTER**

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6 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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Psychology

Sex Med. 2025 May 29;13(2):qfaf036. doi: 10.1093/sexmed/qfaf036. eCollection 2025 Apr.

Continuous education in sexology: the International Online Sexology Supervisors (IOSS) conceptual framework and roadmap

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Abstract

Introduction:

The necessity for continuous, digitally accessible education in sexology-viewed from an international perspective and adhering to the highest quality standards-has driven the development of the work presented here.

Objectives:

The objective of this paper is to enhance understanding of theory-based continuous education in sexology by informing readers about relevant theoretical perspectives and their applications.

Methods:

First, we outline 2 foundational models in continuous education to provide context for how they shape adult learning practices. Second, building on these models, we introduce a novel conceptual framework for continuous education in sexology. Third, to exemplify the application of our conceptual framework, we present a roadmap for implementation, along with insights gained from the development of a continuous education platform.

Results:

Two of the most prominent models of continuous education are the andragogy and transformative learning models. The key point of the andragogy model is to tailor educational practices to the needs of adult learners, recognizing their existing knowledge and life experiences, promoting self-directed learning, and fostering a collaborative environment that encourages critical thinking and practical application of concepts. The key point of the transformative learning model is to facilitate personal and social change by encouraging learners to critically reflect on their experiences and challenge assumptions. Building upon these 2 models, a new model emerged, namely the International Online Sexology Supervisors (IOSS) conceptual framework for continuous education in sexology. This model posits that continuous education is more effective when driven by intrinsic motivation, and such learning will thrive in environments that promote (1) transformative learning, (2) autonomous learning, and (3) learning embedded in the workflow. In alignment with the IOSS conceptual framework, the IOSS learning platform has been developed, and its implementation roadmap is presented here. This roadmap outlines 10 key components and strategies for content design, instructor recruitment, pricing, marketing, accreditation, evaluation, and technology usability, all working together to create a continuous education learning environment for sexologists.

Conclusion:

Learning environments that incorporate the key features of the IOSS conceptual framework are possible. An example of an educational approach that integrates these elements into a cohesive strategy is presented. E-learning can play a significant role in the continuous education of sexual health professionals. We hope that the IOSS model and its applications will spark discussions and encourage relevant initiatives within the field.

The assessment of the sexuality of patients with a borderline personality disorders based on their 2D:4D digit ratio

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Abstract

Background:

The hormonal composition of amniotic fluid during prenatal development, particularly the androgen-to-estrogen ratio, may influence neuronal differentiation related to sexual response patterns and the capacity to control impulsive sexual behaviors in later life.

Aim: This study aims to assess sexual behaviors and characterize sexual responses in women with borderline personality disorder (BPD) compared to a control group.

Methods:

The study included 33 women diagnosed with BPD and 56 women in a control group. BPD diagnoses were based on clinical psychiatric evaluation and the Structured Clinical Interview for DSM-IV. Elements of sexual response were measured using the Arizona Sexual Experience Scale (ASEX). The digit ratio (2D:4D) served as a biomarker for testosterone and estrogen exposure during early prenatal development.

Main outcomes:

ASEX results were analyzed in the categories of "desire," "arousal," and "vaginal lubrication"

subscales, along with the 2D:4D digit ratio for both hands.

Results:

Lower values for the right-hand digit ratio were observed in the BPD group compared to the control group (0.989, SD = 0.034 vs. 1.016, SD = 0.039; $P = 0.0014$), potentially indicating higher prenatal testosterone levels. Significant correlations were found in the BPD group between the right-hand digit ratio and scores on the ASEX subscales, specifically "sexual arousal" ($r = 0.406$, $P = 0.019$) and "vaginal lubrication" ($r = 0.362$, $P = 0.038$).

Clinical implications:

These results may support biological hypotheses regarding the origins of sexual dysfunction in women with BPD.

Strengths and limitations:

This study is a pioneering attempt to explore the indirect impact of early amniotic hormone composition on the neurobiological conditioning of sexual response and behavior in women with BPD. Limitations include the preliminary nature of the findings, a small sample size, and results that may not be generalizable across all genders.

Conclusions:

Physiological aspects of sexual response, such as arousal and vaginal lubrication, in women with BPD appear to be significantly correlated with prenatal testosterone levels, as indicated by the 2D:4D digit ratio.



Sex Med. 2025 May 20;13(2):qfaf027. doi: 10.1093/sexmed/qfaf027. eCollection 2025 Apr

Comparative analysis of sexual function and psychological health in infertile patients with different ovarian dysfunctions

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Abstract

Background:

Premature ovarian insufficiency (POI) and polycystic ovary syndrome (PCOS) are common reproductive disorders that negatively affect women's sexual and psychological health.

Aim:

This study aims to compare sexual function and psychological well-being in women with POI, PCOS, and healthy controls.

Methods:

A total of 340 women were recruited: 68 with POI, 104 with PCOS, and 168 healthy controls. Participants completed standardized questionnaires assessing sexual function (Female Sexual Function Index, FSFI), anxiety (Generalized Anxiety Disorder-7 [GAD-7]), and depression (Patient Health Questionnaire-9 [PHQ-9]). Descriptive statistics, Chi-square tests, and multivariable logistic regression were used to analyze the data.

Outcomes:

The primary outcomes included sexual function, assessed via FSFI total and domain scores (desire, arousal, lubrication, orgasm, satisfaction, and pain), and psychological well-being, evaluated through GAD-7 and PHQ-9 scores.

Results: Women with POI and PCOS exhibited significantly lower FSFI total scores compared to controls (POI: 26.00 ± 3.50 , PCOS: 26.13 ± 4.50 , controls: 27.37 ± 3.24 ; $P < 0.01$). Women with POI had significantly lower scores in the arousal (3.83 ± 0.87) and satisfaction (4.44 ± 0.84) domains, while those with PCOS had significantly lower lubrication (4.92 ± 0.97) and arousal (3.92 ± 1.01) scores compared to controls (all $P < 0.05$). The prevalence of anxiety and depression were significantly higher in the POI and PCOS groups than in controls ($P < 0.05$). Multivariable logistic regression analysis demonstrated that POI was independently associated with a higher risk of coital pain (OR: 3.14, 95% CI: 1.19-8.26, $P < 0.05$) and lubrication disorder (OR: 4.93, 95% CI: 1.88-12.92, $P < 0.05$). Additionally, PCOS was independently linked to a significantly increased risk of lubrication disorder (OR: 8.57, 95% CI: 1.95-37.57, $P < 0.05$). Psychological factors, particularly anxiety and depression, were significant contributors to sexual dysfunction (all $P < 0.05$).

Clinical implications:

Women with POI and PCOS require a comprehensive approach to care, addressing both sexual and psychological health to improve clinical outcomes.

Strengths and limitations:

Strengths include a relatively large sample size and a comprehensive assessment of sexual and psychological health. Limitations include the case-control design and lack of long-term follow-up.

Conclusion:

POI and PCOS are significantly associated with sexual dysfunction and psychological distress,



underscoring the need for integrated healthcare strategies to improve overall well-being.

Sex Med. 2025 Mar 2;13(1):qfaf009. doi: 10.1093/sexmed/qfaf009. eCollection 2025 Feb.

Different temporal relationship between sex hormones and sleep status in midlife women: a longitudinal cohort study

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Background:

Fluctuation in sex hormones and the occurrence of sleep disturbance are 2 major health challenges among midlife women. However, the temporal relationship between them remains unclear.

Methods:

This study included 2488 females (mean \pm SD age, 49.0 \pm 2.70 years) with an average follow-up of 6.95 years. We constructed a composite score by summing items related to sleep problems to reflect the comprehensive sleep status of the participants in the Study of Women's Health Across the Nation. Cross-lagged path analysis was used to examine the temporal relationship between sex hormones and sleep status. Sensitivity analyses were conducted in no overweight and overweight groups and adjusted for vasomotor symptoms in the main model.

Aim:

In this study, we aimed to examine the temporal relationship between sex hormones and sleep status in midlife women using cross-lagged path analysis.

Outcomes:

The primary outcomes included results of the cross-lagged path analysis between sex hormones and sleep status.

Results:

After adjusting for age, race, income, menopausal status, body mass index, hormone therapy use, smoking, and drinking, the cross-lagged path coefficients from baseline follicle-stimulating hormone (FSH) and estradiol (E2) to follow-up sleep status were 0.054 ($P = .017$) and -0.054 ($P = .016$), respectively. The path coefficient from baseline sleep to follow-up dehydroepiandrosterone sulfate (DHAS) was 0.042 ($P = .017$). The path coefficients between testosterone and sleep were not statistically significant. In the nonoverweight group, the patterns of the temporal relationship between sex hormones and sleep were the same as the total sample, and the point estimates were larger. However, the temporal relationships in the overweight group were nonsignificant. After adjustment for vasomotor symptoms in the main model, results were basically consistent.

Clinical implications:

Given the temporal relationship between sex hormones and sleep, our findings will provide scientific perspectives to benefit health management in the transition of menopause.

Strengths and limitations:

This study used a longitudinal theoretical model to distinguish the temporal relationship between sex hormones and sleep status in midlife women. Limitations include limited causal evidence in observational studies, unknown confounders, and careful extrapolation.

Conclusion:

There were distinct patterns in the unidirectional temporal relationship between (1) FSH, E2, and DHAS and (2) sleep. Changes in FSH and E2 occurred earlier than the change of sleep, while

the change of DHAS was later. In contrast, there was no temporal relationship between testosterone and sleep.

Erectile Dysfunction

Sex Med. 2025 May 6;13(2):qfaf034. doi: 10.1093/sexmed/qfaf034. eCollection 2025 Apr.

The effectiveness and safety of intracavernosal botulinum toxin injections in the management of erectile dysfunction: a systematic review and meta-analysis of clinical studies

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Abstract

Background:

Patients with erectile dysfunction (ED) are often left with limited nonsurgical options when conventional pharmacotherapies become ineffective. Botulinum neurotoxin serotype A (BoNT-A) intracavernosal injections (ICIs) have been demonstrated in a few clinical studies to be effective and safe in managing ED and may serve as a first- or second-line option.

Aim:

To perform a systematic review and meta-analysis on the effectiveness and safety of BoNT-A ICI in managing ED with a focus on human studies.

Methods: A systematic review and meta-analysis of clinical studies was performed in accordance with the PRISMA 2020 statement. Adult men with ED who received BoNT-A were included in the study. The risk of bias assessment of included studies was performed using the JBI assessment checklists.

Outcomes:

The effectiveness and safety of BoNT-A ICI. Measures of effectiveness included the increase or change in International Index for Erectile Function (IIEF-EF) score/Sexual Health Inventory for Men (SHIM) score/Erection Hardness Score (EHS) or change in Doppler ultrasound parameters and the percentage of patients achieving the minimal clinically important difference (MCID) score.

Results:

The search retrieved 61 articles, and 2 randomized controlled trials (RCTs) and 4 retrospective studies met the inclusion criteria. Three types of BoNT-A were evaluated: onaBoNT-A, aboBoNT-A, and incoBoNT-A. At least 40% of the patients achieved the MCID (2-7 points increase in the IIEF-EF/SHIM score) depending on the severity of ED) at ≥ 1 month. When directly comparing all 3 BoNT-A, the overall response rate was 77.5%, with no statistically difference between the 3 types. For aboBoNT-A, 500 U appeared to sustain the effectiveness longer compared to 250 U. OnaBoNT-A improved peak systolic velocity on Doppler ultrasound compared with saline. Meta-analysis of the 2 RCTs demonstrated a mean difference of 4.35 ($P = .008$) in the SHIM score at 12 weeks in favor of onaBoNT-A over normal saline. No systemic side effects have been reported, and the only infrequent local side effect was transient penile pain. Only one case of priapism was reported.

Strengths and limitations:

This is the first systematic review summarizing data from human studies on ED and BoNT-A ICI.



The inclusion criteria and outcomes of the included studies varied, which limited the number of studies included and parameters assessed in the meta-analysis.

Conclusion:

BoNT-A may become an acceptable non-surgical option. However, there is a lack of clinical randomized or observational studies on this topic, and more randomized studies with standardized reporting are required to replicate current results and investigate the long-term benefits of BoNT-A as a monotherapy or adjunct therapy in the management of ED.

Int J Impot Res. 2025 May 21. doi: 10.1038/s41443-025-01089-4. Online ahead of print.

Impact of sleep quality and chronotype on self-reported erectile function in young adults presenting with erectile complaints: a prospective observational study

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Abstract:

Erectile complaints are prevalent among young adults, with various factors potentially affecting sexual function and quality of life. This study investigates the impact of sleep quality and chronotype on erectile function in young adults who present with self-reported erectile difficulties. In this prospective study, 249 men with ED were included, assessed from January 2023 to July 2024. Sociodemographic and clinical data were collected for all participants, including age, body mass index

(BMI), comorbid diseases, and hormonal parameters. All patients completed the following questionnaires: International Index of Erectile Function (IIEF-5), Pittsburgh Sleep Quality Index (PSQI), Morningness-Eveningness Questionnaire (MEQ), Depression Anxiety Stress Scales-42 (DASS-42), and General Health Questionnaire-28 (GHQ-28). Statistical analyses, including Spearman's correlation and Kruskal-Wallis tests, evaluated the relationships between sleep quality, chronotype, and ED. The average age was 31.03 ± 8.06 years. Significant correlations were found: Poor sleep quality was linked to lower erectile function ($r = -0.379$, $p < 0.001$), while morning chronotype correlated with better erectile function ($r = 0.424$, $p < 0.001$). Regression analysis confirmed these as significant predictors of ED ($R^2 = 0.200$, $p < 0.001$). Sleep quality and chronotype are crucial factors in ED management, suggesting targeted interventions could be beneficial.



Penile fracture

Sex Med. 2025 May 4;13(2):qf030. doi: 10.1093/sexmed/qf030. eCollection 2025 Apr.

Factors affecting complications and outcomes in penile fractures: a decade of surgical experience from a single center

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Abstract:

Background:

Penile fracture (PF) is a urological emergency that can lead to significant complications if not treated promptly and understanding the factors influencing complications and outcomes in PFs is crucial for improving patient management.

Aim:

This study aims to evaluate the impact of various factors on postoperative complications and outcomes in patients with PFs based on 10 years of experience at a single center.

Methods:

In this retrospective study, we analyzed data from 106 patients who underwent surgical treatment for PFs between 2013 and 2023 at our institution. Patient demographics, fracture characteristics, and postoperative outcomes were analyzed. Factors affecting complications including the timing of surgery, defect size were evaluated.

Outcomes:

The study revealed that early surgical intervention significantly reduced the risk of complications. Factors such as larger defect size and delayed surgery were associated with higher rates of postoperative complications.

Results:

The mean age of the participants was 46.3 ± 13.9 years. The primary causes of PFs were sexual intercourse (62.3%), masturbation (19.8%), forced penile bending (11.3%), rolling over in bed (4.7%), and falling from bed (1.8%). The mean time from trauma to surgery was 10.5 ± 8 hours, with a mean defect size of 12.7 ± 5.5 mm. Postoperative complications included penile curvature, palpable plaques, and painful erections, with rates of 10.4%, 39.6%, and 23.6%, respectively. International Index of Erectile Function (IIEF-5) scores significantly decreased from preoperative (21.36 ± 2.9) to postoperative values at 6 months ($19.48 \pm$

3.7) ($P < 0.001$). The time from trauma to surgery significantly correlated with the change in IIEF-5 scores between preoperative and postoperative values ($P = 0.007$, $R^2 = 0.067$). The group experiencing complications exhibited a mean defect size of 14.54 ± 6 mm, whereas the non-complication group had a mean defect size of 11.07 ± 4.5 mm ($P < 0.001$).

Clinical implications:

The findings suggest that timely surgical intervention and careful assessment of defect size are critical in managing PFs and these insights can guide urologists in optimizing treatment strategies and improving patient outcomes.

Strengths and limitations: This study benefits from a substantial sample size and a decade of surgical experience at a single center. However, the study's retrospective design and unknown patient history with erectogenic drugs are limitations.

Conclusion:

The timing of surgery significantly impacts IIEF-5 scores, while the size of the defect was associated with other postoperative complications; understanding the factors influencing complications in PFs can improve surgical outcomes.



Androgens

Sex Med. 2025 Mar 9;13(1):qfaf012. doi: 10.1093/sexmed/qfaf012. eCollection 2025 Feb.

Association between C-reactive protein-triglyceride glucose index and testosterone levels among adult men: analyses of NHANES 2015-2016 data



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Abstract:

Background:

The C-reactive protein-triglyceride glucose index (CTI) is a recently introduced index designed to simultaneously assess inflammation (via CRP) and insulin resistance (via the triglyceride-glucose index, TyG), both of which are recognized risk factors for declining testosterone levels in men.

Aim:

This study investigates the association between CTI and low testosterone levels in American adult men, aiming to evaluate CTI as a predictor of low testosterone level.

Methods:

Data from the 2015-2016 NHANES were used in this cross-sectional study, including men aged 20 and older. Multivariate linear and logistic regression models were employed to analyze the relationship between CTI, total testosterone levels, and the risk of low testosterone level. Receiver operating characteristic (ROC) curves were generated to assess the predictive performance of CTI for low testosterone level.

Outcomes:

The primary outcome was testosterone levels, with low testosterone level defined as a serum testosterone level below 300 ng/dL in adult men.

Results:

Among 878 participants, 189 had low testosterone level. The mean CTI was significantly higher in the low testosterone level group (9.39 ± 0.09) compared to the non-low testosterone level group (8.62 ± 0.05 ; $P < .0001$). After adjusting for covariates, higher CTI was significantly associated with lower total testosterone levels ($\beta = -44.6$, 95% CI: $-66.34, -22.87$, $P < .001$) and increased low testosterone level risk (OR = 1.84, 95% CI: 1.31, 2.57, $P = .002$). ROC analysis showed that CTI (AUC = 0.7357, 95% CI: 0.6975, 0.7739) outperformed TyG and VAI in predicting low testosterone level, highlighting its potential clinical value in assessing low testosterone status.

Clinical implications:

Timely monitoring of testosterone levels in individuals with elevated CTI is clinically significant. Additionally, for those with TD, regular assessment of CTI may help in preventing future cardiovascular complications.

Strengths and limitations:

This study is the first to explore the relationship between CTI and low testosterone using a large sample from the NHANES database. However, due to the cross-sectional design, causal inference regarding CTI and low testosterone level cannot be drawn.

Conclusions:

CTI appears to be a more effective predictor of low testosterone level than TyG, CRP, or VAI, suggesting its usefulness as a simple, low-cost indicator for early TD risk assessment. Further research is needed to verify its clinical applicability across diverse populations.

Impact of androgen deprivation therapy on sexual health in patients who underwent brachytherapy for prostate cancer

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Background:

Androgen deprivation therapy (ADT) is used in the management of prostate cancer. Post-therapy recovery from the induced hypogonadal state is protracted and correlates with diminished quality of life (QOL).

Objective:

This study assessed the impact of short-term ADT on sexual health following brachytherapy.

Materials and methods: The study included patients administered brachytherapy with or without short-term neoadjuvant ADT (≤ 6 months) at our institution from 2010 to 2018. Serum total testosterone levels, chronological changes in erectile function, and health-related QOL were evaluated.

Results:

Of 139 participants, 41 received neoadjuvant ADT (median, 4 months). Sexual health inventory for men (SHIM) scores and sexual function domain of

the expanded prostate cancer index composite (EPIC) scores deteriorated significantly up to 36 months post-treatment in patients receiving brachytherapy with neoadjuvant ADT compared to those without. A significant decline was observed in the sexual bother domain of the EPIC scores of patients without neoadjuvant ADT up to 6 months post-treatment relative to those with neoadjuvant ADT. Total testosterone levels in the brachytherapy with neoadjuvant ADT group gradually recovered post-treatment and were similar to those in the brachytherapy without neoadjuvant ADT group after 12-month treatment. Neoadjuvant ADT and a lower pre-treatment SHIM score were risk factors for severe erectile dysfunction 12 months after treatment.

Discussion:

Restoring sexual health extends beyond the normalization of testosterone levels following cessation of ADT. ADT significantly influences erectile dysfunction after brachytherapy. Our research identified a time lag between the restoration of testosterone levels and the improvement of erectile function and sexual QOL. We hypothesized that individuals undergoing ADT had diminished sexual distress, attributable to fewer opportunities for sexual engagement than their untreated counterparts.

Conclusion:

Persistent sexual dysfunction occurs despite the normalization of testosterone levels post-ADT. Understanding sexual QOL changes following brachytherapy with ADT will help guide treatment recommendations and patient decision-making.

Cardiovascular safety of testosterone therapy-Insights from the TRAVERSE trial and beyond: A position statement of the European Expert Panel for Testosterone Research

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²¹ Department of Chronic Diseases and Metabolism, Clinical and Experimental Endocrinology, KU Leuven, Leuven, Belgium.

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²³ Endocrinology Unit, AUSL Bologna, Bologna, Italy.

Abstract

Introduction:

Testosterone therapy has become a cornerstone treatment for men with hypogonadism, offering significant benefits such as improved sexual function, mood, muscle mass, and bone density. However, concerns about its cardiovascular safety have historically tempered its use. This position statement synthesizes the current evidence on the cardiovascular safety of testosterone therapy, drawing from key studies including the TRAVERSE trial, other trials, and recent meta-analyses.

Background and importance:

Testosterone therapy aims to restore testosterone levels in men with hypogonadism, a condition associated with increased cardiovascular and metabolic risks. Early research produced mixed results, with some studies suggesting a potential increase in cardiovascular events such as myocardial infarction and stroke, while others indicated possible cardiovascular benefits, particularly in men with coexisting conditions like metabolic syndrome and type 2 diabetes.

Findings from recent studies:

The TRAVERSE trial, a large-scale, randomized, placebo-controlled study, provided robust evidence that testosterone therapy does not significantly increase the risk of major adverse cardiovascular events. Testosterone therapy was found to effectively mitigate anemia in hypogonadal men, highlighting a dual benefit of increasing red blood cell production while managing cardiovascular risks. The findings from the TRAVERSE trial align with those from previous meta-analyses that concluded that testosterone

therapy is safe and does not increase cardiovascular risk.

Consensus and clinical implications:

There is consensus that testosterone therapy, when prescribed to appropriately selected patients and monitored regularly, is safe from a cardiovascular standpoint, with the potential benefits outweighing the risks when the therapy is used responsibly. Current guidelines recommend individualized treatment plans with careful monitoring, especially of hematocrit levels. This position statement amalgamates previous knowledge with current data and is in agreement with recent United States Food and Drug Administration label changes for testosterone products.

Andrology. 2025 May;13(4):882-893. doi: 10.1111/andr.13747. Epub 2024 Sep 10.

Safety, efficacy, and pharmacokinetics of oral testosterone undecanoate in males with hypogonadism

Martin Miner ¹, Christina Wang ², Jed Kaminetsky ³, Mohit Khara ⁴, Irwin Goldstein ⁵, Culley Carson 3rd ⁶, Nachiappan Chidambaram ⁷, Shelby King ⁸, Adrian Dobs ⁹

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³ Manhattan Medical Research, New York, New York, USA.

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⁵ Alvarado Hospital, San Diego, California, USA.

⁶ University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.

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⁸ Antares Pharma Inc, Ewing, New Jersey, USA.

⁹ Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.

Background:

Testosterone deficiency results from insufficient testosterone production. Testosterone therapy may require dose titration to reach eugonadal serum testosterone concentrations.

Objective: The primary objective was the efficacy of oral testosterone undecanoate (TLANDO; Antares Pharma Inc.) in male patients with documented hypogonadism. Secondary objectives included a comparison of oral testosterone undecanoate safety and quality-of-life assessments to 1.62% topical testosterone gel (AndroGel 1.62%; AbbVie).

Materials and methods:

In this phase 3 study, 315 patients were randomized 2:1 to oral testosterone undecanoate or 1.62% topical testosterone gel (NCT02081300). Patients received 225 mg oral testosterone undecanoate twice daily, and doses were adjusted by 75 mg/dose at weeks 4 and 8 based on average serum total testosterone concentration and maximum observed serum concentration. The primary endpoint was the proportion of patients receiving oral testosterone undecanoate with serum total testosterone concentration within the eugonadal reference range (300-1140 ng/dL). Secondary endpoints included the proportion of patients with maximum serum total testosterone concentrations within predetermined limits, safety parameters, and quality-of-life endpoints including the Short Form-36v2 Health Survey, Psychosexual Daily Questionnaire, and International Prostate Symptom Score.

Results:

Overall mean \pm SD baseline testosterone was 205.7 \pm 71.6 ng/dL. For patients receiving oral testosterone undecanoate, 87.4% demonstrated a 24-h average serum total testosterone concentration within the reference range following titration. Oral testosterone undecanoate demonstrated a nominal statistically significantly

greater mean change from baseline than 1.62% topical testosterone gel for Short Form-36v2 Health Survey measures of mental health (2.91 vs. -0.10; $p = 0.035$), and mental component summary (3.82 vs. 0.55; $p = 0.009$); and Psychosexual Daily Questionnaire measure of weekly negative mood (-0.57 vs. -0.20; $p = 0.021$). Safety endpoints were comparable between therapies. No deaths or treatment-related serious adverse events were reported.

Discussion and conclusion:

Male patients with hypogonadism receiving oral testosterone undecanoate 225 mg twice daily demonstrated improvements in libido and sexual frequency. Serum testosterone concentrations were within the reference range in 87% of patients without dose titration.

Surgery

Int J Impot Res. 2025 May 7. doi: 10.1038/s41443-025-01080-z. Online ahead of print.

Early complications after penile prosthesis surgery: findings from the PHOENIX multicenter registry

Koenraad Van Renterghem ^{# 1 2 3}, Helene De Bruyn ^{# 4 5}, Alvaro Yebes ⁶, Ross Calopedos ⁷, Federico Deho ⁸, Jose Torremadé ⁹, Maurizio D'Anna ⁹, Carlo Bettocchi ¹⁰, Borja García Gomez ¹¹, Christien Caris ¹², Wim Witjes ¹², Ignacio Moncada ¹³, David Ralph ¹⁴; EAU Research Foundation PHOENIX Study Group

Collaborators

EAU Research Foundation PHOENIX Study Group: Koenraad Van Renterghem, Maarten Albersen, Esaú Fernández Pascual, David Ralph, Marjan Waterloos, Pieter D'hulst, Gunter de Win, Jochen Heß, Daniar Osmonov, Juan Ignacio Martínez-Salamanca, Anna Sanromà, Javier Romero-Otero, Alessandro Fiorillo, Felix Campos-Juanatey, Begoña

Etcheverry Giadrosich, Enrique Lledó Garcia, Alfonso Lafuente, Mariano Rosselló Gaya, Damien Carnicelli, Fulvio Colombo, Edoardo Pescatori, Marco Falcone, Pedro Oliveira, Anders Bjartell, Lotta Renström Koskela

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¹¹ Hospital Universitario 12 Octubre, Madrid, Spain.

¹² EAU Research Foundation, Arnhem, Netherlands.

¹³ Hospital Universitario La Zarzuela, Madrid, Spain.

¹⁴ University College London Hospitals, London, UK.

Contributed equally.

Abstract

Erectile dysfunction is a prevalent condition that may impact psychosocial health and quality of life. While various treatment modalities exist, penile prosthesis implantation offers a permanent solution. Surgery, however, carries inherent risks and potential complications. The aim of this study was to determine the incidence and risk factors of early postoperative complications after penile prosthesis surgery in a large, multicenter, prospective, cohort study. Data was analyzed from patients participating in the PHOENIX registry, an international study on penile prosthesis surgery conducted by the EAU Research Foundation. Patients were operated on from November 2021 until august 2024 in 30 centers from 8 countries. Our study was not limited to one device or brand, all available inflatable and malleable devices were eligible for inclusion. Postoperative complications were registered at different time points, up to 2 years post-surgery. For this analysis we studied complications that occurred within 2 weeks after



surgery. Data on early complications after penile prosthesis surgery of 1072 patients were analyzed. Median age was 62 (range 24-88) years old at time of surgery. A total of 639 (59.6%) patients received a drain perioperatively. A total of 49 patients (4.6%) reported complications within 2 weeks after surgery. Infection occurred in 4 patients and penoscrotal hematoma occurred in 6 patients within 2 weeks post-surgery. A total of 5 patients underwent early revision surgery. There was no significant effect of diabetes mellitus on

development of an early postoperative infection (0.4% vs. 0.4%, $p = 1.00$). We found no significant impact of drain placement on hematoma development (0.3% vs. 0.3%, $p = 0.69$). We did find that early hematoma occurred more frequently in low-volume versus high-volume centers (1.3% vs. 0.1%, $p = 0.02$). This large international study confirms that penile prosthesis surgery is a safe procedure with a low rate of early postoperative complications.

The Golden Phallus: Resurrection and Sexual Power in the Myth of Osiris

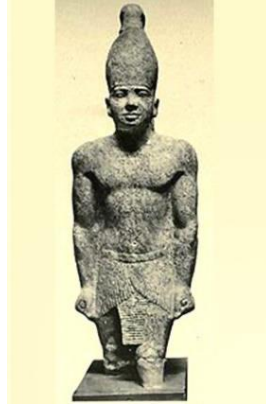
By: Ahmad Majzoub, MD

In the dusty chambers of ancient Egyptian tombs, among richly painted walls and relics of the afterlife, a divine drama unfolds — one that bridges death, sex, fertility, and cosmic order. At the heart of this myth is a missing phallus, a magical act of love, and the promise that sexuality itself holds the power to restore life.

This is the story of Osiris, the murdered king, and Isis, the goddess who refused to let love — or legacy — die.

According to Egyptian mythology, Osiris ruled as a just and noble pharaoh until his brother Seth, driven by envy, lured him into a coffin, sealed it, and cast it into the Nile. But death was not enough. Seth later dismembered Osiris's body into fourteen pieces and scattered them across the land, leaving Isis, his devoted wife and sister, to retrieve them one by one.

She succeeded — almost. Only one piece was never found: the phallus, devoured, legend says, by a fish in the Nile.



The earliest references to Osiris appear in the Pyramid Texts (c. 2400–2300 BCE), inscribed on the walls of royal tombs such as those of **King Unas and Teti** at Saqqara. Though not written as a continuous myth, these spells and invocations portray Osiris as a murdered and reassembled king, often invoking his dismembered body and his resurrection as a model for the deceased pharaoh's rebirth.

One striking utterance (PT 632) reads:

“Raise yourself, Osiris! You have your phallus and you have impregnated Isis.”

Here's where the myth turns from tragedy to something more enduring. Isis, wielding divine magic and relentless devotion, fashioned a prosthetic phallus — often described as golden — and reassembled Osiris's body. In one of mythology's most poignant moments, she briefly revived Osiris and conceived their son, Horus, ensuring the continuity of the divine bloodline and setting in motion the restoration of cosmic order.

Osiris, though resurrected in part, could not remain among the living. He descended into the underworld, not in defeat, but as its ruler — a god of death, regeneration, and fertility. His green skin, a symbol of rebirth, and the recurring imagery of an erect phallus in funerary art reflect this transformation. For the ancient Egyptians, death was not an end but a gateway — and sexuality, even in death, was a force of renewal.

This myth is more than ancient lore. It's a bold testament to the sacred role of sexuality in human existence. The phallus, often reduced in later cultures to a symbol of vulgarity or shame, was here a source of divine power and cosmic balance. Isis's sexual union with Osiris, even after death, was not taboo — it was the ultimate act of love and healing.

And it's not hard to draw modern parallels. In reconstructive urology today, prosthetic implants restore sexual function and identity after trauma or disease. In fertility clinics, we speak of legacy, of creation, of life — all themes the myth of Osiris captured thousands of years ago in metaphor and magic.

For the ancients, the sexual body was not something to be hidden. It was to be celebrated, restored, and immortalized.



More narrative details emerges in Coffin Texts (c. 2100–1600 BCE), painted inside non-royal wooden coffins throughout Middle Egypt as depicted in the coffin of **Khnum Nakht** (XIII Dynasty) above. The text explores concepts like the nature of the soul and the importance of Osiris's resurrection.



In the **Osiris Chapel** within the **Temple of Seti I at Abydos** (built ca. 1290 BCE), one of the most evocative scenes in Egyptian religious art is carved in low relief: **Isis, in the form of a kite, is shown hovering over the body of Osiris, laid out on a bier.**

This image is more than symbolic — it represents the precise moment of **sexual resurrection** and **divine conception**.

Global Andrology Forum Clinical Practice Guidelines on the Management of Premature Ejaculation. World J Mens Health. 2025 Feb 5. doi: 10.5534/wjmh.240260.

By Kareim Khalafalla, MD

A landmark international survey led by the Global Andrology Forum (GAF) and published in the World Journal of Men's Health has shed new light on the diverse clinical approaches used to manage premature ejaculation (PE). Drawing responses from 264 sexual health professionals in 41 countries, the study reveals a striking lack of global consensus—despite the condition's high prevalence and impact on quality of life.

The majority of clinicians (61.5%) use an intravaginal ejaculatory latency time (IELT) under one minute as a clinical benchmark, in line with ISSM guidelines, though others rely on broader definitions from ICD-11, DSM-5-TR, or a mix of all three. Lifelong PE remains the most frequently reported subtype, followed by acquired and variable forms. Interestingly, only 16% of respondents use all major diagnostic criteria, and 14% use none—highlighting variability in practice patterns.

When it comes to treatment, pharmacotherapy is the most widely used approach, with dapoxetine (38%), paroxetine, and sertraline leading the way. However, adherence remains a challenge: nearly 60% of patients reportedly stop medication due to poor efficacy, adverse effects, or cost. Behavioral methods like the squeeze technique are still prescribed but deemed effective in only a small fraction of patients. Surgical methods—including frenuloplasty and glans hyaluronic acid augmentation—are used infrequently, though interest is emerging in novel modalities like neuromodulation and glans injections.


The survey also captured clinicians' perceptions around PE comorbidities, with diabetes mellitus (17%), chronic prostatitis, and metabolic syndrome reported as most common. More than half of respondents found it difficult to differentiate PE from erectile dysfunction, and many noted the frequent co-existence of both conditions. Clinicians also emphasized that PE impacts both the patient and partner, with 60% reporting shared distress, and only one-third viewing it as more troubling for the patient alone. Despite the presence of robust guidelines from the AUA, EAU, ISSM, and SIAMS, practice patterns remain highly variable. Experts from GAF used a Delphi consensus method to formulate 15 expert recommendations on PE management, endorsing multi-modal, patient-centered strategies and calling for further research into the neurobiology of ejaculation and development of more effective, accessible therapies.

In sum, the study reflects not only the clinical complexity of PE, but also the ongoing need for harmonized definitions, standardized protocols, and greater physician and patient education across diverse healthcare systems.

Review of recent data on disorders of ejaculation and orgasm in men: recommendations from the Fifth International Consultation on Sexual Medicine. Sex Med Rev. 2025 Apr 7:qeaf016. doi: 10.1093/sxmrev/qeaf016.

By Mohamed Arafa, MD

In a comprehensive update published in Sexual Medicine Reviews, an expert panel from the Fifth International Consultation on Sexual Medicine has issued new recommendations on some of the least discussed but clinically significant male sexual health conditions: disorders of ejaculation and



orgasm. Drawing from recent clinical data and decades of collective experience, the authors highlight the need for improved recognition, diagnosis, and treatment strategies for conditions that often remain hidden behind patient hesitation and professional uncertainty.

The review examines a spectrum of conditions including delayed ejaculation, retrograde ejaculation, anorgasmia, anhedonic orgasm, climacturia, painful ejaculation, hematospermia, and the rare but debilitating post-orgasmic illness syndrome (POIS). Despite their diverse etiologies, the authors emphasize that what unites these conditions is the often profound distress they cause and the lack of structured pathways for care. Notably, the report underscores that ejaculation and orgasm are not singular events, but rather complex neuromuscular, hormonal, and psychological phenomena. As such, history-taking must go beyond physical symptoms to include psychosocial and cultural dimensions. The panel encourages clinicians to investigate contributing factors such as medication use, neurovascular status, pelvic floor dysfunction, and psychological or relational stressors. Importantly, the authors recommend that clinicians validate patient experiences even in the absence of clear objective findings, as distress is itself a criterion for clinical concern.

In terms of management, treatment approaches vary widely by condition. For climacturia, options range from pelvic floor physiotherapy to surgical interventions, particularly in post-prostatectomy

patients. Retrograde ejaculation may be addressed pharmacologically or, in fertility settings, through sperm retrieval. For delayed ejaculation, which remains one of the least understood disorders, treatment may include adjusting or withdrawing medications, sex therapy, or addressing comorbid anhedonia or relational issues. Conditions like anhedonic orgasm and POIS remain elusive in both cause and cure, but emerging approaches such as immunotherapy and multimodal psychiatric care show promise.

The panel also draws attention to culturally influenced syndromes such as Dhat syndrome—prevalent in South Asia—characterized by distress over semen loss. Such cases underscore the importance of culturally sensitive practice and the need to disentangle pathophysiology from psychosocial belief systems. Overall, the report highlights that orgasmic and ejaculatory disorders are not rare, but rather underreported, often overshadowed by the clinical focus on erectile dysfunction.

As the field of sexual medicine continues to evolve, the authors call for standardized terminology, improved patient-reported outcome measures, and a stronger presence of these topics in medical education. Clinicians are urged to approach these disorders not as curiosities, but as legitimate and often deeply impactful conditions deserving of informed, compassionate care.

1. **The clitoral complex in female sexual anatomy is best described as:**
 - a) An isolated external structure with minimal internal components
 - b) Analogous only to the glans of the penis
 - c) Composed of external glans, internal crura, and bulbs of the vestibule
 - d) Not hormonally responsive
2. **According to the DSM-5, Hypoactive Sexual Desire Disorder (HSDD) in women is now categorized under:**
 - a) Persistent Genital Arousal Disorder
 - b) Sexual Interest/Arousal Disorder
 - c) Gender Dysphoria
 - d) Female Orgasmic Disorder
3. **Which of the following is NOT a commonly supported treatment during the acute (active) phase of Peyronie's disease?**
 - a) Intralesional collagenase
 - b) Oral vitamin E monotherapy
 - c) Pentoxifylline
 - d) Intralesional verapamil
4. **Which class of antidepressants is most associated with delayed orgasm and anorgasmia?**
 - a) Bupropion
 - b) SSRIs
 - c) SNRIs
 - d) Mirtazapine
5. **A key goal of PLISSIT model in sexual counseling is to:**
 - a) Establish DSM-based diagnoses
 - b) Apply psychodynamic therapy to all sexual dysfunctions
 - c) Provide tiered intervention from simple permission-giving to intensive therapy
 - d) Replace medical treatment for sexual disorders

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

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ماهو اضطراب ما بعد الصدمة؟
هو حالة صحية نفسية مسببة لاسترجاع مؤلم لذكرات الماضي وكوابيس، وقلق، وأفكاراً قهرية للاضطرابات الناجمة عن التعرض لصدمة نفسية قوية


What is PTSD?
Post-Traumatic Stress Disorder (PTSD) is a mental health condition triggered by a traumatic event, causing flashbacks, nightmares, anxiety, and intrusive thoughts.








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Types of Female Sexual Dysfunction







Local Affiliation



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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
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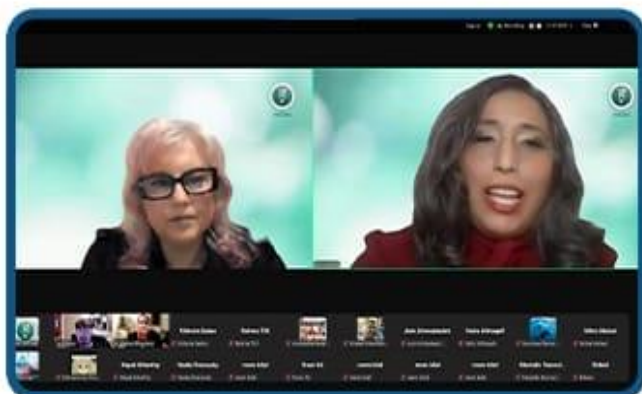
MESSM WEBINAR

Female Desire, Arousal and Orgasmic Disorders

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



We are pleased to share that the Female Desire, Arousal, and Orgasmic Disorders webinar was a tremendous success. We sincerely thank all attendees and contributors for their active participation



Recent Events

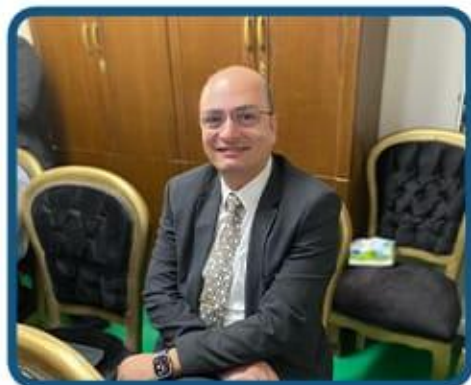
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The Middle East Society for Sexual Medicine
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📅 26 April 2025

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The Penile Implant Surgery Masterclass proved to be a remarkable success, delivering advanced surgical insights, practical techniques, and high-level clinical expertise. The event brought together leading specialists and participants from around the world, fostering an enriching and practice-oriented learning experience.



Recent Events

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📅 17 May 2025



Recent Events



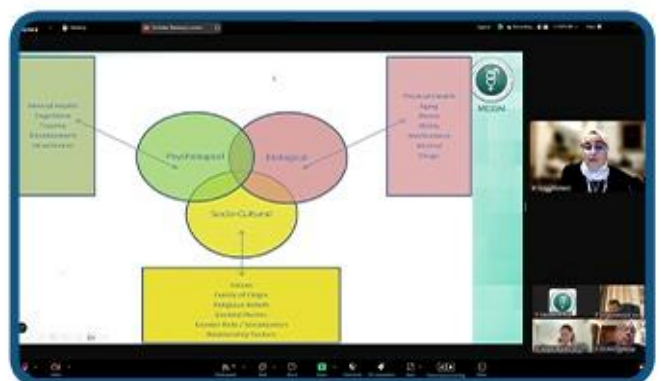
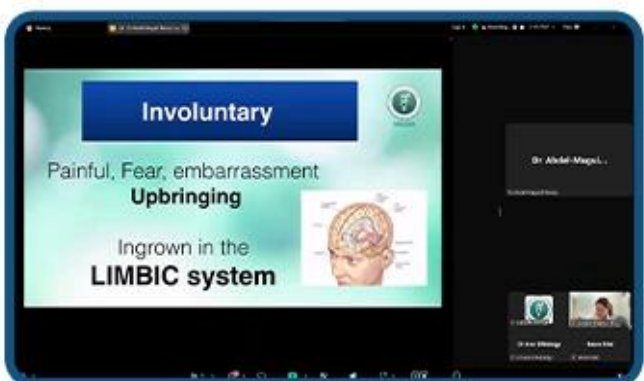
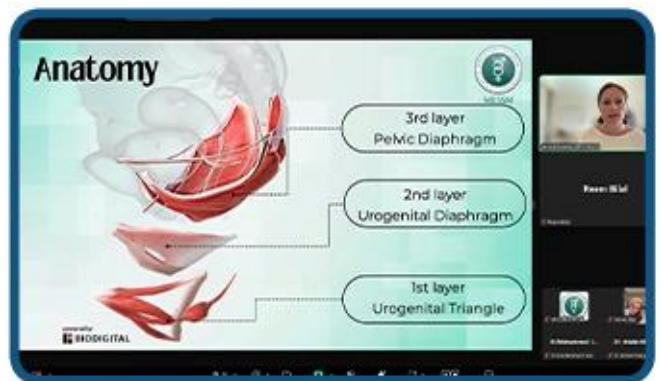
MESSM WEBINAR

Understanding and Addressing Vaginismus
in the Middle East- Cultural, Psychological
and Ethical Perspective

30 May 2025 | 8:00 PM (Cairo Time)



The webinar on Understanding and Addressing Vaginismus in the Middle East: Cultural, Psychological, and Ethical Perspectives was marked by insightful discussions, expert perspectives, and a strong engagement from attendees. The event successfully highlighted the complexity of the topic and fostered meaningful dialogue across cultural and clinical dimensions.



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MESSM Workshops:

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



Alexandria, Egypt June 2025



The Psychosexual Therapy Workshop was a wonderful success, providing valuable insights into the practice and impact of psychosexual therapy. Thank you to all the attendees for contributing to this enriching experience



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MESSM Masterclasses

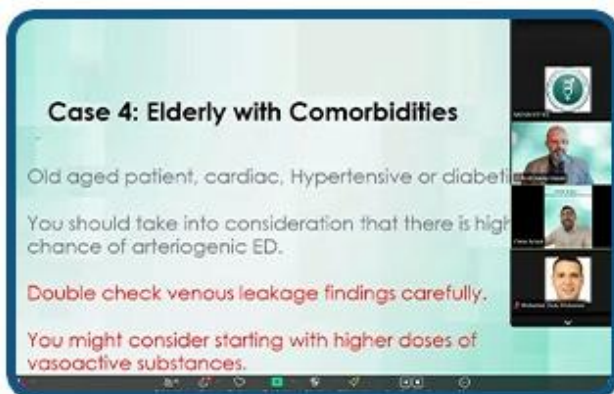
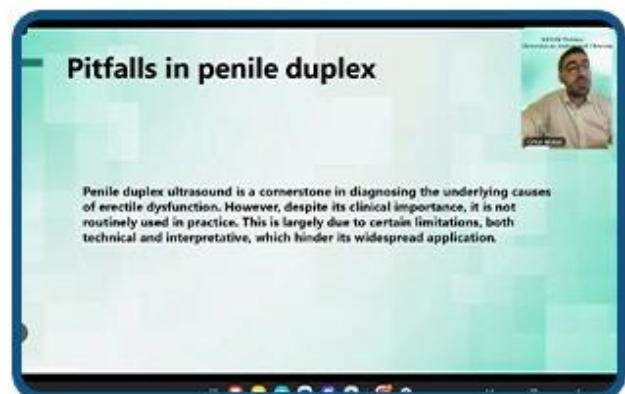
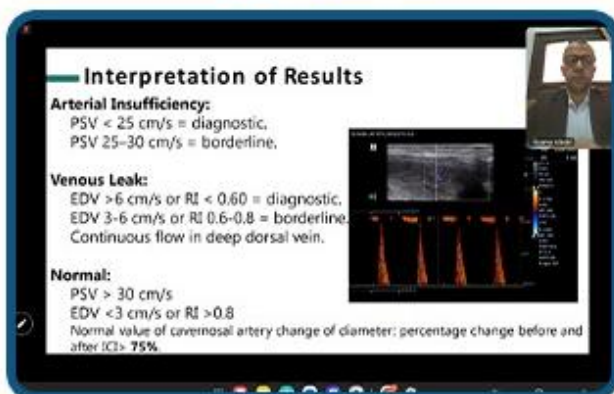
Hands-on Advanced Training in Andrological Ultrasound

Alkamal Hospital, Cairo, Egypt

🕒 9:00 AM 📅 26-27 June 2025



The Hands-On Advanced Training in Andrological Ultrasound was a resounding success, offering in-depth practical experience and advanced knowledge in the field.
A heartfelt thank you to all the participants for your enthusiasm and engagement your contributions made this training an invaluable learning opportunity for everyone involved!



Recent Events

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Alkamal Hospital, Cairo, Egypt

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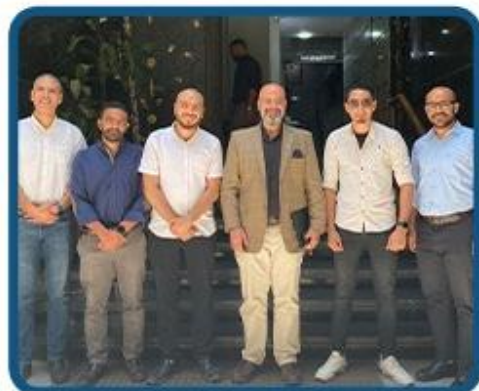
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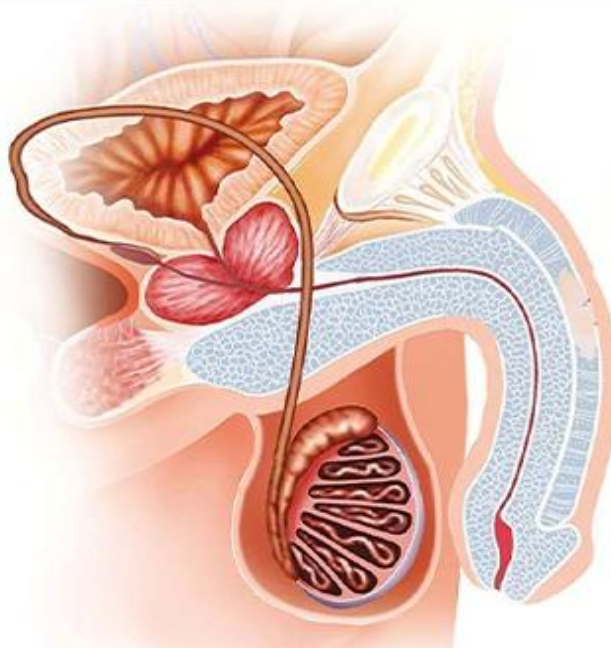
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Upcoming Events



MESSM



MESSM ACADEMY

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 Academy Webinars Psychosexual Therapy

 July 2025

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

Members: Register Now

Become a MESSM/ISSM Member

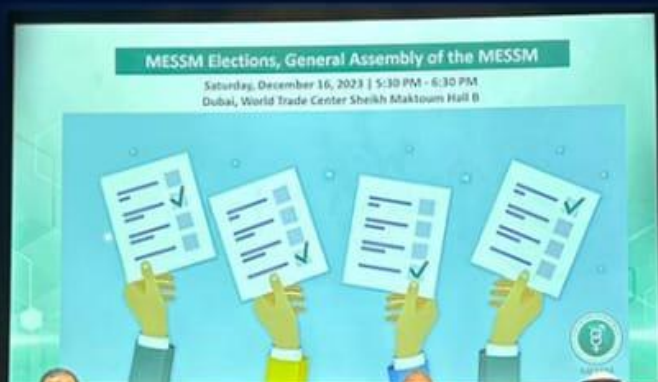
[Click Here to Register](#)



Upcoming Events



Second Run of MESSM Penile Implant Summer School



2025 - Online Run

15+ Hours of Expert Training

Every Saturday

The course will be held every Saturday from 16 August to 27 September



**FREE FOR
MESSM
MEMBERS**



Upcoming Events



MESSM



MESSM ACADEMY

MESSM Academy Webinars Onco-Sexuality Male and Female

 August 2025

[Click Here to Register](#)



MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

MESSM



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**
 **6 September 2025**

**By Invitation
Register Interest**

Click Here to Register



Upcoming Events



MESSM



MESSM ACADEMY

MESSM Academy Webinars

Sexuality in Menopause



September 2025

Free Access

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MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

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



MESSM ACADEMY

MESSM Academy Webinars

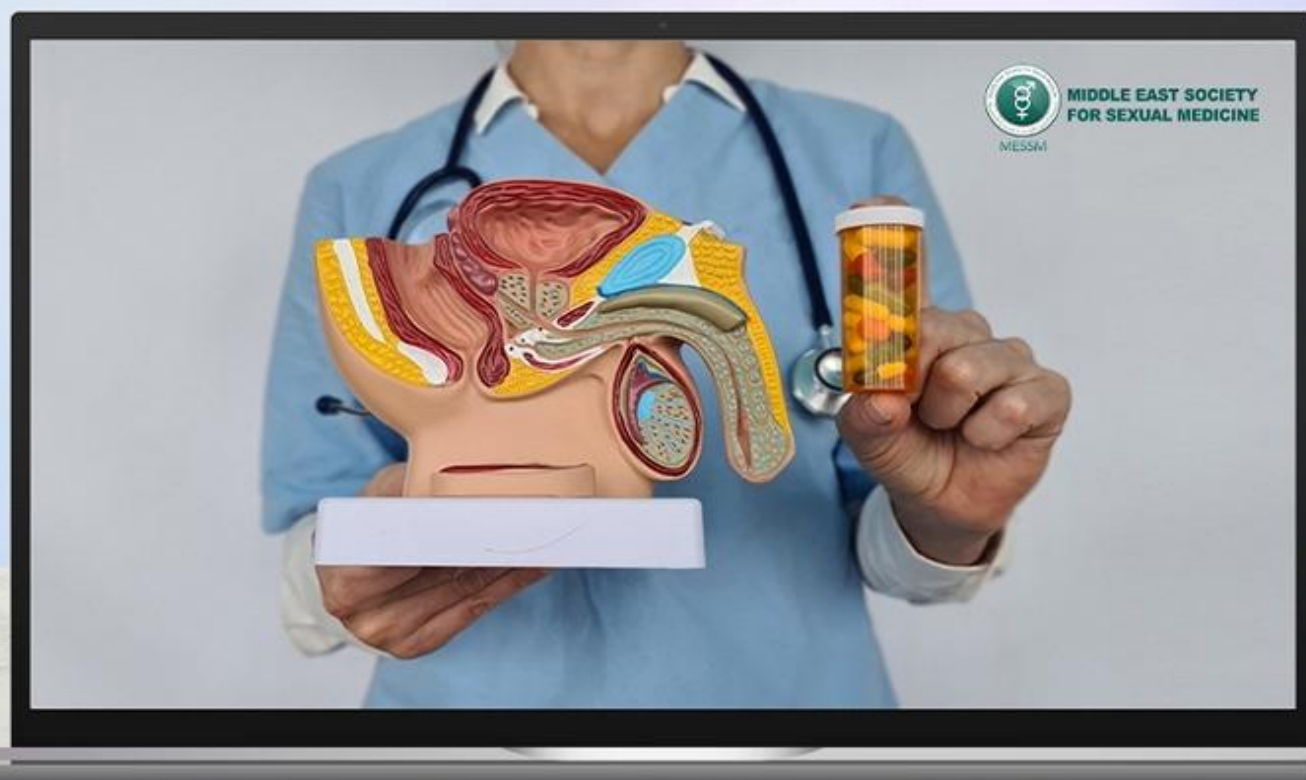
Disorders of Ejaculation

 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



📍 Doha, Qatar

📅 11 December 2025

By Invitation
Register Interest

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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**



 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

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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



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Upcoming Events



الرابطة القطرية
لجراحة المسالك
البولية
UROLOGICAL
SOCIETY
OF QATAR



MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

MESSM

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

**Follow Us
On Social Media**



MESSMQATAR2025

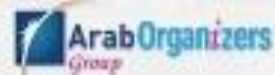
VENUE:

Itqan - Clinical Simulation & Innovation
Center - Doha- Qatar

www.messmcongress2025.com

FIND US ON :    

9th MESSM Congress - Qatar 2025



Qatar:

Tel: +97472121580

Tel: +962795536888

UAE: +971564838833

Email: Gm@araborganizers.net

Email: sanad.r@araborganizers.net

Upcoming Events



MESSM Academy Webinars

Female Aesthetic Regenerative Surgery

 June 2026

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

Members: Register Now

Become a MESSM/ISSM Member

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MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE



Our Website

Visit Our Website!

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

www.messm.org



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