



MESSM's

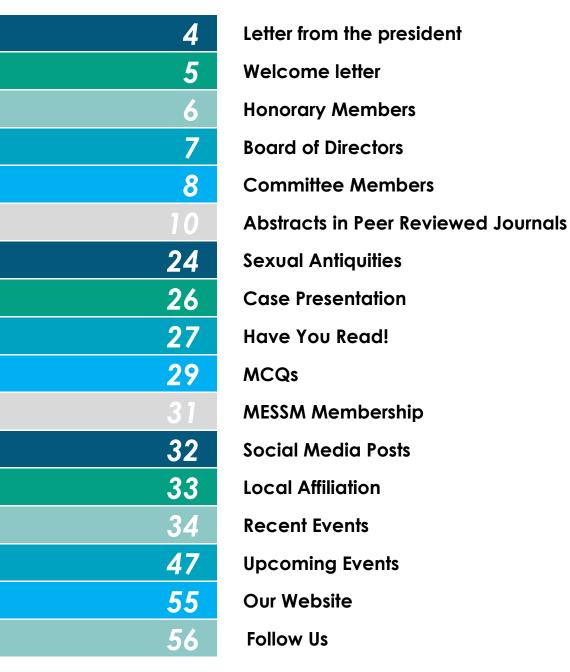
NEWSLETTER



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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, PhDPresident 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 were 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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Abstracts in Peer Reviewed Journals



Female Sexual Dysfunction

J Sex Med. 2025 Aug 19:qdaf027. doi: 10.1093/jsxmed/qdaf027. Online ahead of print.

Do the DSM-5 criteria actually reflect the clinical reality of female sexual dysfunctions?

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Abstract

Background:

The classification of female sexual dysfunctions (FSDs) remains inconsistent, with ongoing debate regarding the DSM-5's reliance on Basson's circular model to describe female sexual functioning.

Aim:

This study evaluates the extent to which the DSM-5 diagnostic criteria reflect clinical reality and explores alternative models that may better capture female sexual functioning.

Methods:

A cross-sectional study was conducted using a general population sample. Participants were classified into three non-clinical subgroups-Hypoactive Sexual Desire Disorder (HSDD), Female Sexual Arousal Disorder (FSAD), and Female Sexual Interest/Arousal Disorder (FSIAD)-based on DSM criteria. Descriptive and correlational analyses were performed using Pearson's correlation and chi-square tests to examine the relationships between diagnostic criteria and sexual response models.

Outcomes:

The study assessed the relationships between DSM-IV-TR and DSM-5 diagnostic criteria and their associations with different sexual response models. The variables of interest included measures of sexual desire and arousal, assessed through the Female Sexual Function Index (FSFI) and the Sexual Desire Inventory-2.

Results:

Findings revealed weak correlations between HSDD and FSAD criteria in DSM-IV-TR, with stronger negative correlations observed in DSM-5 criteria related to desire, arousal, and lubrication. Most women with sexual dysfunction identified with the circular model of female sexual functioning, although the linear model was predominant in the general population. Moderate associations were found between FSIAD and FSAD, whereas HSDD showed weaker associations with both.

Clinical implications:

The findings suggest that the DSM-5 FSIAD diagnosis may not effectively distinguish between desire and arousal-related symptoms. Sexual desire appears to be better represented as a spectrum rather than a categorical diagnosis. However, these conclusions should be interpreted with caution due to the limitations of cross-sectional observational data.

Strengths & limitations:

The size of the overall sample is a strength of the research; the lack of groups with clinician-made diagnoses and linguistic biases represented a limitation for the generalization of the results. Future studies should aim to analyze samples with clinician-made diagnoses.

Conclusion:

Female sexual functioning is complex and cannot be adequately captured by a single model. Future revisions of the DSM should consider conceptualizing sexual desire along a continuum to



better reflect clinical reality and guide diagnostic processes.

Psychology

J Sex Med. 2025 Aug 15:qdaf194. doi: 10.1093/jsxmed/qdaf194. Online ahead of print.

The impact of genital self-image on sexual function: a systematic review

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Abstract

Introduction:

Genital self-image (GSI) refers to a person's perception of their genitalia, whether positive or negative. In recent years, it has become increasingly common for individuals to report dissatisfaction and insecurity regarding the appearance of their bodies and genitals. This scenario has a negative impact on both physical and psychological health, in addition to negatively influencing sexual life.

Objectives:

To gather information on the relationship between GSI and sexual function and to determine whether there is an association between these two factors.

Methodology:

A Systematic Review was carried out in the following databases: CINAHL, Embase, MEDLINE, Open Science Journal, PeDro, PubMed, Scielo,

Scopus, Science Direct, Springer Link, and OpenGrey. The research question was based on the PICO strategy: "Is there an association between genital self-image and sexual function?". Observational quantitative studies were included, regardless of language and publication data. Studies that did not include the terms "Genital Self-Image", "Sexual Function", and their synonyms and/or keywords in the title, duplicated studies or with low methodological quality were excluded.

Results:

Out of 1727 initially identified studies, 10 met the inclusion criteria. These studies involved 7448 participants (2280 men and 5168 women) aged 18 to 72 years. The analysis showed a consistent association between positive GSI and better sexual function, including increased desire satisfaction. Conditions such as premature ejaculation and pelvic floor dysfunction negatively impacted both GSI and sexual performance, suggesting a reciprocal relationship between the GSI and sexual function. Despite the growing interest in genital cosmetic surgeries, studies did not show significant differences in sexual function between women who underwent these procedures and those who did not. Sociocultural factors, including dissatisfaction with genital size, were also found to negatively affect GSI and sexual well-being, especially among men.

Conclusion:

A positive GSI is associated with better sexual function, greater satisfaction and quality in intimate experiences. Despite this, methodological limitations and the lack of diversity in the populations studied restrict the generalization of the results. Future research should focus on addressing gaps, such as the lack of longitudinal studies and the underrepresentation of diverse populations.



J Sex Med. 2025 Aug 12:qdaf202. doi: 10.1093/jsxmed/qdaf202. Online ahead of print.

The connections among childhood abuse, sexual compulsivity, and violent sexual behavior

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Background:

Violent sexual behaviors (VSB) are rarely investigated in the clinical context of Compulsive Sexual Behavior (CSB). There is evidence that childhood traumas likely generate more emotional dysregulation, which seems to be associated with greater impulsivity and sexual compulsivity activation.

Aim:

We delineated a cross-sectional study with individuals with and without CSB to investigate if symptoms of impulsivity, sexual compulsivity, anxiety, and depression are associated with childhood abuse (CA) and VSB.

Methods:

We enrolled 364 (247 CSB and 117 controls) cisgender men who underwent psychiatric structured interview and answered self-responsive standardized measures. We built the Sexual Violence Factor (SVF) after a factorial analysis of the sexual violence subscale of the Compulsive Sexual Behavior Inventory-22, and used it as the outcome variable of VSB. We conducted a structural equation model (SEM).

Outcomes:

The evaluation of both direct and indirect effects of the construct Abuse on Violence, as well as the strength of associations between variables within a model demonstrating best-fit to the data.

Results:

The SEM analysis showed moderate association between CA and impulsivity (coef. = 0.37, P < 0.001), anxiety and depression (coef. = 0.61, P < 0.001), sexual compulsivity (coef. = 0.58, P < 0.001), and SVF in adulthood (coef. = 0.41, P = 0.01). However, sexual compulsivity was not associated with SVF.

Implications:

Impulsivity potentially associates with both CA and SVF, potentially implicating in more intensive clinical care for impulsive changes when a history of CA is present.

Strengths and limitations:

Few women sought to the service, resulting in a sample comprised solely of men. Due to some missing data, the SEM analysis could not have all the participants. Additionally, the data should not be generalized once it is a convenience sample. Regarding the strengths, this study starts filling a gap of investigations of VSB in clinic samples of CSB individuals outside of a criminal setting. The use of



the SEM allowed for a comprehensive examination of the relationships among key psychopathological factors (emotional dysregulation, impulsivity, sexual compulsivity), and trauma experiences with the VSB, helping to identify confounding factors.

Conclusion:

The SEM analysis provided a detailed assessment of our initial hypothesis, revealing that impulsivity seems to be a significant associating factor of VSB in individuals with CSB that suffered childhood maltreatment.

Peyronies' Disease

Andrology. 2025 Sep;13(6):1462-1468. doi: 10.1111/andr.13771. Epub 2024 Sep 30.

Penile curvature severity in patients with Peyronie's disease does not correlate with dynamic color doppler duplex ultrasound parameters: findings from a real-life cross-sectional study

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Affiliations

Abstract

Introduction:

There is inconsistent data regarding the possible inaccuracies in dynamic penile color Doppler

duplex ultrasound (CDDU) measurements in men with penile curvature because of Peyronie's disease (PD). We sought to explore the relationship between the degree of penile curvature and CDDU parameters in men with PD.

Materials and methods:

Comprehensive data from 154 consecutive men presenting with PD as their primary complaint at a single academic center were prospectively collected and analyzed. All men underwent CDDU. Penile curvature was measured using a goniometer at time of maximum erection during CDDU. Patients were grouped based on CDDU parameters into-normal (average peak systolic velocity [PSV] ≥ 35 cm/s and resistance index [RI] ≥ 0.85) and pathological CDDU (average PSV < 35 cm/s and/or RI < 0.85). Descriptive statistics was used to compare the two subcohorts. Linear regression models were fitted to explore the association between the degree of penile curvature and dynamic CDDU parameters.

Results:

Overall, the median interquartile range (IQR) age was 56 (48-63) years. The median (IQR) PSV and degree of penile curvature were 48.8 cm/s (37.9-58.5) and 40 degrees (30-60), respectively. At CDDU, the degrees of penile curvature were as follows: 10-30 degrees in 63 (40.9%) men, 30-70 degrees in 70 (45.5%) men, and 70-90 degrees in 21 (13.6%) men, respectively. Of all, 116 (75.3%) patients showed a PSV > 35 cm/s and RI \geq 0.85. Patients with pathologic vs. normal CDDU parameters did not differ in median (IQR) curvature (32.5° [30°-58.7°] vs. 40° [30°-65°], p = 0.5) or in the distribution across curvature range groups. Linear regression analysis revealed that the degree of penile curvature did not significantly correlate with PSV at CDDU (coefficient: 0.06, p = 0.3).

Conclusions:

Our study confirms the lack of a significant correlation between the severity of penile

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curvature and CDDU parameters in men presenting with PD. These findings emerge to be relevant in terms of a more accurate management work-up for PD patients and hold insightful medicolegal implications and in the real-life setting.

J Sex Med. 2025 Aug 15:qdaf213. doi: 10.1093/jsxmed/qdaf213. Online ahead of print.

Factors associated with improved curvature outcomes with collagenase clostridium histolyticum for Peyronie's disease: results from a large prospective series

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Abstract:

Background:

Since its release in 2014, collagenase clostridium histolyticum (CCH) has become the most commonly used injectable therapy for Peyronie's disease (PD). While some studies have suggested modest improvements in curvature with use of CCH, others have found more significant gains.

Aim:

To determine predictors of improved curvature in men with PD treated with CCH.

Methods:

A prospective, sequential database has been maintained of all men with PD undergoing CCH injections since 2014. Clinical characteristics and

responses to standardized and nonstandardized questionnaires were collected at baseline, during, and after treatment.

Outcomes:

Change in curvature was assessed using the "Most Recent" curvature assessment, and statistical analyses were performed to identify factors that correlated with greater curve improvements.

Results:

A total of 826 men underwent at least one CCH series and comprise the current cohort. Univariate analysis demonstrated associations between greater curvature improvements in patients with more severe baseline curvature (0.5° greater improvement per increase in 1° baseline), hourglass deformities (3-10° greater improvement among moderate/severe men), number of CCH series administered (0-4° per series), strong nocturnal erections (11° higher), greater frequency of intercourse (0.6° per intercourse attempt per month), greater bother and psychological impact Disease (as assessed by the Peyronie's Questionnaire), and those who used RestoreX (5-20° depending on test). Worse outcomes were observed among men who self-reported decreased motivation (7°) as well as those with pure lateral curvatures (11°). Men who experienced hematomas, a popping sensation, and those with rapid detumescence during treatment also had more significant improvements in curvature (5°). On multivariate analysis, baseline curvature, lateral curve direction. hourglass/indentation deformities, RestoreX use, and suspected controlled penile fracture remained independently associated with better outcomes. Of all the factors assessed, RestoreX use was associated with largest the degree of improvement.

Clinical implications:

These findings highlight several potential predictors of improved outcomes with CCH, which



may be utilized by providers to help counsel patients deciding on medical versus surgical treatment of PD.

Strengths and limitations:

The strengths include the largest single-center prospective database of PD patients undergoing CCH published to date and use of objective and validated instruments to track PD outcomes. Limitations include the single-center nature, diverse patient cohort, and change in CCH technique over time.

Conclusion:

Several baseline and treatment-related factors correlate with CCH outcomes. These data may assist both patients and providers as they relate to patient selection and counseling. The data also suggest the importance of patient motivation and active participation during the treatment course.

Premature Ejaculation

J Sex Med. 2025 Aug 13:qdaf197. doi: 10.1093/jsxmed/qdaf197. Online ahead of print.

A lifespan perspective on lifelong premature ejaculation: unresolved issues and new insights

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Abstract:

Background:

Despite the numerous studies dealing with lifelong premature ejaculation (LPE), significant issues remain unresolved, including the age of onset relative to sexual debut, its constancy or variation over the lifespan, how it is affected by foreplay, and whether it is altered by different types of partnered sexual activities and/or masturbation.

Aim:

To describe lifespan changes in PE symptomology in men with LPE.

Method:

Using a retrospective-current analysis, from an online sample of 409 men with PE, 160 identified as specifically having LPE. Data regarding PE symptomology-including lack of ejaculatory control, foreplay time and estimated ejaculation latencies (ELs) at sexual debut and currently, and other sexual characteristics-were collected to better describe and understand PE lifespan patterns in this group of men.

Outcomes:

Foreplay and EL comparisons between sexual debut and the present time, as well as EL comparisons across different types of sexual activities, including masturbation.

Results:

Men with LPE showed strong consistency in foreplay duration and ELs ever since their sexual debut. 77% indicated no change in their PE, 18.6% reported worsening of their PE, and 2% indicated improvement since sexual debut, with only the frequency of partnered sex showing any association with the above patterns. LPE men showed some variation in ELs across different types of partnered sexual activities, and also in comparison with masturbation.



Clinical implications:

Men with LPE show remarkable consistency in their short ELs with the passage of time and across different sexual activities; however, variation in EL does appear to be mildly-moderately linked to different kinds of sexual stimulation in some LPE men.

Strengths and limitations:

This study is the first of its kind to adopt a retrospective-current strategy to explore lifespan changes in PE symptomology in men with LPE. Limitations may include reliance on recall of events surrounding men's sexual debut, as well as the use of social media to recruit respondents, which likely results in age, education, and socioeconomic status bias.

Conclusion:

Men with LPE show typically normal foreplay duration, along with estimated ELs of 1-2 min, both of which are consistent over their lifespan. Mild to moderate variation in ELs was associated with specific types of sexual activity, including masturbation.

J Sex Med. 2025 Aug 4;22(8):1422-1429. doi: 10.1093/jsxmed/qdaf107.

The effects of diaphragmatic breathing exercises on individuals with premature ejaculation: a randomized controlled trial

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Abstract:

Background:

There are no standardized, evidence-based rehabilitation protocols for premature ejaculation (PE) which hinders effective management, the development of validated patient-reported outcomes, regulatory oversight, and the potential benefits of targeted interventions.

Aim:

To investigate the effect of diaphragmatic breathing exercises (DBE) on PE.

Methods:

Sixty-two participants with PE were randomly assigned to Group I (n = 31) or Group II (n = 31). Both groups received behavioral therapy (BT) and pelvic floor muscle training (PFMT) twice daily, three days a week, for eight weeks. Additionally, Group I recieved DBE twice daily, every day, for eight weeks. Intravaginal ejaculation latency time (IELT) was calculated with a stopwatch, at the end of the 8th week (post-treatment), and at 1-year follow-up. Pelvic floor muscle (PFM) strength and endurance were evaluated with ultrasound, and changes in the in the autonomic nerves system (ANS) parameters (including the root mean square of successive differences [RMSSD], proportion of NN50 [PNN50], low-frequency [LF] power, and high-frequency [HF] power) were evaluated with an Elite HRV device at pre-treatment and posttreatment by a blinded assessor.

Outcomes:

Primary outcome measurements were IELT, PFM strength and endurance, and changes in ANS paramaters.



Results:

The study was completed by 29 participants (mean age = 31.4 ± 6.5 years) in Group I and 30 (mean age = 31.3 ± 7.6 years) in Group II. At post-treatment, outcome measures showed significant improvements in both groups (P <.001 for all). Compared to Gropu II, Group I showed significantly greater improvements in IELT(P=0.12), RMSDD (P<.001), PNN50 (P=.003), LF Power (P<.001), HF Power (P=.003), strength(P<.001), and endurance (P<.001). The median IELT increase from baseline to post-treatment was 283 seconds (range: 84-870; 900%) in Group I and 204 seconds (range: 44-581; 690%) in Group II. While IELT declined significantly from post-treatment to 1-year followup in Group II, no statistically significant change was found in Group I.

Clinical implications:

The effect of DBE on the ANS may help regulate the ejaculatory reflex.

Strengths and limitations:

This is the first study to apply breathing exercises with BT and PFMT in men with PE. Limitations include the lack of exercise adherence records beyond 8 weeks and the estimation-based IELT measurement at baseline.

Conclusion:

Adding DBE, to BT and PFMT, yields better results in IELT (at 8 weeks and 1 year) and inreases PFM strength and endurance of PFM (at 8 weeks) in men with PE.

Andrology. 2025 Sep;13(6):1490-1500. doi: 10.1111/andr.13775. Epub 2024 Oct 4.

Exploring the impact of sexual positions on ejaculation: Insights from a survey study by the Andrology Working Group of the Society of Urological Surgery in Turkey

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Abstract:

Background:

Sexual position is one of the several aspects that affects ejaculation control, which is essential for sexual pleasure. Still little is known, nevertheless,



about the connection between sexual positions and ejaculation duration.

Objective:

To investigate the impact of various sexual positions on the duration of ejaculation and gain a deeper understanding of the elements that influence the ability to control ejaculation.

Method:

An online survey was carried out on a sample of 1904 heterosexual men between the ages of 18-65 years. Premature ejaculation (PE) diagnostic tool was used to define PE. Demographic, behavioral, and physiological traits that are linked to PE and non-PE groups were collected. The participants listed their preferred sexual positions and the ones they changed to during ejaculating. Also, analyses were performed between male/female active or deep/shallow thrust positions and PE status.

Results:

Although there were no appreciable variations in age or circumcision between PE and non-PE groups, the age of first sexual experience was associated with PE status. Groups also varied in the number of weekly ejaculations, the duration of the favored ejaculations, and the characteristics of the erection. The most preferred sexual posture was the doggy style regardless of the group. When the non-PE group felt to ejaculate, they preferred to change the position significantly more than the PE group (74% vs 67.2%; p < 0.05). However, when participants felt ejaculate, non-PE participants tended to switch to shallow thrusting positions significantly more than PE participants, who preferred deeper positions (27.1% vs. 18%; p < 0.05).

Conclusion:

This study underlines the relevance of considering sexual positions in controlling PE. Modifying positions during sexual intercourse may offer a non-pharmacological therapeutic alternative for

improving ejaculation control. Future studies in this field might help to create tailored PE treatment strategies.



Surgery

J Sex Med. 2025 Aug 4;22(8):1475-1482. doi: 10.1093/jsxmed/qdaf143.

Factors affecting the success of corporoplasty based on geometric principles in patients with congenital penile curvature

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Abstract:

Background:

Data on factors affecting the success of incisional corporoplasty based on the geometric principles in congenital penile curvature (CPC) are limited.

Aim:

To compare the pubertal status (prepubertal and postpubertal), degree of curvature (<60° and ≥60°), direction of curvature (ventral, dorsal, lateral, ventrolateral), curvature plane (monoplanar or multiplanar) and to investigate the factors affecting success in patients who



underwent incisional corporoplasty based on geometric principles due to CPC.

Methods:

A total of 79 patients who underwent incisional corporoplasty based on geometric principles between 2016 and 2024 in two tertiary care referral centers were evaluated. The surgical technique we apply to our patients is a modification of incisional corporoplasty. This technique is based on the geometric principles of the Egydio technique. Success was defined as complete satisfaction of the patient and/or patient's parent and absence of recurrence of curvature.

Outcomes:

Satisfaction, success, complication rates in patients who underwent incisional corporoplasty based on geometric principles due to CPC and comparison of these patients in terms of the pubertal status (prepubertal and postpubertal), degree of curvature(<60° and ≥60°), direction of curvature (ventral, dorsal, lateral, ventrolateral), curvature plane (monoplanar or multiplanar).

Results:

The success rate in our study was found to be 82.2% and the total complication rate was determined as 26.5%. The success rate was 90.5% in patients in the prepubertal period, and 79.3% in patients in the postpubertal period (P = 0.331). Success occurred 82% of patients with a curvature <60°, while this rate was 82.8% in patients with a curvature of ≥60° (P = 0.396). Success was found to be 75% for multiplanar curvature and 83.1% for monoplanar curvature (P = 0.626). In regression analysis, it was found that age (P = 0.185), puberty status (P = 0.263), degree of curve (P = 0.770), direction of curve (P = 0.927), presence of multiplanar curve (P = 0.573) and operation time (P = 0.924) did not affect success. According to Kaplan-Meier analysis the P-values for puberty status, degree of curvature, curvature plane and

curvature direction were found to be 0.575, 0.720, 0.845, and 0.819, respectively.

Clinical implications:

Modification of incisional corporoplasty based on the geometric principles of the Egydio technique is an effective method in patients with CPC, regardless of age and curvature characteristics.

Strengths and limitations:

The lack of a group to compare this technique with other techniques, small sample size, the retrospective design of the study, the results being based on patient-reported results. The results discussed may cause bias because they are based on patient reports and do not include standard questionnaires.

Conclusions:

The geometrically modified incisional corporoplasty technique has a high success rate in patients with CPC up to 90°, regardless of the patient's age, pubertal status, degree of curvature, direction, and whether it is multiplanar or not.



Androgens

Andrology. 2025 Sep;13(6):1390-1401. doi: 10.1111/andr.13779. Epub 2024 Oct 9.

Single-arm study of testosterone gel replacement therapy and ambulatory blood pressure outcomes in men with hypogonadism

Michael A Weber 1 , Shamaila Aslam 2 , Mitchell D Efros 3 , Anna Chan 4 , Nader Khan 4 , Xue Li 4 , Elena Dubcenco 4 , Michael G Miller 4



Affiliations

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Abstract:

Background and objective:

Studies examining ambulatory blood pressure (BP) response to testosterone replacement therapy are needed owing to inconsistent prior findings across formulations. This study assessed testosterone gel 1.62% and 24-h ambulatory BP.

Materials and methods:

Single-arm non-inferiority trial (NCT04274894) conducted at 36 US sites enrolled 246 men with hypogonadism (mean age, 57.6 years; mean office systolic/diastolic BP [SBP/DBP], 129.8/79.5 mm Hg) who were treated for 16 weeks with once-daily testosterone gel treatment (starting dose, 40.5 mg/day; min, max dose, 20.25, 81.0 mg/day) to achieve testosterone concentration of 350-750 ng/dL. Main outcome measures included mean change in 24-h average SBP (primary endpoint) and DBP from baseline to week 16. The non-inferiority threshold was a two-sided 95% confidence interval (CI) upper limit <3.0 mm Hg for 24-h average SBP.

Results:

Increase in mean ± SD serum testosterone concentration to a physiologic level (baseline, 244.4 ± 93.9 ng/dL; week 16, 502.5 ± 394.4 ng/dL) was associated with a 1.9-mm Hg mean change in 24-h average SBP observed in the primary analysis (baseline, 123.5 mm Hg; week 16, 125.4 mm Hg; 95% CI, 0.63-3.13 mm Hg; n = 169). As the upper CI limit modestly exceeded the non-inferiority margin (3 mm Hg), study drug effect on SBP could not be ruled out. Non-inferiority was observed in subgroups without hypertension or diabetes (95% CI, upper limit <3.0 mm Hg) and was not observed

in those with hypertension or diabetes. Daytime SBP and DBP changes were larger compared with nighttime. No clear cardiovascular adverse events or new safety signals were identified.

Discussion and conclusions:

While the effect of testosterone gel 1.62% on 24-h average SBP could not be ruled out based on the study's non-inferiority margin, the clinical relevance of the small-magnitude mean increase of 1.9 mm Hg is anticipated to be minimal considering the results of the TRAVERSE study of testosterone gel 1.62% and major adverse cardiac events.

Clinical trial information:

ClinicalTrials.gov identifier: NCT04274894 (registered February 17, 2020).



Erectile Dysfunction

BJU Int. 2025 Sep;136(3):537-544. doi: 10.1111/bju.16824. Epub 2025 Jun 19.

Prevalence of cardiac dysfunction in men with erectile dysfunction: the EDcard study

Emil Durukan ^{1 2 3}, Christian Fuglesang S Jensen ¹, Maria Dons ^{2 4}, Morten Sengeløv ^{2 4}, Nino Emanuel Landler ^{2 4}, Kristoffer Grundtvig Skaarup ^{2 4}, Mats C Højbjerg Lassen ^{2 4}, Niklas Dyrby Johansen ^{2 4}, Peter Busch Østergren ^{1 3}, Jens Sønksen ^{1 3}, Mikkel Fode ^{1 3}, Tor Biering-Sørensen ^{2 4 5 6}

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- ⁵ Steno Diabetes Center, Copenhagen, Denmark.
- ⁶ Department of Cardiology, Copenhagen University Hospital
- Rigshospitalet, Copenhagen, Denmark.

Abstract Objectives:

To assess the prevalence of myocardial impairment in men with erectile dysfunction (ED) as compared with the general population using conventional and two-dimensional speckle-tracking echocardiography.

Subjects and methods:

In this cross-sectional study, men with ED underwent clinical, electrocardiographic, and transthoracic echocardiographic evaluation including left ventricular ejection fraction (LVEF) and global longitudinal strain (GLS) according to a predefined protocol. All participants were matched 1:1 with controls from the general population on sex, age, and body mass index (BMI).

Results:

In total, 796 people were included, 398 men with ED and 398 controls. The ED group had a median (interquartile range [IQR]) age of 61 (53-70) years and a median (IQR) BMI of 26.3 (24-29) kg/m2. Left ventricular (LV) systolic dysfunction was found in 232 (58.3%) men with ED compared to 102 (25.6%) controls (P < 0.001). Nineteen (4.8%) men with ED were referred for further cardiovascular evaluation.

Conclusion:

More than half of men with ED exhibited signs of cardiac dysfunction, particularly LV systolic dysfunction. Further research should explore the long-term prognostic implications of these findings.

Aging Male. 2025 Dec;28(1):2467157. doi: 10.1080/13685538.2025.2467157. Epub 2025 Feb 19.

Predictive value of systemic inflammatory response index in patients with erectile dysfunction on tadalafil unresponsive patients

Resul Sobay 1

Affiliations

¹ Department of Urology, University of Healt Sciences, Umraniye Training and Research Hospital, İstanbul, Türkiye.

Abstract:

Background:

Erectile dysfunction (ED) is a common disorder that significantly impacts quality of life, and phosphodiesterase type 5 inhibitors (PDE5is) such as tadalafil are one of the primary treatments. However, some patients remain unresponsive, necessitating further investigation.

Objective:

To investigate the association between systemic inflammatory response index (SIRI) and tadalafil unresponsiveness in erectile dysfunction patients.

Methods:

A total of 106 male patients who applied to the Andrology outpatient clinic with ED complaints between January and June 2024 were included in the study. Patients were started on daily tadalafil 5 mg therapy, and response was assessed after one month using the International Index of Erectile Function Erectile Function domain (IIEF-EF). SIRI values, calculated using neutrophil, monocyte, and lymphocyte counts, were compared between tadalafil-responsive and unresponsive groups.

Results:

Tadalafil unresponsiveness was observed in 48.1% of patients. Non-responders had significantly



higher mean age(57.44 ± 12.52 vs. 47.22 ± 11.49 , p < 0.001), BMI(27.22 ± 3.17 vs. 25.85 ± 2.92 , p = 0.023), and SIRI values(1.33 ± 0.82 vs. 1.02 ± 0.40 , p = 0.016) compared to responders. Multivariate analysis identified age(OR = 1,641, p = 0.001) and SIRI(OR = 2.420, p = 0.014) as independent predictors of tadalafil failure. ROC curve analysis revealed a SIRI cutoff of 1.03 (AUC = 0.617) with 69.1% sensitivity and 61.2% specificity.

Conclusion:

Findings suggest that systemic inflammation plays a key role in ED pathophysiology and may impair PDE5i efficacy.

Andrology. 2025 Aug 12. doi: 10.1111/andr.70108. Online ahead of print.

Comparative efficacy of combination therapy including regenerative therapies versus monotherapy for erectile dysfunction: A systematic review and meta-analysis

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Abstract:

Background and objective:

The Current European Association of Urology guidelines do not provide recommendation for combination of regenerative therapies with standard therapies for erectile dysfunction. The aim of this study was to compare the efficacy of combined regenerative therapy with monotherapy for erectile dysfunction.

Methods:

A systematic review and meta-analysis were conducted following the 2020 Preferred Reporting Items for Systematic Reviews and Meta Analyses guidelines. The protocol was registered on PROSPERO (CRD42024522307). Randomized controlled trials and prospective/retrospective studies comparing combination therapies (lowintensity external shockwave therapy, platelet-rich plasma, stem cell therapy with phosphodiesteraseinhibitors, or other treatments) with monotherapy were included. Erectile function was assessed using the International Index of Erectile Function-5 and Erection Hardness Scale. Groups were compared using standardized mean difference. Subgroup analyses based on treatment type, erectile dysfunction cause, and follow-up duration were also conducted. Risk of bias was assessed using risk of bias 2 and Robins-I tools.

Key findings and limitations:

Of 1416 articles screened, eight studies involving 553 patients met the inclusion criteria. All studies included phosphodiesterase-5 inhibitors and low-intensity external shockwave therapy as regenerative treatment, with no studies on stem



cell therapy or platelet-rich plasma. After treatment, significant difference no International Index of Erectile Function scores was found between combination and monotherapy groups. However, subgroup analysis revealed that combination therapy showed a statistically significant improvement compared to lowintensity external shockwave therapy alone (standardized mean difference: 0.61; confidence interval: 0.13-1.09; p = 0.013). A statistically significant improvement was found in vasculogenic (standardized mean difference: 0.65; p < 0.001) and diabetic cases (standardized mean difference: 1.05; p < 0.001).

Conclusions and clinical implications: Combination of phosphodiesterase-5 inhibitors and intensity external shockwave therapy resulted in significant improvement of International Index of Erectile Function compared to intensity external shockwave therapy alone. However, the risk of bias was high because of the low quality of the studies.

Patient summary:

Combination of phosphodiesterase-5 inhibitor with intensity external shockwave therapy significantly improved erectile function, especially in patients with vasculogenic erectile dysfunction or diabetes.

Ther Clin Risk Manag. 2025 Aug 11:21:1249-1258. doi: 10.2147/TCRM.S527293. eCollection 2025.

The Relationship Between the Time Until Penile Fracture Repair and Post-Operative Erectile Dysfunction

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Affiliations

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- ² Urology, Dicle University Faculty of Medicine Hospital, Diyarbakır, Turkiye.

Abstract:

Aim:

Although penile fracture is a rare condition, the damage it may cause afterwards is challenging for patients. We aimed to investigate the relationship between late presentation to the hospital and the frequency of erectile dysfunction (ED) in patients with penile fractures.

Methods:

In our cross-sectional, retrospective study, the frequency and severity of ED were calculated according to the International Index of Erectile Function (IIEF) scoring in patients with penile fracture admitted to Dicle University Hospital in the inter-operative period between the event and the operation and the subsequent controls. The relationship between these two conditions was analysed.

Results:

Forty-six patients who met the inclusion criteria were included in our study. The mean age was 37 (28-46) years. The mean preoperative IIEF was 25 (20-28), and the mean postoperative IIEF was 21.3 (15-27). The mean event-operation time was 9 (6-15) hours. The rate of sexual intercourse was 50%, trauma was 30%, development after masturbation was 11%, and other causes were 9%.

Conclusion:

Penile fracture is a real urological emergency, and as urologists, we need to intervene as early as possible in patients experiencing this condition. We found that patients who presented to the hospital more than 12.5 hours after penile fracture had a significantly higher risk of developing ED or worsening ED in the subsequent period.

Sexual Antiquities

The Spring Palace Paintings of China

By: Ahmad Majzoub, MD

think When we of education today, we imagine classrooms, books, or clinical counseling. In imperial China, however, guidance on intimacy was sometimes painted with a brush. The Spring Palace Paintings (春宮画, chūngōng huà), elegant handscrolls and albums produced during the Ming and Qing dynasties, are among the most fascinating examples of sexual antiquities.

What does "Spring Palace" mean?

The name itself is symbolic. In Chinese culture. "spring" represents youth, vitality, and fertility, while "palace" evokes refinement and private quarters. Together, "Spring Palace" became a poetic euphemism for sexuality and conjugal intimacy. The artworks, therefore, were not crude illustrations but refined cultural expressions intimacy.



Art for teaching, not just titillation

Unlike the buried erotic frescoes of Pompeii, the Spring Palace Paintings were not excavated in modern times. They were handed down discreetly through families and collectors, often presented as wedding gifts to instruct

newlyweds. The brushwork was delicate, the settings luxurious, and the symbolism elegant. Flowers like the peony (beauty and sensuality), lotus (fertility), orchid (refinement), and plum blossom (youthful passion) were often painted into backgrounds — subtle reminders of sexuality without explicit words.

Link to the "arts of the bedchamber"

The paintings were deeply tied to China's Taoist bedchamber arts (fángzhōng shù), traditions that linked sex to health, balance, and longevity. As Umekawa and Dear (2015) show, many images directly mirror the postures and pacing described in these manuals, serving as visual companions to sexual techniques aimed at harmony and well-being.

McMahon (2019) contrasts these health-oriented arts with the later erotic novel Jin Ping Mei, which portrayed sex as indulgent and excessive.



The Spring Palace Paintings align more with the earlier tradition emphasizing mutual satisfaction, pacing, and foreplay over indulgence. Modern echoes in medicine Remarkably, some of these ancient practices resemble modern approaches to sexual dysfunction. **Techniques** described in the bedchamber arts, and reflected in paintings, include ejaculatory control, graded arousal, and focusing on female pleasure. These echo behavioral methods still used today in managing premature ejaculation (PE).

As Wile (2018) observes, there is even a revival of interest in China around these practices, debated in academic and popular forums. For some, they are cultural heritage; for others, a reminder that sexuality has long been viewed as a path to health, not only pleasure.

Why they matter

The Spring Palace Paintings remind us that sex education is not a modern invention. They show that across cultures and centuries, people created sophisticated ways to teach intimacy — sometimes in words, sometimes in art. For clinicians today, they also demonstrate that concerns such as ejaculatory control are uniquely modern not problems, but have been addressed across time in culturally specific ways.

These works are more than erotic pictures; they are a testament to how art, health, and sexuality have always been intertwined. And just as the peony or lotus carried hidden meanings, so too do these paintings carry lessons that still resonate in our conversations about intimacy and sexual health today.





Case Presentation

Early Inflatable Penile Prosthesis Cylinder Erosion: Salvage Procedure vs. Replacement with Single Malleable Device Rod

Mohammed Mahdi, MD

This case details the challenging management of early unilateral inflatable penile prosthesis (IPP) cylinder erosion in a 75-year-old male with a history of extensive corporal fibrosis from multiple prior IPP procedures. Just two weeks after a new implant, the patient presented with early cylinder erosion (image 1), prompting a salvage attempt to avoid the surgical complexities of a full device removal and delayed replacement. The salvage procedure, which involved cylinder repositioning via extracapsular tunneling, a distal anchoring stitch, and corporal repair using a biological cap of human pericardium allograft (Tutoplast graft) (image 2), was ultimately unsuccessful, as the cylinder re-eroded three weeks later with signs of infection. This necessitated the final removal of all IPP components and the placement of a single malleable implant in the contralateral corpora (image 3). Despite the unfavorable outcome, this case suggests that salvaging early IPP erosion may be a viable option for select patients with no infection, particularly those with a history of multiple revision procedures where further interventions would be exceptionally challenging. Furthermore, the final decision to replace the eroded implant with a single malleable cylinder, rather than leaving the patient with no device, represents a valuable alternative that may prevent future corporal scarring and penile length loss, and may also provide the patient with the ability to have intercourse, even with a single-rod implant, as it can offer sufficient rigidity for successful sexual function.



Image 1. Early erosion of IPP left cylinder



Image 2. Salvage procedure with cylinder reposition and corporeal repair



Image 3. Placement of single rod Malleable PP

Have You Read!



Shaeer's hydro-inflation technique for neurovascular bundle mobilization during penile surgery

Osama Shaeer 1 , Hossam El Debs 2 , Amr Elahwany 2 , Kamal O K M Shaeer Jr 3 , Kamal Shaeer 2

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- ³ Medical School, Kasr El Aini Faculty of Medicine, Cairo University, Cairo, Egypt.

One of the greatest challenges in penile reconstructive surgery lies in mobilizing the neurovascular bundle (NVB). This structure, which carries the dorsal nerves and arteries of the penis, must be carefully preserved to avoid sensory loss, vascular injury, and devastating complications such as glans necrosis. Traditionally, mobilization requires meticulous dissection of Buck's fascia, a process that can be time-consuming and carries inherent risks.

In our recent study at Cairo University, we introduced a new method designed to enhance both the safety and efficiency of this critical step: the Hydro-Inflation Technique for Neurovascular Bundle Mobilization (S-NVBm). The principle behind this technique is straightforward. By infiltrating Buck's fascia with a solution of saline and xylocaine, the fascia becomes gently inflated, creating a protective cushion around the nerves and vessels. This inflation widens the interstitial planes, separates tissue layers, and renders dissection smoother and less hazardous.

We applied this method in fifty patients, including those undergoing corporal rotation for congenital curvature and penile prosthesis implantation with tunical slitting for Peyronie's disease. For comparison, thirty-two patients underwent classic mobilization without hydro-inflation. The results

were both consistent and encouraging. The average time required for mobilization was halved, dropping from more than seven minutes with the conventional approach to just over three minutes with hydro-inflation. Importantly, not a single case of arterial injury occurred in the hydro-inflation group, while one such complication was recorded with the classic method.

The benefits extended beyond the operating table. Patients who underwent hydro-inflation reported significantly lower levels of pain in the immediate postoperative period, and objective testing confirmed a reduced risk of sensory deficit. Only one patient in the hydro-inflation group demonstrated a mild decrease in penile sensitivity, compared to three patients in the conventional group. Sensitivity scores overall were higher, underscoring the protective value of this approach.

For the surgeon, the impression is unmistakable. Mobilization of the NVB with hydro-inflation feels easier, faster, and more controlled than with traditional dissection. For the patient, the gains translate into less discomfort, fewer complications, and a safer recovery. While our study was conducted in a single center with a modest sample size, the findings point toward a promising shift in surgical practice. Hydro-inflation offers a technique that can benefit both expert and novice surgeons, especially in challenging cases such as Peyronie's disease where tissue adherence complicates dissection.

In conclusion, the hydro-inflation technique represents more than a technical refinement. It provides a safer margin for the surgeon, a more comfortable journey for the patient, and a step forward in the evolution of penile surgery. Future multicenter trials will no doubt expand on these findings, but the early evidence is clear: hydro-inflation improves outcomes where it matters most — in preserving function, reducing risk, and saving time.



Evaluation of the Impact of an Educational Intervention to Improve the Perceived Readiness, Knowledge and Practices of Health Professionals in Dealing With Women Victims of Intimate Partner Violence

By Ons Kaabia, MD and Ahlem Mtiraoui, MD

Research Laboratory LR12ES04, Faculty of Medicine of Sousse, University of Sousse, Sousse, Tunisia.

Intimate partner violence (IPV) is a widespread and devastating problem, affecting nearly one in three women globally. The main barrier to care is the taboo, stigma and shame for the victims to share their experience. Healthcare professionals are frequently the first point of contact for women experiencing IPV, yet many report feeling unprepared to screen, counsel, and intervene effectively. This gap in readiness and confidence is what our team set out to address.

At the research laboratory LR12ES04, at the Faculty of Medicine, the University of Sousse, we designed and evaluated an educational intervention titled "Intimate Partner Violence: Better Understanding for Better Care." The goal was to enhance the perceived preparedness, knowledge, and practices of healthcare professionals in caring for women exposed to IPV. We conducted a quasi-experimental study using the validated PREMIS questionnaire to measure perceived and actual knowledge, attitudes, and self-reported practices.

The program brought together healthcare providers with experts in psychiatry, psychology, forensic medicine, law, sexology, gynecology and

obstetrics and women's rights activism. It combined five focused teaching sessions with interactive workshops, covering not only the sociocultural roots of IPV and its impact on women and children but also legal frameworks, care pathways, forensic documentation, and practical approaches to intervention.

A total of 77 professionals participated, with 26 in the intervention group and 51 in the control group. Three months after the training, we observed significant improvements among the intervention group. Participants reported greater perceived preparedness and knowledge, which was confirmed by higher scores on the objective knowledge scale. Importantly, there was a notable increase in self-efficacy—the confidence to manage IPV cases—and improved understanding of victim needs and autonomy. Screening and referral practices also improved, though systemic barriers remained.

Our findings underscore both progress and ongoing challenges. While training clearly enhances confidence, knowledge, and attitudes, changing actual clinical practice requires more than education alone. Institutional support, clear protocols, adequate resources, and a cultural shift in how IPV is addressed are essential to sustain meaningful improvements.

This work highlights the need to integrate IPV-focused modules into both initial and continuous medical education. Equally important is empowering healthcare professionals to balance medical care with advocacy, to listen with empathy, and to connect survivors with community resources. IPV is not only a health issue but also a societal one, and only through collaboration can we strengthen the safety net for women at risk.

MCQs



- 1. A 42-year-old man on fluoxetine reports loss of libido and delayed ejaculation. Which of the following management options has the best evidence for alleviating SSRI-induced sexual dysfunction without worsening depression?
 - A. Discontinuing fluoxetine and starting sertraline
 - B. Adding low-dose bupropion
 - C. Adding sildenafil
 - D. Switching to venlafaxine
 - E. Increasing fluoxetine dose
- 2. A 33-year-old man with secondary hypogonadism wishes to preserve fertility. Which of the following is the most appropriate treatment?
 - A. Testosterone enanthate injection
 - B. Clomiphene citrate
 - C. Dutasteride
 - D. GnRH antagonist
 - E. Finasteride
- 3. A 60-year-old woman presents with low libido and vaginal dryness. She is on tamoxifen following breast cancer treatment. Which of the following is the safest evidence-based management option for her sexual dysfunction?
 - A. Systemic estrogen therapy
 - B. Local vaginal estrogen
 - C. Ospemifene (oral SERM)
 - D. Flibanserin
 - E. Testosterone therapy
- 4. Which of the following neurochemical pathways plays the most central role in the initiation of sexual desire across both men and women?
 - A. Serotonergic inhibition in the prefrontal cortex
 - B. Dopaminergic activation in the mesolimbic system
 - C. GABAergic inhibition in the amygdala
 - D. Glutamatergic drive from the hypothalamus
 - E. Endocannabinoid modulation of hippocampal function

- 5. A 58-year-old man presents with new-onset erectile dysfunction (ED). He has no known cardiovascular disease, is not diabetic, and reports occasional exertional chest discomfort. According to current recommendations, which of the following is the most appropriate next step before initiating treatment with PDE5 inhibitors?
 - A. Start PDE5 inhibitors and advise close monitoring
 - B. Initiate lifestyle modification only
 - C. Order a stress test to evaluate cardiovascular risk
 - D. Prescribe intracavernosal prostaglandin injection therapy
 - E. Refer directly for penile Doppler ultrasound

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Recent Events



This workshop brought professionals together to enhance their skills in andrological ultrasound through expert-led theory and hands-on practice. We thank all attendees and instructors for making the event a success.



















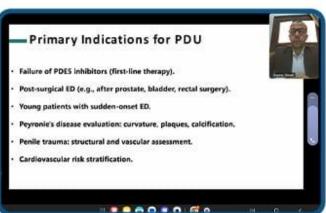
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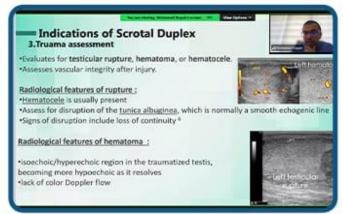


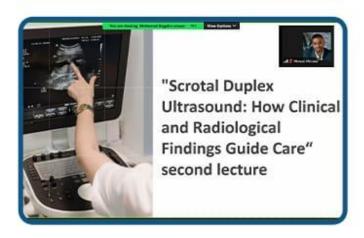












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MESSM Webinar Cardio-Sexuality

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A heartfelt thank you to all participants, faculty, and partners for making the MENA Erectile Restoration Cadaveric Course a premier event. Two days of expert insights, hands-on cadaver lab experience, and innovation in erectile restoration.































Opening the Conversation:
Oncosexology, Gender, and Age
in Cancer Care in the MENA Region

Friday 8 August 2025 7:00 pm Cairo time, 12:00 pm EST



This webinar brought together healthcare professionals and advocates to emphasize the importance of integrating sexual health into cancer care. We thank all participants for their engagement in advancing patient-centered oncology.



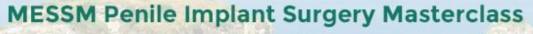












A Collaborative Between
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The MESSM Penile Implant Masterclass provided valuable clinical insights and advanced surgical guidance, and we extend our sincere thanks to all participants for their engagement.























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Thursday 18th of September 2025

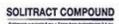


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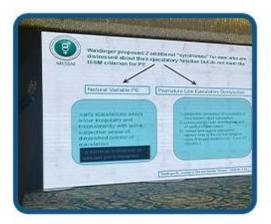




The Psychosexual Counseling webinar was a great success! We extend our heartfelt thanks to all participants for their presence and valuable contributions.















The Penile Implant Summer School was a resounding success. We extend our deepest gratitude to all participants for their presence, insights, and commitment to advancing knowledge in this vital field.







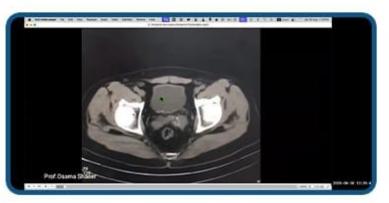


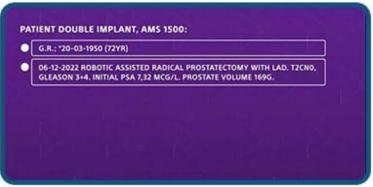




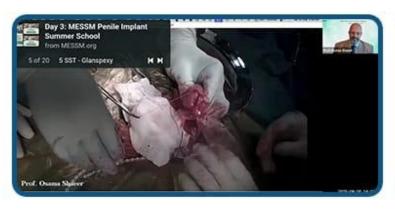














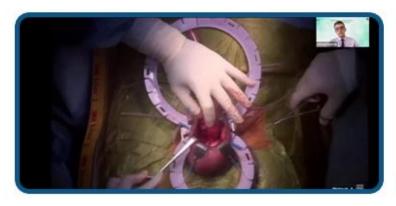


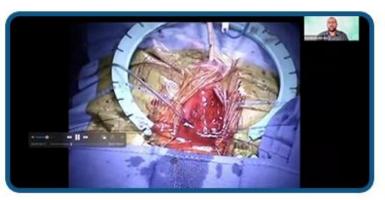














This webinar was a great success! We sincerely thank all the participants and esteemed doctors who joined us, shared their expertise, and made this event so impactful.







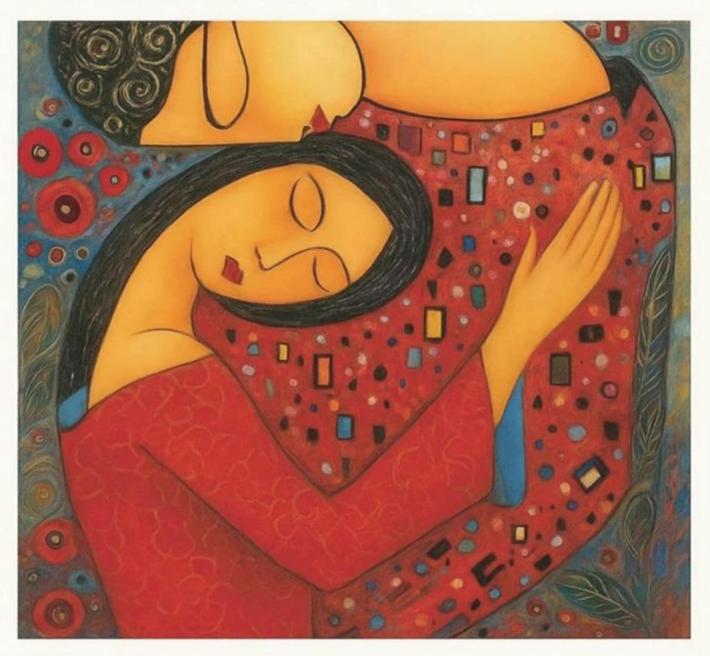






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10^e Congrès Tunisien de Sexologie Clinique

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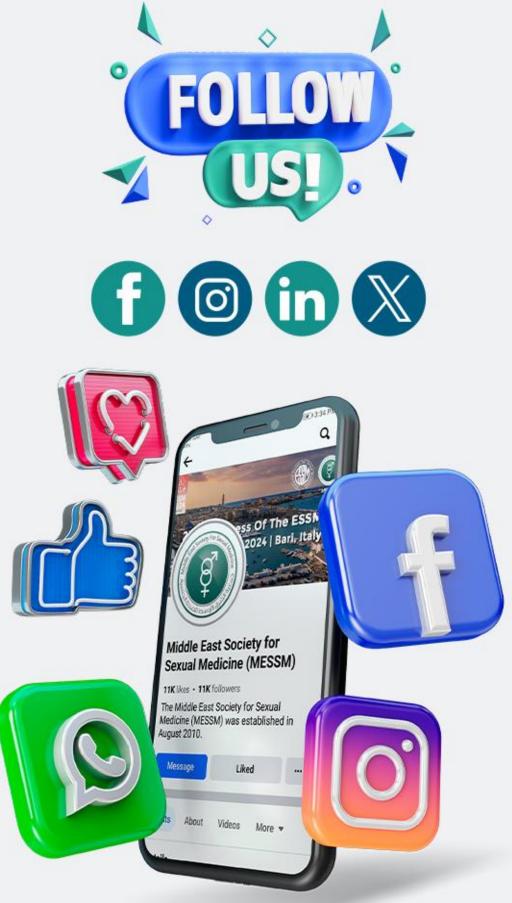
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