



**MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE**

MESSM's

► **NEWSLETTER**

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MESSM

MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

9th MESSM

9th

Annual Congress of the Middle East
Society for Sexual Medicine

In collaboration with the Urological Society of Qatar

QATAR





11-13 Dec 2025

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9th MESSM Congress - Qatar 2025



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Letter from the President

Allow me to introduce myself.

I am Professor Dr. Abdel Rahman Zahran, Professor of Urology at Alexandria University, Egypt, Chairman of the Urology Department at the Faculty of Medicine, Alexandria University, and President of the Middle East Society of Sexual Medicine (MESSM).

I also have the honor of serving as a Board Member of the Egyptian Urological Association, Founder of the Sexual Medicine Section of the Egyptian Urological Association (EUA), Secretary General of the Egyptian Society for Sexual Medicine – Middle East Section (ESSMS), Vice President of the Alexandria Medical Association, and Chairman of the Department of Urology at Alexandria University.

Whether you are a healthcare provider or a respected member of the public, MESSM is committed to providing you with the most up-to-date knowledge and practices in sexual health, aiming to enhance quality of life and elevate standards of healthcare delivery.

The World Health Organization emphasizes that sexual health is fundamental to the physical, emotional, and social well-being of individuals, couples, and families, and is essential to the social and economic development of communities and nations. At MESSM, we proudly embrace this vision and work diligently to transform it into reality.

Despite its vital importance, sexual health and sexual medicine remain relatively underexplored compared to other medical disciplines that have received attention for centuries. This is particularly evident in the Middle East, where social stigma has often hindered open discussion and advancement in this field. We believe that this reality can — and must — change.

MESSM brings together a carefully selected group of distinguished scientists and healthcare professionals dedicated to advancing sexual medicine while respecting cultural, social, and family values intrinsic to our region.

Arab scientists have long been recognized and respected globally for their contributions to medical science. Through MESSM, we strive to further strengthen this legacy, nurture future generations of specialists, and provide the public with reliable education that supports healthier and more fulfilling lives.

If you are a healthcare provider, we invite you to join MESSM and become part of a dynamic scientific community offering research collaborations, educational courses, and webinars

across medical, surgical, and psychological aspects of sexual medicine, as well as a platform to showcase your scientific work.

If you are a member of the public, we encourage you to stay connected through our website and social media channels, where you will find educational webinars and evidence-based information designed to promote sexual health and well-being.

Finally, a few words about me.

As a Professor of Urology at Alexandria University, I have dedicated my academic and clinical career to advancing urology and sexual medicine through education, leadership, and scientific collaboration at both national and international levels.

I am honored to serve the medical community through my roles within regional and international scientific societies, and I remain committed to promoting excellence in patient care, research, and education across the Middle East.



Professor Dr. Abdel Rahman Zahran
President of MESSM

Welcome Letter

We're pleased to welcome you to the latest evolution of the MESSM Quarterly Newsletter. Over the past two years, we've been steadily refining the newsletter in response to what matters most to our community which is clarity, relevance, and content you can actually use in day-to-day sexual medicine practice. The updates introduced in recent editions have been met with wonderful feedback, and we're grateful for your engagement, suggestions, and encouragement.

This year's newsletter continues to build on that progress with a more dynamic structure and dedicated sections designed to inform, spark discussion, and keep things enjoyable. "Have You Read?" highlights impactful publications by our members, offering practical takeaways that can enrich clinical conversations. "Sexual Antiquities" explores intriguing archaeological and historical discoveries that broaden our perspective on sexual practices across time. "Test Your Knowledge" brings forward questions to challenge and sharpen decision-making. And "Case Presentation" shares real-world cases from peers—walking through differential diagnoses, management strategies, and key learning points.

Alongside these features, we remain committed to keeping you up to date on high-impact research, society milestones, and upcoming conferences, symposia, and educational opportunities. Our goal is simple: to help you stay ahead in a field that continues to evolve while strengthening the sense of community, shared standards, and shared passion that defines MESSM.

Looking forward, this is only the beginning. We will continue to grow the newsletter over the coming years through expanding its content, increasing member contributions, and enhancing the quality and variety of what we publish. Your input will remain central to that journey, and we warmly invite you to share feedback, ideas, and submissions.

We hope you enjoy this edition and please do share it with colleagues. The wider the readership, the greater the impact we can collectively make in supporting sexual health professionals and, ultimately, our patients.



Dr. Ahmad Majzoub

Chair of the Newsletter Committee

Honorary Members



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Abstracts Presented in the 9th Annual MESSM Congress

Tunical Excision and Bovine Pericardial Grafting for Severe Peyronie's Disease: Step-by-Step Surgical Technique

Onder Canguven^{1,2}, Ahmed Al Saeedi¹, Ghazi Sadiq¹, Khalid Al Kubaisi¹

Affiliation

¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

²Department of Clinical Urology, Weill Cornell Medicine - Qatar, Doha, Qatar

Abstract

Background:

Peyronie's disease leads to fibrotic plaque formation in the tunica albuginea, causing penile curvature and deformity that can severely affect sexual function and quality of life. In advanced cases, surgical intervention involving tunical excision and grafting is often required. [1] Bovine pericardium is increasingly used as a graft material due to its durability and biocompatibility. [2, 3]. To demonstrate a detailed, step-by-step surgical technique for tunical excision and reconstruction with bovine pericardial grafts in patients with severe Peyronie's disease, focusing on optimizing outcomes and minimizing complications.

Methods:

The procedure involves penile degloving, careful neurovascular bundle mobilization, excision of the fibrotic tunica plaque, tailoring of a bovine pericardial graft to fit the defect, and meticulous graft fixation. The video emphasizes preserving erectile tissue and achieving tension-free closure.

Results:

The surgical technique was successfully performed with complete correction of penile curvature. Postoperative outcomes included restoration of penile straightness, preservation of erectile function, and minimal complications. Patients demonstrated high satisfaction with both functional and cosmetic results.

Conclusion:

Tunical excision with bovine pericardial grafting is a safe and effective approach for managing severe Peyronie's disease. This surgical technique provides reliable correction of deformity while preserving erectile function, making it a valuable option for complex case.

Surgical Management of Pump Malposition in Inflatable Penile Prosthesis Using J-Shaped Repositioning Approach

Ahmad Al Saeedi¹

Affiliations

¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

Abstract

Background:

Penile prosthesis implantation remains the gold standard treatment for patients with refractory erectile dysfunction. Although modern surgical techniques and device innovations have improved outcomes, complications such as pump malposition still occur. Mispositioned pumps may cause pain, functional difficulty, and, if left uncorrected, scrotal erosion with subsequent infection and risk of device explanation. Early recognition and timely revision are therefore critical to preserve prosthesis function and

maintain patient satisfaction. We present a novel revision strategy employing a J-shaped tubing configuration to stabilize the pump, relieve excess tension, and prevent recurrent migration.

Methods:

We present the case of a patient with an inflatable penile prosthesis (IPP) who developed a mispositioned pump that had migrated superficially against the scrotal wall. Surgical exploration was performed through a longitudinal scrotal incision over the pump. Careful dissection was undertaken to mobilize the pump from the dense adhesions and fibrous tissue capsule that had formed around it. The capsule was completely excised to allow free mobilization of the device and to prevent recurrence of adherence. Because the connecting tubing length was excessive, direct shortening or trimming was avoided to reduce the risk of subsequent leakage or mechanical malfunction. Instead, a novel intra-scrotal repositioning technique was utilized. The redundant tubing was configured in a smooth J-shaped loop within the dependent portion of the scrotum, thereby relieving traction forces and preventing kinking. At the corner of the J-loop, the tubing was secured with a 2-0 PDS suture to maintain the configuration and stability. The pump itself was then anchored in an anatomically dependent and accessible position, ensuring both patient comfort and ease of manipulation. Hemostasis was achieved, and the incision was closed in layers in the standard fashion.

Results:

The procedure was completed without intraoperative complications. The pump was successfully repositioned into a dependent and accessible location within the scrotum, with the tubing secured in a stable J-loop configuration. Postoperatively, the patient had no wound-related complications. Early activation testing demonstrated smooth pump function, with effortless inflation and deflation. At follow-up, the patient reported marked improvement in ease of

use and was able to cycle the device independently without difficulty. No recurrence of malposition, pump migration, or signs of impending erosion were observed during the follow-up period. Overall, the novel repositioning technique provided a durable and functional solution while preserving the integrity of the prosthesis system.

Conclusion:

This case highlights the importance of timely surgical revision in patients with mispositioned IPP pumps to avoid progression to scrotal erosion and potential device loss. By excising the fibrous capsule and employing a novel J-shaped repositioning technique, the pump was stabilized in a functional position without compromising tubing integrity. The use of a J-loop not only relieved excess tension but also provided durable fixation and preserved device function. This approach represents a simple, safe, and effective option for managing complex pump malpositions, and may be particularly useful for surgeons encountering similar revision challenges in prosthetic urology.

Surgical Management of Pump Migration in Inflatable Penile Prosthesis Caused by Coiled Tubing & Capsule Formation

Ahmed Al Saeedi¹


Affiliations

¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

Abstract

Background:

Inflatable penile prosthesis (IPP) implantation is the definitive treatment for refractory erectile dysfunction, with high functional success rates. However, device-related complications such as pump malposition may impair usability and reduce patient satisfaction. Pump migration can result



from factors including tubing redundancy, coiling, and capsular contracture, requiring surgical revision.

Methods:

We report a case of a patient who underwent IPP implantation with a total corporal length of 26 cm (12 cm proximal, 14 cm distal), managed with a 22 (+ 4 extender) cm IPP. Postoperative recovery was uneventful, and initial pump positioning was appropriate. At follow-up, the pump was observed to have migrated proximally toward the penile shaft, resulting in difficulty with deflation and limited accessibility. Surgical scrotal exploration was performed. Intraoperatively, the pump was found displaced by coiled tubing and encased within a fibrous capsule. The capsule was excised, tubing was freed, and the pump was repositioned and placed through an opened dartos pouch. It was then secured in its new position with sutures, and the tubing was fixed with 3-0 PDS to prevent recurrence.

Results:

The revision was completed successfully without intraoperative complications. Postoperatively, the pump was easily palpable, functional, and stable in position. The patient reported restored ease of inflation and deflation, with no recurrence during follow-up.

Conclusion:

Pump migration caused by coiled tubing and capsular formation represents a correctable complication after IPP implantation. Timely revision surgery can restore function, prevent further morbidity, and maintain patient satisfaction. Relocating the pump to the dependent scrotum ensures better accessibility and long-term stability. This case highlights key intraoperative considerations in managing complex pump malposition.

Corpora Cavernosa Decompression By Progressive Dilation For Long Standing Acute Low Flow Priapism

Ahmed M. Ragheb¹, Berk Hazir², Axel S. Merseburger², Marie Roesch², Daniar K. Osmonov²

Affiliations

¹ Faculty of Medicine, Beni-Suef University, Beni-Suef, Egypt

² University Hospital Schleswig Holstein, Campus Lübeck, Lübeck, Germany

Abstract:

Introduction: Corporal decompression is the first-line surgical intervention for refractory low-flow priapism per EAU guidelines. However, the optimal technique for effective clot evacuation remains under debate.

Objective:

In this surgical video, we present a step-by-step demonstration of penoscrotal decompression (PSD) for low-flow priapism using active clot extraction and progressive dilation.

Methods:

A 52-year-old male presented 74 hours after onset of ischemic priapism, refractory to aspiration, irrigation, and a Winter shunt. A penoscrotal approach was used to expose the corpora cavernosa. Bilateral corporotomies were performed, and a biopsy obtained. Progressive proximal and distal corporal dilation was carried out using Metzenbaum scissors and Brooks dilators. Hematoma evacuation was facilitated with a pediatric Yankauer suction. Irrigation with heparinized saline was followed by standard closure and drain placement.

Results:

Complete evacuation of clotted blood was achieved. The procedure was completed without complication.

Conclusions:

Penoscrotal decompression is a safe and effective technique for refractory ischemic priapism. Active clot evacuation via progressive dilation may improve outcomes over passive manual expression alone. PSD is a viable option following failure of conservative interventions and may serve as an alternative for or a bridge to potential definitive management via future penile prosthesis implantation in selected patients.

This surgical video demonstrates penoscrotal decompression (PSD) using progressive corporal dilation as a safe and effective approach for refractory ischemic priapism. A 52-year-old male presented after 74 hours of priapism unresponsive to aspiration, irrigation, and shunting. Through a penoscrotal incision, bilateral corporotomies enabled active clot evacuation using progressive dilation with Brooks dilators, followed by suction and heparinized saline irrigation. Complete decompression was achieved without complications. Unlike passive expression techniques, this method ensures thorough hematoma clearance and improved corporal decompression. PSD offers a controlled, reproducible option when conservative measures fail and may serve as a bridge to future penile prosthesis implantation in select cases. This step-by-step video highlights the practical benefits of combining active clot extraction with progressive dilation for optimized outcomes in prolonged low-flow priapism.

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

Ahmed M. Ragheb¹, Berk Hazir², Axel S. Merseburger², Daniar K. Osmonov²

Affiliations

¹ Faculty of Medicine, Beni-Suef University, Beni-Suef, Egypt

² University Hospital Schleswig Holstein, Campus Lübeck, Lübeck, Germany

Abstract:

Introduction:

Inflatable penile prosthesis (IPP) malfunction is a known complication that may occur even in relatively new devices. While pump and cylinder defects are common, reservoir or tubing failures, especially distal to the lockout valve, are exceedingly rare.

Objective:

In this surgical video, we demonstrate a step-by-step revision of an IPP for device malfunction due to a rare site of tubing failure just distal to the reservoir lockout valve.

Methods:

A 62-year-old male with a Coloplast Titan Touch IPP implanted one year prior presented with signs of mechanical failure. Preoperative ultrasound showed an empty reservoir, suggesting a tubing defect. A standard penoscrotal approach was used for exploration. Upon inspection, no defects were found in the pump or visible tubing. Both cylinders were removed and found to be intact. Although the device was relatively new, the surgical team elected to perform a complete system revision, including reservoir replacement, to eliminate any potential source of leakage.

Results: A separate counter-incision over the reservoir allowed for direct access and revealed a rare tubing rupture distal to the lockout valve. The old reservoir space was closed and a new one created. A new IPP system was implanted, with all components connected and wounds closed in the standard fashion.



Conclusions:

This case underscores the importance of considering complete system revision in cases of suspected leakage, even in relatively new implants. The reservoir and its tubing may be the source of failure.

This surgical video showcases the diagnosis and revision of a rare inflatable penile prosthesis (IPP) malfunction caused by tubing failure just distal to the reservoir lockout valve. Despite the device being relatively new, unexplained malfunction prompted full system exploration. Standard inspection revealed no visible defects, but further evaluation identified a rare tubing rupture near the reservoir.

A complete system revision was performed, including reservoir replacement and re-implantation of a new IPP. This case emphasizes the importance of considering full device revision in patients with suspected leakage, even when initial components appear intact. Rare failure sites, such as reservoir tubing, can be easily overlooked but may critically impair function. The video provides a valuable surgical reference for managing complex prosthesis malfunctions and reinforces the need for thorough evaluation of all components during revision procedures.

Management Of S-Shaped Deformity After Inflatable Penile Prosthesis Implantation Without Device Exchange

Ahmed M. Ragheb¹, Berk Hazir², Axel S. Merseburger², Daniar K. Osmonov²

Affiliations

¹ Faculty of Medicine, Beni-Suef University, Beni-Suef, Egypt

² University Hospital Schleswig Holstein, Campus Lübeck, Lübeck, Germany

Abstract

Introduction:

S-shaped penile deformity following inflatable penile prosthesis (IPP) implantation is an uncommon but distressing complication, often attributed to improper sizing. While device exchange is a conventional solution, conservative correction strategies may preserve the existing implant and reduce morbidity.

Objective:

In this surgical video, we demonstrate a step-by-step correction of an S-shaped deformity caused by prosthesis oversizing, managed successfully without the need for device replacement.

Methods:

A 24-year-old male with a Coloplast Titan Touch IPP implanted two years prior presented with pain and an S-shaped deformity of the left cylinder. MRI excluded erosion. Surgical exploration revealed no rear tip extender and confirmed prosthesis oversizing by 2 cm. The proximal cylinder was trimmed distal to the tubing junction, beveled to prevent erosion, and reinserted.

Results:

Device inflation confirmed straight alignment and resolution of the deformity. The procedure was completed without replacing the prosthesis, and standard closure was performed.

Conclusions:

This case highlights that selected IPP deformities due to oversizing may be corrected by careful intraoperative assessment and modification of the existing implant. Preserving the original prosthesis can be safe and effective, avoiding more invasive revision strategies.

The Balloon Protocol (Building Awareness And Learning Lasting Openness In Overcoming Negative Barriers): A Structured Approach For Unconsummated Marriages Due To Vaginismus

Aziza Gabbas ¹

Affiliations

¹ Founder and clinical director of Eyadaty polyclinics and Nour ala Nour NGO clinics and consultant at Bedaya IVF Hospital

Abstract

Objective:

To introduce the B.A.L.L.O.O.N. Protocol, a multidisciplinary treatment model for unconsummated marriages caused by vaginismus, integrating psychological, gynecological, and physiotherapy components. The protocol is built on the metaphor of a balloon, symbolizing the progressive journey from psychological resistance to emotional openness and eventual therapeutic breakthrough.

Methods:

A structured, stepwise protocol was applied to patients diagnosed with vaginismus, excluding cases with medical causes (e.g., endometriosis, vaginitis) or male partner dysfunction (e.g., erectile dysfunction).

The intervention consists of three stages:

1. Building Awareness: Initial sessions focus on establishing trust, providing education on anatomy and the nature of vaginismus, and exploring cultural myths and psychological factors through targeted history-taking and five key diagnostic questions. Couples are encouraged to attend together.

2. Learning Lasting Openness: Therapy emphasizes relational dynamics and the husband's supportive role. The treatment plan evolves according to

patient progress, addressing underlying fears, trauma, and emotional resistance.

3. Overcoming Negative Barriers: A combination of progressive vaginal dilator therapy, pelvic floor relaxation, and desensitization exercises is employed. Patients are referred to physiotherapists or sex therapists as needed to address persistent physical or psychological barriers.

Results:

Among the cohort that completed the program, 100% achieved successful consummation of marriage within 4 to 8 months. Patients reported improved self-confidence, body awareness, and relationship communication.

Conclusion:

The B.A.L.L.O.O.N. Protocol offers a comprehensive, patient-centered framework for managing vaginismus in the context of unconsummated marriages. Its success underscores the importance of combining psychological care with physical interventions, providing a reproducible model for clinicians in the field of sexual health.

Conservative Salvage of Postoperative Infections in Malleable Penile Prostheses: A Case Series of Five Patients

Fartash Sarwar¹

Affiliations

¹Azmat Rashid Hospital Rawalpindi, Pakistan. Patient is at Nelson Medical Complex Rawalpindi

Abstract

Background:

Postoperative infection of penile prostheses is traditionally managed with explantation; salvage with conservative management is less commonly described. This case series outlines five



consecutive patients with malleable penile implants who developed postoperative infections and were managed conservatively, with four achieving salvage and functional implants.

Methods:

Retrospective case series of five patients who underwent malleable penile implant implantation and subsequently developed postoperative infection. Management included targeted systemic antibiotics, local wound care with topical antimicrobials, and adjunctive measures per case. Outcomes focused on implant salvage status and functional status at latest follow-up.

Results:

Four of five cases were salvaged with functional implants; one patient underwent explantation with plans for delayed reimplantation.

Conclusions:

Conservative management can achieve salvage and functional outcomes in selected patients with postoperative infection after malleable penile implant placement. A multidisciplinary approach, early recognition, meticulous wound care, and appropriate antibiotic therapy appear integral to success. Larger prospective studies are needed to define selection criteria and standardized protocols.

Midterm Sexual and Oncologic Outcomes of Irreversible Electroporation (Nanoknife) for Localized Low- and Intermediate-Risk Prostate Cancer: A Prospective Single-Arm Study

Ibrahim A. Khalil¹, Nagy Younes¹, Ghazi Sadiq¹, Alaeddin Badawi¹, Khalid Al Rumaihi¹

Affiliations

¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

Abstract

Background:

Irreversible electroporation (IRE, Nanoknife) is a minimally invasive focal therapy for localized prostate cancer that aims to achieve oncological control while preserving urinary and sexual function — outcomes of particular importance in sexual medicine practice. This study aims to evaluate the sexual, functional, and oncological outcomes of IRE.

Methods:

In this prospective single-arm study, Functional outcomes were assessed using the International Prostate Symptom Score (IPSS) and International Index of Erectile Function (IIEF) at baseline, 3 months, and 6 months. Oncologic control was evaluated via PSA changes. Wilcoxon signed-rank tests compared paired values.

Results:

21 male with low- and intermediate-risk localized prostate cancer (Gleason Grade Group 1–3, PIRADS 3–5) underwent focal IRE. Median age was 62.5 years, median PSA 8 ng/mL (IQR 4–20), and mean prostate volume 43.1 mL. Median PSA decreased from 8 to 3.5 ng/mL at both 3 and 6 months (absolute change −4.28 and −5.2; −55% and −45.24%, $p=0.00$ and $p=0.008$). IPSS improved from 8 to 3 at both follow-ups (−62.5%, $p=0.004$ and $p=0.045$). IIEF scores rose slightly at 3 months (+6.5%, $p=0.443$) but declined at 6 months (−28.2%, $p=0.003$).

Conclusions:

IRE provided effective short- to midterm oncologic control and significant urinary symptom improvement. Sexual function was maintained at 3 months but declined at 6 months, underscoring the need for long-term monitoring and potential rehabilitation strategies.

Safety of Large Reservoirs in Inflatable Penile Prosthesis Surgery.

Ibrahim Alnadhari^{1, 2*}, Muammer Alshrani¹, Osama Abdeljaleel^{1, 2}, Omar Ali, Abdulla Al-Ansari, Ahmad Shamsodini^{1, 2}

Affiliations

¹Urology Section, Department of Surgery, Al Wakra Hospital, Hamad Medical Corporation, Qatar.

²Department of Surgery, Qatar University, Qatar

Abstract:

Introduction:

Inflatable penile prosthesis (IPP) implantation is the gold-standard surgical treatment for erectile dysfunction refractory to medical therapy. The reservoir is a key component of IPPs, and larger reservoirs have been introduced to optimize fluid dynamics and device functionality.

However, their safety profile remains underreported. This study evaluates the outcomes of routinely using large reservoirs in IPP surgery.

Materials and Methods:

We conducted a retrospective study of 60 patients who underwent IPP implantation with large reservoirs at Al Wakra Hospital between January 2022 and August 2024. Adult patients receiving standard reservoir placement in the space of Retzius were included, while those with altered pelvic anatomy from previous major pelvic surgery were excluded. Preoperative demographics, comorbidities, penile Doppler findings, prosthesis characteristics, and postoperative complications were recorded. All procedures were performed via a penoscrotal approach with standard antibiotic prophylaxis.

Results:

The mean age of patients was 60.2 ± 9.1 years (range 34–77). Comorbidities were present in

76.6%, with diabetes in 65%. Penile Doppler revealed venous leak in 60%, arterial insufficiency in 21.7%, and mixed disease in 11.7%.

Prosthesis types included Coloplast (63.3%), AMS (28.3%), and Rigicon (8.3%). Reservoir sizes used were 100 mL (28.3%), 125 mL (63.3%), and 110 mL (8.3%). Mean follow-up was 589.4 ± 416.5 days. No cases of migration, infection, urethral injury, erosion, device failure, pain, or LUTS were documented. One patient (1.6%) required revision due to superficial reservoir placement.

Conclusion:

Routine use of large reservoirs in IPP surgery appears safe, with no increase in major complications. This strategy may provide functional advantages and simplify surgical workflow, especially in patients requiring higher fluid volumes. Larger prospective studies are warranted to validate long-term outcomes and patient satisfaction.

Assessing Patient Satisfaction with Penile Implants: Cultural Adaptation and Validation of the Arabic Version of the Satisfaction Survey for Inflatable Penile Implant (SSIPI-AR)

Majd Kabbani¹, Nadir Fadol¹, Khalid Al Kubaisi¹, Ahmad Majzoub^{1,2}

Affiliations


¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

²Department of Clinical Urology, Weill Cornell Medicine -Qatar, Doha, Qatar

Abstract

Introduction and Objectives:

Inflatable penile prosthesis (IPP) is the most preferred type of implants, since it can achieve a more natural erection for patients with refractory



erectile dysfunction (ED). The outcome and success of IPP highly depends on subjective parameters and patient reported outcome (PRO). The 16-items questionnaire titled Satisfaction Survey for Inflatable Penile Implant (SSIPI) is a validated tool to assess satisfaction in these patients. This study aimed to translate and validate SSIPI into Arabic language.

Methods:

Utilizing a multistep process, the English version of SSIPI was translated into Arabic by three urologists and one independent translator, and then back translated to English by different group of translators. Patients who underwent IPP completed the Arabic questionnaire on two occasions, 2 weeks apart. Factor Analysis with principal component analysis (PCA) was conducted to assess the structure validity of the questionnaire. The reliability of the Arabic version was evaluated utilizing Cronbach's alpha test for internal consistency. Spearman's correlation coefficient was utilized to evaluate the domain structures and the inter-domain associations. The intraclass correlation coefficient (ICC) was computed to verify test-retest reliability

Results:

The mean age of participants was 57.5 years (± 10.49). Internal consistency was high (Cronbach's alpha = 0.897). Construct validity of the questionnaire was proved by none of the variables exhibiting low factor loading (< 0.3) or low communality (< 0.3). There were good correlations among items in each domain of the questionnaire. The overall ICC was 0.985 demonstrating an excellent test-retest reliability of the translated questionnaire. The satisfaction rate among patients who completed the questionnaire was 94.13%.

Conclusion:

The Arabic version of SSIPI proved to be a reliable and valid tool to assess satisfaction of patients with IPP. This will aid in the evaluation of the outcome

among Arabs accurately with the comfort of patients using their first language.

Sexual dysfunction and serum prolactin level in a sample of patients with methamphetamine dependence in Eastern Province in Saudi Arabia: A cross-sectional study

Shrief Y. Afifi^{1,2}, Mohamed Fekry¹, Ahmad M. Almaghrabi², Moatazbellah I. Ali^{1,2}

Affiliations

¹Neuropsychiatry Department, Okasha Institute of Psychiatry, Ain Shams University, Cairo, Egypt

²Department of addiction, Erada and mental health complex in Dammam, Eastern Health Cluster, Saudi Arabia

Abstract

Background:

Methamphetamine usage has become more widespread, which is a global societal concern. Drug-related vulnerable behavior can be avoided with the help of drug use data. The incidence and characteristics of sexual dysfunction are not well understood among Saudi patients, despite the fact that it is widely prevalent among methamphetamine abusers. The aim of this cross-sectional comparative investigation was to test the relationship between male's dependent on methamphetamine and sexual dysfunctions in Erada Complex in Dammam, Saudi Arabia. 124 participants were involved in this work. The evaluation was conducted using a questionnaire designed for demographic information, two scales (Arabic version of SCID-I and the international index of erectile Function-Arabic version) and a measurement of prolactin level for patients who were hospitalized in order to distinguish among cases of dependency on methamphetamine and normal healthy control.

Results:

One hundred twenty-four male participants were involved in this study with mean age of 32.81 ± 6.51 years. They were consisting of 44.35% of controls and 55.65% of patients. 47 males from the cases group (68.12%) were having erectile dysfunction while, only 19 males (34.55%) from the control group were complaining from erectile dysfunction. The patients who had erectile dysfunction were divided into four categories which were 36.17% (Mild), 38.3% (Mild to moderate), 14.89% (moderate) and 10.64% (severe). There was a significant negative correlation between prolactin levels and scores of erectile function among cases group.

Conclusion:

Erectile function was significantly impacted by methamphetamine addiction in tested group of male Saudi patients, according to the investigation's current findings. There was a significant negative correlation between erectile function scores and levels of prolactin. There is an urgency to reduce harm through proper sexual behavior instruction, rehabilitation for addiction, and substance abuse prevention.

Sexual Dysfunction And Serum Prolactin Level In A Sample Of Patients With Methamphetamine Dependence In Eastern Province In Saudi Arabia: A Cross-Sectional Study (oral)

Shrief Y. Afifi^{1,2}, Mohamed Fekry¹, Ahmad M. Almaghrabi², Moatazbella I. Ali^{1,2}

Affiliations:

¹Neuropsychiatry Department, Okasha Institute of Psychiatry, Ain Shams University, Cairo, Egypt

²Department of addiction, Erada and mental health complex in Dammam, Eastern Health Cluster, Saudi Arabia

Abstract

Background:

Methamphetamine usage has become more widespread, which is a global societal concern. Drug-related vulnerable behavior can be avoided with the help of drug use data. The incidence and characteristics of sexual dysfunction are not well understood among Saudi patients, despite the fact that it is widely prevalent among methamphetamine abusers. The aim of this cross-sectional comparative investigation was to test the relationship between male's dependent on methamphetamine and sexual dysfunctions in Erada Complex in Dammam, Saudi Arabia.

Methods:

A cross-sectional comparative study was designed from September 2023 to March 2024 to evaluate sexual function among patients with methamphetamine dependence in comparison to healthy controls. In cases group, we included male patients who were married, aged 18-65 years old (target population of Erada complex), who were diagnosed with methamphetamine dependence according to DSM-IV criteria and not prescribed any psychotropic medications for the last 6 months before entering the research. Patients with other substance use disorders, diagnosed with psychiatric conditions and/or had history of chronic medical diseases and endocrinal diseases were excluded from the study.

124 Saudi male participants were included (69 patients who admitted in Addiction department of Erada Complex and Mental Health in Dammam and 55 males from patients' families and males from medical staff matched to their age) using a questionnaire designed for demographic information, Arabic version of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) to confirm the diagnosis of methamphetamine dependence and exclude other psychiatric disorders. Measurement of FSH, LH, Testosterone and Thyroid profile were done to exclude participants with abnormal levels that could affect the results of the study. Both cases and control



group were evaluated by the Arabic version of international index of erectile function (IIEF) scale to assess all parameters of sexual function in males. Lastly, measurement of prolactin level was done to evaluate the association between sexual dysfunctions associated with methamphetamine and prolactin level.

Results:

One hundred twenty-four male participants were involved in this study with mean age of 32.81 ± 6.51 years. They were consisting of 44.35% of controls and 55.65% of patients. 47 males from the cases group (68.12%) were having erectile dysfunction while, only 19 males (34.55%) from the control group were complaining from erectile dysfunction. The patients who had erectile dysfunction were divided into four categories which were 36.17% (Mild), 38.3% (Mild to moderate), 14.89% (moderate) and 10.64% (severe). There was a significant negative correlation between prolactin levels and scores of erectile function among cases group.

Conclusion:

Erectile function was significantly impacted by methamphetamine addiction in tested group of male Saudi patients, according to the investigation's current findings. There was a significant negative correlation between erectile function scores and levels of prolactin. There is an urgency to reduce harm through proper sexual behavior instruction, rehabilitation for addiction, and substance abuse prevention.

Possibilities for Penile Enlargement before Prosthesis Implantation

Oleksandr Knigavko

Affiliations

¹Dr urologist-andrologist Clemenceau medical centre Dubai

Abstract

Background:

Dissatisfaction with penile size is one of the most frequent concerns after penile prosthesis implantation, even when surgery is technically successful. Many causes of erectile dysfunction—including diabetes, atherosclerosis, Peyronie's disease, radical prostatectomy, and radiation therapy—also contribute to penile shortening. As a result, patients who previously had a penile length of 14–15 cm often present with only 10–11 cm to operation time.

Aim:

To evaluate the safety and patient satisfaction associated with a three step penile length restoration protocol: (1) surgical elongation via ligamentolysis, (2) postoperative traction therapy using extenders and vacuum devices for 3–4 months, and (3) subsequent penile prosthesis implantation.

Materials and Methods:

From 2016 to 2025, ligamentolysis was performed in 52 patients. 47 procedures used a penopubic approach, and five used a penoscrotal approach. 28 penopubic cases included lipectomy to enhance visible penile length. Postoperatively, patients performed traction for at least 2 hours daily and used a vacuum pump. Immediate postoperative flaccid lengthening ranged from 3–6 cm (mean 4.57 ± 1.1 cm). After 3 months of traction, vacuum assisted length averaged 5.2 ± 0.93 cm. Penile prostheses were subsequently implanted: Rigicon Infla AX in 45 patients and AMS LGX in 7 patients. Mean elongation comparing vacuum length to inflated prosthesis length was 4.34 ± 0.53 cm.

Conclusion:

Ligamentolysis, with or without lipectomy, followed by structured postoperative stretching, is a safe and effective method for penile elongation prior to prosthesis implantation. This combined approach provides an additional ~4.5 cm of

inflated penile length, improving postoperative satisfaction

Penogrande – New implant for penile restoration and penile enlargement

Oleksandr Knigavko¹

Affiliations

¹Dr urologist-andrologist Clemenceau medical centre Dubai

Abstract

Background: Penile size is an important factor influencing sexual function and male self esteem, creating demand for permanent enlargement methods. This study evaluates outcomes of two surgical approaches using silicone implants—solid Peniflex and inflatable extracorporeal Penogrande—combined with ligamentotomy to increase penile length and girth.

Methods:

Between 2017 and 2025, penile enlargement procedures were performed in centers across Ukraine, Poland, Turkey, Mexico, Oman, and the UAE. A total of 232 patients received Peniflex implants and 23 patients received Penogrande implants. Postoperative stretching was recommended for two months. Outcomes were assessed at 2 and 12 months.

Results:

Peniflex implantation resulted in high satisfaction: 90.1% of patients were satisfied, 81.4% reported improved sexual life, and 95.2% noted increased self confidence. Mean gains were 1.47+0.34 cm in length and 4.9+0.61 cm in erect circumference. Complications included implant displacement (2.15%), prolapse (0.43%), decreased erection (0.43%), and seroma formation (63.8%) -safely drained in 1 month.

Penogrande, originally developed for pre reconstructive penile extension in injured soldiers,

demonstrated favorable outcomes in cosmetic use. No implant removals were required. Pain during erection occurred in 8.7% of patients. Improved sexual function was reported by 91.3%, and all patients noted increased self confidence. Mean gains were 3.11+0.56 cm in erect length and 6.7+1.1 cm in circumference.

Conclusions:

Both implants effectively increase penile dimensions and enhance sexual quality of life. Peniflex provides permanent enlargement, while Penogrande offers more physiological elongation during erection and additional rigidity for men with unstable erections.



Impact of GLP-1 Receptor Agonists on Testosterone and Gonadotropin Profiles in Men: A Systematic Review

Omer Raheem¹, Mohammad Ghassab Deameh², Rashed Rowaiee¹, Mohamed Ramez³, Hamza Mohamed⁴, Abdelrahman Abdelshafi⁴

Affiliations

¹ Department of Urology, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

² Prince Hamza Hospital, Amman, Jordan

³ University of Texas MD Anderson Cancer Center, Houston, Texas, USA

⁴ Faculty of Medicine, Assiut University, Assiut, Egypt

Abstract

Introduction:

Functional hypogonadism in men with obesity or type 2 diabetes mellitus (T2DM) is a common condition associated with low testosterone and impaired hormonal balance. GLP-1 receptor agonists (GLP-1RAs) are known to improve metabolic control, but their effects on reproductive hormones require further evaluation. To systematically review the effects of GLP-1RAs—liraglutide, semaglutide, and dulaglutide—on testosterone, luteinizing hormone (LH), follicle-stimulating hormone (FSH), and sex hormone-binding globulin (SHBG) in adult men.

Methods:

Following PRISMA guidelines, we searched PubMed, Embase, Scopus, and Web of Science (inception–April 2024) for studies assessing GLP-1RA therapy effects on reproductive hormones. Eligible studies included RCTs, crossover trials, and cohort studies. Data on total/free testosterone, LH, FSH, and SHBG were extracted and analyzed.

Results:

Six studies involving 315 men were included. Liraglutide increased total testosterone by 192.9% and SHBG by 157.1% in obese men with

hypogonadism, alongside improvements in LH and FSH levels. Semaglutide stabilized gonadotropin levels without suppression and produced modest elevations in testosterone levels, though lower than those observed with testosterone therapy. Dulaglutide and short-term GLP-1 infusion in healthy, normal-weight men did not produce significant changes in testosterone or gonadotropins. When combined with metformin, GLP-1RAs increased total testosterone by 41.41 ng/dL and free testosterone by 0.44 ng/dL compared to metformin alone. Unlike exogenous testosterone therapy, GLP-1RAs preserved endogenous gonadotropin secretion.

Conclusions:

GLP-1 receptor agonists appear to improve testosterone levels and restore gonadotropin function in men with obesity-related or functional hypogonadism. These agents offer a metabolic and endocrine advantage over conventional testosterone. Their dual role in metabolic and hormonal regulation supports their use in managing hypogonadism associated with metabolic disorders.

Effects of GLP-1 Receptor Agonists on Semen Quality in Men: A Systematic Review

Omer Raheem¹, Mohammad Ghassab Deameh², Rashed Rowaiee¹, Mohamed Ramez³, Hamza Mohamed⁴, Abdelrahman Abdelshafi⁴

Affiliations

¹ Department of Urology, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

² Prince Hamza Hospital, Amman, Jordan

³ University of Texas MD Anderson Cancer Center, Houston, Texas, USA

⁴ Faculty of Medicine, Assiut University, Assiut, Egypt

Abstract

Background:

Male infertility is a growing concern, particularly in obese men, where metabolic dysfunction may impair spermatogenesis. Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are commonly used to manage obesity and type 2 diabetes. While their metabolic benefits are well established, their potential role in improving semen quality is less understood. We aim to evaluate the effects of GLP-1RAs (liraglutide, semaglutide, and dulaglutide) on semen parameters in adult men.

Methods:

We conducted a systematic review following PRISMA guidelines and registered the protocol in PROSPERO. A comprehensive search of PubMed, Embase, Scopus, and Web of Science up to April 2024 was performed. Eligible studies included randomized controlled trials, crossover studies, and cohort studies that assessed semen parameters (volume, concentration, motility, morphology) after GLP-1RA treatment. Comparators included placebo, metformin, or testosterone therapy.

Results:

Four studies involving 215 participants were included. In obese men, liraglutide maintained diet-induced improvements in sperm concentration (1.49-fold) and total sperm count (1.41-fold) over one year and led to a 142.9% increase in sperm motility. Semaglutide improved the proportion of morphologically normal sperm, while testosterone therapy significantly reduced both sperm concentration and total count. Dulaglutide showed no significant effects on semen parameters in healthy men. Overall, improvements were more in obese or metabolically compromised individuals.

Conclusions:

GLP-1 receptor agonists, particularly liraglutide, demonstrate a beneficial effect on semen quality, especially among obese men. These agents may

support sperm concentration, motility, and morphology without the adverse reproductive effects observed with testosterone therapy. GLP-1RAs may offer a novel therapeutic avenue in managing male infertility associated with metabolic disorders.

High Sub-Rectus Reservoir Placement in Penile Prosthesis for Challenging Abdominal Anatomy

Onder Canguven^{1,2}, Ahmed Al Saeedi¹, Ghazi Sadiq¹, Khalid Al Kubaisi¹

Affiliations

¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

²Department of Clinical Urology, Weill Cornell Medicine -Qatar, Doha, Qatar

Abstract

Background:

Reservoir placement remains one of the most technically challenging components of inflatable penile prosthesis (IPP) surgery. The conventional approach involves placement in the retropubic space via an extraperitoneal route through the external inguinal ring. However, this method may pose significant risks in patients with prior major abdominopelvic surgeries or anatomical disruption.[1, 2]. To present a safe and effective alternative for IPP reservoir placement in patients with complex surgical histories, specifically using the high sub-rectus space.

Methods:

We report the case of a patient with extensive pelvic trauma, including bilateral inferior pubic ramus fractures with pubic diastasis, selective embolization of bilateral internal iliac arteries, exploratory laparotomy with colostomy, and posterior urethral rupture. Given the inaccessibility of the inguinal rings and altered



pelvic anatomy, a high sub-rectus approach was used for reservoir placement—positioning it anterior to the posterior rectus fascia and posterior to the rectus muscle.

Results:

The procedure was completed safely, with no complications, and the patient was discharged the next day. Surgical outcomes were equivalent to standard reservoir placement.

Conclusions:

High sub-rectus reservoir placement is a safe and viable alternative for IPP surgery in patients with prior extensive abdominal or pelvic surgery and inaccessible inguinal anatomy.[3] This technique minimizes the risk of intra-abdominal complications and preserves functional outcomes.

Tunical Excision and Bovine Pericardial Grafting for Severe Peyronie's Disease: Step-by-Step Surgical Technique

Onder Canguven^{1,2}, Ahmed Al Saeedi¹, Ghazi Sadiq¹, Khalid Al Kubaisi¹

Affiliations

¹Department of Urology, Hamad Medical Corporation, Doha, Qatar

²Department of Clinical Urology, Weill Cornell Medicine -Qatar, Doha, Qatar

Abstract

Background:

Peyronie's disease leads to fibrotic plaque formation in the tunica albuginea, causing penile curvature and deformity that can severely affect sexual function and quality of life. In advanced cases, surgical intervention involving tunical excision and grafting is often required. [1] Bovine pericardium is increasingly used as a graft material due to its durability and biocompatibility.[2, 3]. To demonstrate a detailed, step-by-step surgical

technique for tunical excision and reconstruction with bovine pericardial grafts in patients with severe Peyronie's disease, focusing on optimizing outcomes and minimizing complications.

Methods:

The procedure involves penile degloving, careful neurovascular bundle mobilization, excision of the fibrotic tunica plaque, tailoring of a bovine pericardial graft to fit the defect, and meticulous graft fixation. The video emphasizes preserving erectile tissue and achieving tension-free closure.

Results:

The surgical technique was successfully performed with complete correction of penile curvature. Postoperative outcomes included restoration of penile straightness, preservation of erectile function, and minimal complications. Patients demonstrated high satisfaction with both functional and cosmetic results.

Conclusion:

Tunical excision with bovine pericardial grafting is a safe and effective approach for managing severe Peyronie's disease. This surgical technique provides reliable correction of deformity while preserving erectile function, making it a valuable option for complex cases.

FROM PILLS TO IMPLANTS: ASSESSING THE INTERVAL BETWEEN ORAL THERAPY AND PENILE PROSTHESIS IN ERECTILE DYSFUNCTION

^{1, 2} Onder Canguven, ¹Khalid Al Kubaisi, ¹Ahmad Al Malki, ^{1, 2} Ahmad Majzoub

Affiliations

¹Hamad General Hospital, Urology Department, Doha, Qatar

²Weill Cornell Medicine: New York, NY, USA

Abstract

Background:

Phosphodiesterase type 5 inhibitors (PDE5i) are widely accepted as first-line therapy for erectile dysfunction (ED), offering favorable efficacy and tolerability.[1] However, limited data exist on the duration of their effectiveness before surgical intervention becomes necessary.[2, 3] This study aims to evaluate the time interval between initiation of PDE5i therapy and subsequent penile prosthesis (PP) implantation, and to identify potential predictors of this duration. A retrospective analysis was conducted on ED patients who underwent PP surgery after initiating PDE5i therapy between January 2019 and August 2022. Clinical and laboratory data were retrieved from hospital records, including patient demographics, comorbidities, and duration of PDE5i use prior to surgery.

Results:

Study Population Characteristics: A total of 98 patients were included in the study. The mean age of the cohort was 56.1 ± 11.5 years, with a mean BMI of 29.8 ± 4.4 kg/m². The majority of the patients had comorbidities (87; 88.8%), with hypertension present in 53 patients (54.1%) and diabetes mellitus in 74 patients (75.5%). A total of 31 patients (31.6%) were current smokers. The mean glucose level was 7.6 ± 2.7 mmol/L, and the

mean HbA1c was $6.9 \pm 1.3\%$. The remaining laboratory test results are presented in Table 1. With regard to PDE5i use, 27 patients (27.6%) used sildenafil, 76 (77.6%) used tadalafil, and 13 (13.3%) used vardenafil. A total of 22 patients (22.4%) were on combination PDE5i therapy (daily 5 mg tadalafil and 50/100 mg sildenafil). The mean duration from initiation of PDE5i therapy to PP implantation was 34.9 ± 24.8 months and 87 (88.8%) patients received an inflatable PP, while 11 (11.2%) received a malleable prosthesis. The mean cylinder size was 21.8 ± 1.9 cm.

Comparison Between Early and Late Surgery Groups: Patients were stratified into two groups based on the median duration from PDE5i initiation to PP implantation: <29 months (n=46) and ≥29 months (n=52). The mean age in the <29-month group was 58.2 ± 10.8 years, compared to 54.3 ± 11 years in the ≥29-month group (p=0.08). Among the various demographic, clinical, laboratory, and surgical variables, only the mean total testosterone level was found to be significantly lower in the <29-month group (14.2 ± 3.7 nmol/L) compared with the ≥29-month group (18.5 ± 6.7 nmol/L) (p=0.004). Comparison of patients' characteristics in those who performed PPI < or ≥ 29 months is presented in Table 2.

Conclusion:

The findings suggest that patients typically require penile prosthesis surgery approximately three years after starting PDE5i therapy. Testosterone levels may influence this progression, whereas comorbid conditions appear less predictive. Further large-scale studies are needed to validate these findings and better understand the factors affecting the longevity of medical therapy in ED management.



META-ANALYSIS OF SEXUAL DYSFUNCTION IN HEAD AND NECK CANCER SURVIVORS: A CRITICAL GAP IN ONCOLOGIC CARE

Dr. Pavana S¹, Dr. Srinivasa², Dr. Vishal Rao³

Affiliations

¹Department of Psychiatry, HCG Cancer Hospital, Bangalore, India

²Department of Medical Oncology, HCG Cancer Hospital, Bangalore, India

³Department of Head and Neck Oncology, HCG Cancer Hospital, Bangalore, India

Abstract

Background:

Sexual dysfunction is a significant but underrecognized issue among survivors of head and neck cancer, stemming from both physical and psychological consequences of treatment. Despite high prevalence, discussions on sexuality remain infrequent in clinical settings. This systematic review and meta-analysis aimed to determine the pooled prevalence of long-term sexual dysfunction, identify key domains affected, and assess how often sexual health is addressed in survivorship care.

Methods:

A systematic search was conducted across PubMed, Embase, Scopus, Google Scholar, IndMed, and medRxiv (1994–2024), using keywords related to "head and neck cancer" and "sexual dysfunction." Nineteen eligible studies with a combined total of 2,739 patients were included. Data were extracted independently by two reviewers and cross-verified by a third. Meta-analysis was performed using a random-effects model. Subgroup analyses assessed specific dysfunction types and timing of evaluations post-treatment. Risk of bias was assessed and studies with ambiguous criteria were excluded.

Results:

The pooled prevalence of negative impacts on sexuality was 51% (95% CI: 38%–64%). Issues with sexual desire were reported in 36% (95% CI: 31%–41%) and intercourse dysfunction in 50% (95% CI: 36%–64%) of patients. Only 24% of patients expressed sexual satisfaction one year after treatment. Alarming, 86% of participants reported that sexual health was not discussed during their clinical care. Barriers included stigma, lack of provider training, and role ambiguity.

Conclusion:

Sexual dysfunction remains a prevalent and under addressed concern among head and neck cancer survivors. The findings underscore the urgent need for integrating sexual health assessment and rehabilitation into routine oncologic care. Standardized tools, open communication, and training for healthcare providers are critical to improving survivorship outcomes and enhancing quality of life

Ethical Dilemmas in Urological Surgical Training: Consent for Procedures Performed by Residents

Syrine Azza Manoubi ^{1,2} - Rahma Tlili ³ – Khoulood Cherif ¹ – Mohamed Aymen Ben Ftima ¹ – Sataa Sallemi ² - Mohamed Allouche ^{1,2}

Affiliations

¹Department of forensic medicine/Charles Nicolle teaching hospital, Tunis, Tunisia

²Faculty of medicine of Tunis, Tunisia

³Department of psychiatry, Yasminette regional hospital, Ben Arous, Tunisia

Abstract:

Background:

Surgical education often creates tension between the training needs and the physician–patient relationship. Practical training requires integrating residents into operative and perioperative care.

This last has been raising ethical concerns about informed consent. The aim of the study was to assess urologists' attitudes, experiences, and knowledge regarding ethical principles in urological surgical training in Tunisia.

Methods:

A cross-sectional anonymous self-administered questionnaire was distributed to 70 residents. It explored their familiarity with informed consent in the context of resident involvement, attitudes toward residents performing procedures, and the impact of patient information on the acceptance of trainee-performed care.

Results:

The response rate was 85%. Most respondents (85%) believed patients had an unclear understanding of residents' roles. Only 26.7% reported providing clear information about all aspects of care, and just 50% of trainees routinely obtained informed consent prior to surgery. About 51.7% believed patients were aware of their right to refuse examination or surgery by a resident. Learning directly on patients was considered ethically correct by 16.7% and acceptable by 45% of respondents. Less than half of patients refused surgery performed solely by a resident. Most respondents (80%) agreed that residents bear legal and ethical responsibility during surgical procedures.

Conclusions:

Although ethical principles are partially integrated into clinical practice, further efforts are required to ensure that urology residents receive adequate training in ethical conduct and informed consent.

Evaluation of Sexual Function Using the ASEX Scale in Patients with Organic Psycho-syndrome Related to Professional Exposure to Solvents: A Pilot Study

Rahma Tlili¹, Nesrine Kammoun¹, Amira Triki¹, Pr Fehri¹

Affiliations

¹Department of medicine, institute of security and health at work, Tunis.

Abstract

Background:

Chronic exposure to industrial solvents has been associated with neurological and psychological impairments, including organic psycho-syndromes that may affect various aspects of quality of life, such as sexual function. Despite its importance, sexual dysfunction in this population remains underexplored. To evaluate sexual function in patients diagnosed with organic psycho-syndrome due to professional solvent exposure using the Arizona Sexual Experience Scale (ASEX).

Methods:

We conducted a prospective longitudinal study on Fifteen patients (mean age: X years; range: Y-Z) diagnosed with organic psycho-syndrome secondary to occupational solvent chronic exposure. We administered two scales: The Arabic validated version of ASEX scale over the phone to assess sexual function across five domains: desire, arousal, physical readiness, orgasm, and overall satisfaction and Health literacy scale -Questions 16. Scores were analyzed to identify the prevalence and severity of sexual dysfunction.

Results:

This study included 14 Tunisian patients with a mean age of 42 years (\pm SD 10.2). There were nine men (64%) and five women (36%). and they all had an active sexuality and defined themselves as



heterosexual. The median number of years of exposure to solvents was 17 years (\pm SD 9.2). All of them were blue collar workers. The mean ASEX score among participants was $17(3.4 \pm \text{SD})$, indicating sexual dysfunction in cases ($n = 7, 50\%$). Notably, reduced sexual desire ($n = 7, 50\%$) and difficulty achieving arousal were the most frequently reported issues ($n = 10, 71\%$).

Discussion:

Our study highlights the link between chronic solvent exposure and sexual dysfunction. Half of the participants reported issues, mainly reduced desire and difficulty with arousal. This aligns with prior research on solvent-induced neurological damage. [1–3]. A likely cause is the neurotoxic impact of solvents, which can disrupt key neurotransmitters involved in sexual function[4]. Workers also face stress, financial instability, and stigma around discussing sexual health, compounding the problem [1,5].

These findings stress the need to incorporate sexual health assessments into occupational health screenings, ensuring both medical and psychological support for affected workers. One possible mechanism underlying the observed dysfunctions is the neurotoxic effect of organic solvents, which can alter dopaminergic and serotonergic pathways involved in sexual function [1,3]. Previous research has demonstrated that prolonged solvent exposure can lead to cognitive deficits, mood disturbances, and autonomic dysfunction[3]. The link between ASEX scores and Q16 scores in our study suggests that higher levels of neuropsychological impairment are associated with greater sexual dysfunction.

Conclusion:

This study highlights the presence of significant sexual dysfunction in individuals with organic psycho syndrome related to professional solvent exposure. Our findings underscore the need for routine assessment and management of sexual health in this vulnerable population alongside

providing workers with individual and collective protection equipment at work to reduce exposure to solvents and consequently their impact on mental and sexual health. Further studies with larger sample sizes are warranted to validate these preliminary results and explore underlying mechanisms.

Sexual dysfunction among female patients with solvent exposure

Rahma Tlili¹, N. Kammoun¹, A. Triki¹, S. Fehri¹

Affiliations

¹Department of medicine, institute of security and health at work, Tunis.

Abstract

Background:

Normal female sexual function may be influenced by various exogenous factors such as age, ovarian reserve, hormonal imbalances, and environmental chemicals. Exposure to hazardous substances, particularly solvents, and psychosocial risks in occupational settings has increased among female workers. However, little research has been conducted in Tunisia on the impact of solvent exposure on women's sexual health. This study aims to evaluate the sexual and psychological impact of solvent exposure among Tunisian women.

Methods:

We conducted a prospective longitudinal study on five female patients who consulted the occupational health and security department between 2017 and 2024 for neuropsychiatric symptoms and were diagnosed with solvent psycho-syndrome. They were contacted by phone in January 2025 for follow-up. Three validated scales were administered: Health literacy scale - Questions 16[1] Hospital anxiety and depression scale[2] and female sexual function index [3]

Results:

The study included five Tunisian women with a mean age of 34 years (\pm SD 5.98). All participants reported an active sexual life and identified as heterosexual. The median duration of solvent exposure was 11.2 years (range: 9–13 years). Occupational roles included exposure to welding fumes, glue, methanol, toluene, cyclohexanone, xylene, paint strippers, and cleaning solvents. Only two participants ceased solvent exposure after resigning, while three continued to be exposed. The median Health Literacy Scale score was 7 (range: 1–13). Three women exhibited moderate depression, and two reported moderate anxiety. The mean FSFI score was 13.5 (\pm SD 1.89), with notable impairments in sexual desire, arousal, lubrication, orgasm, and satisfaction. Our study highlights the link between chronic solvent exposure and sexual dysfunction among female workers. The participants reported decreased sexual desire and difficulties with arousal and orgasm, findings consistent with prior research on solvent-induced neurological damage [4]. One of the primary mechanisms underlying these dysfunctions is the neurotoxic effect of organic solvents, which can alter dopaminergic and serotonergic pathways involved in sexual function [5]. Chronic exposure to solvents has been associated with cognitive deficits, mood disturbances, and autonomic dysfunction, all of which may contribute to impaired sexual health [6]. Our study revealed that three of the five participants exhibited moderate depression, while two reported moderate anxiety, highlighting the interplay between psychological distress and sexual dysfunction. Additionally, occupational exposure to solvents is often accompanied by psychosocial stressors, including economic instability, work-related stress, and limited access to healthcare. These factors may further exacerbate sexual health issues[7]. The stigma surrounding discussions of sexual dysfunction may also prevent affected individuals from seeking medical assistance, leading to underdiagnosis and inadequate treatment[8].

Conclusion:

Sexual dysfunction is a significant but often overlooked consequence of chronic solvent exposure in occupational settings. Our study emphasizes the importance of routine sexual health assessments among exposed workers. Individual and collective protection equipment are necessary to reduce workers' exposure and the impact of solvent exposure on sexual and mental well-being.

Unconsummated Marriage: Challenges in Forensic Medical Examination of the Female Partner

Syrine Azza Manoubi ^{1,2} - Rahma Tlili ³ - Alaa Maraï
¹ - Marwa Ouni ¹ - Linda Salleoui ¹ - Leila Jmaiel ^{1,2}
- Mohamed Allouche ^{1,2}

Affiliations

¹ Department of forensic medicine/Charles Nicolle teaching hospital, Tunis, Tunisia

² Faculty of medicine of Tunis, Tunisia

³ Department of psychiatry, Yasminette regional hospital, Ben Arous, Tunisia

Abstract

Background:

Unconsummated marriage (UM) is a frequent medico-legal and social issue in conservative societies, representing up to 17% of sexology consultations and a legally recognized ground for divorce in Tunisia. Determining whether sexual intercourse has occurred can be challenging, particularly when based solely on hymenal morphology, which may present normal anatomical variations. This study highlights the medico-legal difficulties in confirming or refuting UM in female partners.

Methods:

Five medico-legal consultations were performed in the context of divorce proceedings for UM. For



each case, a detailed genital examination was carried out to assess hymenal integrity and search for genital malformations. Psychiatric evaluation was systematically performed to investigate psychological or functional causes of sexual dysfunction.

Results:

Case 1: 37-year-old, married 11 years; husband with premature ejaculation without penetration. Annular hymen intact with multiple physiological notches; no signs of habitual intercourse.

Case 2: 30-year-old, married 1.5 years; absence of intercourse, claiming virginity. Semi-annular hymen, no signs of habitual intercourse.

Case 3: 40-year-old, married 1 year 4 months; husband with erectile dysfunction. Semi-annular hymen, no signs of habitual intercourse.

Case 4: 34-year-old, married 5 years; short-lasting erections without penetration or ejaculation. Annular hymen, no signs of habitual intercourse.

Case 5: 35-year-old, married 4 years; erections without penetration. Semi-annular hymen, no signs of habitual intercourse.

In all cases, the psychological interview revealed no evidence of psychiatric disorders that could cause sexual dysfunction.

Conclusions:

UM remains a complex issue where forensic evaluation must extend beyond hymenal inspection to include comprehensive physical, psychological, and sexological assessment. Expert reports are crucial in judicial decision-making. Preventive strategies, such as premarital sexual education and early management of sexual dysfunction, are essential to reduce UM incidence.

Performance Comparison Of Chatgpt And Deepseek In Answering Urology Questions On Sexual Dysfunction And Infertility

Raouf Seyam¹, Sarah Alharthi², Lama Aljumaah², Sawsan Almalki², Lujain Alhumaid², Mohamed Kattan¹, Said Kattan¹, Naif Alhathal¹, and Waleed Altaweel¹

Affiliations

¹Department of Urology, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia

²Faculty of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Abstract

Background:

The accuracy of large language models (LLMs) in specialized fields like sexual medicine and infertility remains unclear. Given the complexity of these topics, evaluating AI models is essential before considering their use in medical education or clinical support. We set out to compare the accuracy of ChatGPT and DeepSeek in answering andrology questions.

Methods:

This study was conducted between February and March 2025. ChatGPT and DeepSeek were evaluated based on their ability to answer urology questions in the domains of sexual dysfunction and infertility. Both models operated on knowledge bases with information available up to August 2023, without real-time internet access.

Questions were sourced from a multiple-choice question (MCQ) database developed by urology residency program directors. A medical student submitted each question three times to both chatbots using a standardized prompt. The chatbot-generated answers were compared to the

correct answers. Descriptive statistics were used to analyze accuracy, and McNemar's test was applied to compare model performance.

Results:

A total of 381 questions were evaluated, distributed across male sexual dysfunction (MSD) (n = 183), female sexual dysfunction (FSD) (n = 33), male factor infertility (MFI) (n = 150), and sexually transmitted infections (STI) (n = 15).

ChatGPT correctly answered 221 questions (58.0%), and DeepSeek correctly answered 228 questions (59.8%), with no statistically significant difference between the two models (McNemar's test, $\chi^2 = 0.52$, $p = 0.47$).

When stratified by question category, ChatGPT outperformed DeepSeek in female sexual dysfunction (78.8% vs. 69.7%) and marginally in male sexual dysfunction (58.5% vs. 56.3%). DeepSeek performed better in male factor infertility (64.0% vs. 55.3%) and sexually transmitted infections (40.0% vs. 33.3%).

Conclusions:

ChatGPT and DeepSeek demonstrated comparable overall performance in answering urology questions on sexual dysfunction and infertility. However, performance varied by question type, highlighting the need for domain-specific validation before clinical or educational deployment of AI models.

The Psychodynamic Underpinnings of Premature Ejaculation and Vaginismus: A Clinical Study

Mohamad M. Elwishy¹

Affiliation

¹ Ain Shams University, Egypt.

Abstract

Background:

Premature ejaculation (PE) and vaginismus are frequently relegated to biomedical or behavioral frameworks, often overlooking their role as somatic manifestations of unconscious conflicts. This study conceptualizes these dysfunctions as symbolic communications of internal relational tensions rather than mere physiological failures.

Objectives:

To delineate the latent psychodynamic profiles, ego structures, and object relations patterns in patients with PE and vaginismus, advocating for a transition from symptom-oriented management to an integrative clinical approach.

Methods:

A qualitative clinical case study design was utilized, involving six participants (3 PE; 3 vaginismus). Assessment tools included longitudinal clinical interviews, the Sexual Dysfunction Scale, and a projective battery comprising the Thematic Apperception Test (TAT), Draw-a-Person (DAP), and the Sacks Sentence Completion Test to elicit deep-seated unconscious dynamics.

Results:

PE was found to be dynamically linked to castration anxiety, competence control struggles, and blurred ego-object boundaries. Projective

data revealed repressed aggression toward the sexual object, where rapid ejaculation served as a defense against emotional merging and autonomy dependency conflicts. Conversely, vaginismus functioned as a psychosomatic barrier against perceived psychological intrusion, characterized by threatening parental representations, fragile ego boundaries, and pre-Oedipal fixations. The symptom emerged as a compromise formation

protecting the self from reenacting early relational traumas.

Conclusions: PE and vaginismus function as a "somatic language" for latent relational conflicts. Effective intervention necessitates an integrative model that addresses the symbolic meaning of symptoms alongside medical protocols to ensure sustainable recovery and prevent relapse.

MESSM Membership

Become an MESSM / ISSM member and benefit from reduced rates at upcoming MESSM events, workshops, masterclasses and congresses

In addition to that, your membership would offer you several benefits including:

FREE MEMBERSHIP FOR STUDENTS!



Access to:

- Journal of Sexual Medicine
- Video Journal of Prosthetic Urology
- ISSM / MESSM Webinars
- ISSM Online University
- MESSM Committees
- Members Only Section of the MESSM Website
- Network of Professionals in the Middle East



Reduced Rates For:

- Upcoming MESSM Activities
- 80% Discount on the Author Publication Charges for the Sexual Medicine Open Access Journal
- ISSM Scientific Meeting Discount



MESSM Newsletter



Volunteer Opportunities



Vote at the ISSM and MESSM Business Meetings



Earn a Grant / Scholarship

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Step 1 ☒ Personal details

Step 2 ☐ Membership

Step 3 ☐ Confirm

Step 4 ☐ Completed

Membership Application

★ Affiliated society | MESSM

This form can be used to apply for ISSM membership. Your membership application will be reviewed within 5 business days and, if approved, you will become a member.

All data submitted on this form will be processed on a non-commercial basis and owned and managed by the ISSM. For more information on The Network of Professionals in the Middle East, please contact us via our website or e-mail.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

Doha welcomed the 2025 Annual Congress of the Middle East Society for Sexual Medicine (MESSM) with the kind of energy that immediately tells you you're in the right place. Over two full days, the meeting delivered a comprehensive scientific program that captured the true scope of modern sexual medicine—medical, surgical, psychological, and culturally sensitive—while keeping the focus firmly on what matters most: practical learning that clinicians can take straight back to their patients. The halls stayed busy, sessions remained well attended from start to finish, and the discussions—especially during Q&A—were a clear reflection of how engaged the audience was with both the content and the faculty.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

From the opening moments, the congress struck a careful balance between depth and breadth. The Presidential Lectures set the tone by grounding the program in clinically meaningful priorities, addressing advances in erectile dysfunction care alongside the essential yet sometimes overlooked topic of sexual wellbeing in cancer survivorship. That combination of cutting-edge treatment strategies and long-term quality-of-life outcomes would reappear repeatedly throughout the congress, shaping a program that felt coherent, intentional, and thoughtfully curated.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

One of the most animated segments was the Pro-and-Con debate series, which brought a dynamic rhythm to the first day. These were not abstract academic arguments; they were debates built around the very questions clinicians face in real practice. Discussions explored testosterone therapy in men with a history of prostate cancer, the realities and controversies of female genital cosmetic surgery, the role of hypnotherapy in psychosexual care, and the ongoing clinical dilemma of how best to approach Peyronie's disease. The audience response made it clear that this format wasn't just entertaining it was effective. It encouraged critical thinking, surfaced nuance, and provided attendees with a framework for counseling patients when the evidence is complex and expectations are high.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

The program's surgical and reconstructive content was equally strong, particularly through a dedicated session focused on the challenges of penile prosthesis implantation after pelvic oncologic surgery. Here, the emphasis was practical: strategies for reservoir placement, managing associated conditions such as climacturia and incontinence, and navigating complex anatomical and functional scenarios. The case-based discussion style kept the session grounded, and the interaction between faculty and audience reinforced what many attendees come for—shared experience, troubleshooting, and practical pearls rather than theory alone.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

If there was one session that captured the unique identity of a congress held in the Middle East, it was the cultural discussion panel. This conversation addressed sexual taboos across communities and the reality that sexual medicine is practiced within cultural frameworks that shape not only what patients say, but what they do not say. It was a thoughtful and memorable discussion that resonated strongly because it acknowledged an everyday truth: the clinical encounter in sexual medicine is rarely just biomedical—it is relational, psychological, and deeply influenced by cultural context.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

Parallel sessions ensured that psychosexual care was not treated as an “add-on,” but as a core component of sexual medicine. The psychosexual track addressed practical tools and frameworks, including CBT-informed approaches, challenges in the digital era, post-SSRI sexual dysfunction, and communication centered interventions. That same practical orientation continued in a dedicated panel on young men, focusing on erectile dysfunction and the growing concern of anabolic steroid abuse—topics that are increasingly relevant and often under-discussed despite their prevalence.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

Saturday's program broadened even further, maintaining momentum while expanding into interdisciplinary care and emerging innovations. The day began with high-yield updates, including essential learning points in erectile dysfunction and penile prosthesis practice—particularly around infection prevention, device selection, and contemporary approaches to testosterone therapy safety and monitoring. This led naturally into a deeply packed session on male sexual dysfunction that moved fluidly from ejaculatory disorders to ethical dilemmas, from AI and digital health to the evolving discussion around shockwave therapy, and from injectable approaches in penile rejuvenation to practical strategies for managing ischemic priapism and intraoperative complications. Importantly, these sessions didn't feel like isolated lectures; they felt like a deliberate, stepwise build toward better decision-making in real clinics.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

A defining moment for many attendees was the live surgery session on penile prosthesis implantation. It anchored the congress's identity as a meeting that values practical training and transparent education. In the room, the attention was unmistakable this was real-world learning, not theoretical discussion, and it reinforced why hands-on surgical education continues to draw strong interest across the region. The congress also emphasized that sexual dysfunction is rarely a single-system issue. Dedicated sessions linked sexual medicine with endocrine and metabolic health, exploring diabetes-related sexual dysfunction, bridging evidence to practice in hypogonadism, and highlighting the influence of non-androgen hormones on sexual function.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

The cancer survivorship segment returned with depth and empathy, examining the long-term psychosexual burden of cancer treatment and the lasting impact on intimacy, anxiety, body image, and partnership dynamics. Even broader public health concerns were integrated through a focus on HPV and survivorship-related sexual health. The collaboration with the Urological Society of Qatar was visible not only in organization but also in scientific content. The USQ symposium offered a strong closing sequence that connected sexual medicine to broader urologic outcomes, addressing sexual health in male infertility, preserving sexual function in focal prostate cancer therapy, erectile dysfunction after urethroplasty, and the challenges surrounding complications after artificial urinary sphincter surgery. The message landed clearly: sexual health is central to urologic care, not separate from it.



AMEENA Campaign



MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

يدأمنية
للمجتمع، ناهض، ندعو



**MESSM IS TAKING ACTION
IN THE FIGHT AGAINST
SEXUAL VIOLENCE**

www.AMEENA-Project.org



Supported by



At the MESSM Annual Conference, a dedicated session marked the launch of the AMEENA Campaign (Awareness Campaign Against Sexual Violence in the MENA Region)—a groundbreaking regional initiative aimed at confronting sexual violence through public education, survivor support, and policy advocacy. Speakers emphasized clear priorities: raising awareness of prevalence and impact, dispelling harmful myths and misconceptions, strengthening pathways to support and reporting, and advocating for protections that ensure justice and safety. The session also called on clinicians, researchers, and community stakeholders to translate momentum into action by contributing to AMEENA's research and awareness efforts



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

In a headline-worthy session at the latest MESSM meeting, “Intercultural Parole” took a clinician’s-eye view of cultural practices across North and South America and the Middle East—first describing the practices as they are, then translating them into real clinical relevance. Speakers highlighted how these norms can shape presentation, consent, expectations, and adherence, and asked the key questions: Do guidelines or governance address them? And when these practices intersect with sexual and reproductive health, do they measurably affect outcomes or risk? The session’s takeaway was clear—cultural context belongs in evidence-based care, not outside it, and it deserves the same structured assessment we apply to any clinical factor. As the session made clear, intercultural competence isn’t an “extra” skill in sexual medicine; it’s part of the clinical core, and MESSM is committed to keeping this conversation alive in future programs.



9th Annual MESSM Congress



9th Annual Congress of Middle East Society for Sexual Medicine

As the congress closed, one impression stood out above all: this was not a meeting that tried to “cover everything” superficially. It was a meeting that covered what mattered thoroughly—across surgery, medicine, psychology, and culture—while keeping the focus on practical improvement in patient care. MESSM Congress 2025 in Doha delivered a program that was clinically meaningful, deeply multidisciplinary, and strongly attended, reflecting both the growth of the field and the region’s commitment to advancing sexual medicine through education, collaboration, and open dialogue.



Pre-Congress Workshops

While the main congress delivered breadth, the pre-congress day delivered something equally important structured skills training. The pre-congress program featured four courses, and together they formed a comprehensive “hands-on” foundation in the areas most requested by attendees. Two of these were penile implant courses, each with a distinct educational purpose.



Cadaveric Penile Implant Course



Hydrogel Models Hands-On Penile Implant Course



Male Genital Ultrasound Course



Psychosexual Education Course

Pre-Congress Workshops

Cadaveric Penile Implant Workshop 25 ATTENDEES

The cadaveric penile implant course provided a progression from fundamentals to real anatomical practice, moving through applied anatomy, reservoir placement strategy, patient counseling, defining surgical success, stepwise operative approaches, management of corporal fibrosis, infection prevention, and complication management before culminating in extended supervised cadaveric training.



Pre-Congress Workshops

Hydrogel Models Hands-On Penile Implant Workshop

36 ATTENDEES

In parallel, the hydrogel/silicon model implant course offered a compact, highly practical pathway designed to sharpen technique and confidence, pairing key pre- and post-operative principles with demonstrations, troubleshooting for challenging corpora, complication prevention strategies, and an extended hands-on session that helped translate theory into motor learning.



Pre-Congress Workshops

Male Genital Ultrasound Workshop

32 ATTENDEES

The ultrasound course added a crucial diagnostic dimension to the day. It delivered a structured approach to male genital imaging—scrotal, penile, and prostate—while keeping the focus on clinically relevant protocols: when to request Doppler, how to interpret findings, and how imaging should shape management decisions. The rotating hands-on stations were particularly valuable, allowing participants to build practical familiarity through guided practice across scrotal ultrasound, penile Doppler, and transrectal imaging.



Pre-Congress Workshops

Psychosexual Therapy Workshop 34 ATTENDEES

Finally, the psychosexual education course—titled “The Full Picture”—was exactly that: a comprehensive, interdisciplinary framework for clinicians who want to improve patient outcomes beyond prescriptions and procedures. The course emphasized the importance of recognizing what not to miss, understanding when referral is needed, and appreciating the couple as a central unit of care.



Pre-Congress Workshops

Psychosexual Therapy Workshop 34 ATTENDEES

It covered the foundations of sexual response and introduced practical tools such as sensate focus and communication strategies, before moving into a case-based panel that reflected true clinic reality—from unconsummated marriage to desire and arousal concerns, compulsive pornography use, erectile dysfunction with late-onset hypogonadism, and delayed ejaculation. The course felt grounded, respectful, and immediately applicable.



MESSM EVENTS

From 6 events in 2022 to 21 in 2025, MESSM demonstrates sustained growth and a measurable expansion in its academic and professional impact year after year.



MESSM Webinar



2024

Female Sexual Dysfunction in the Middle East	November
MESSM Summer School	August

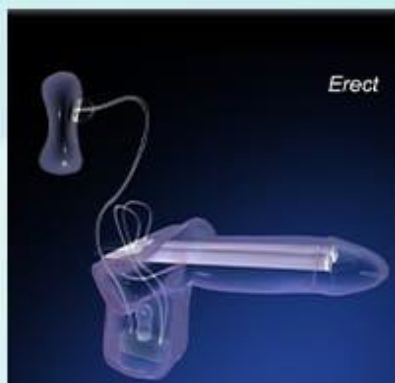
2025

Andrological Emergencies Recognition and Management	February
Female, Arousal and Orgasmic Disorders	April
Understanding and Addressing Vaginismus in the Middle East	May
MESSM Masterclass in Andrological Ultrasound	January
Cardio-Sexuality	July
Opening the Conversation: Oncosexology, Gender, and Age in Cancer Care in the MENA region	August
MESSM Summer School	August
Early Detection and Management of Intimate Partner Violence: A Clinical and Public Health Imperative in the MENA region	September
Rare and Under-Recognized Male Sexual Disorders	November

2024	
1st MESSM Multidisciplinary Masterclass	June
Amsterdam Penile Surgery Workshop	July
Psychosexual Counselling Workshop	July
MESSM Penile Implant Masterclass - Boston Scientific	December
MESSM Penile Implant Masterclass - Rigion	December
2025	
MESSM Webinar: Andrological Emergencies	February
Understanding and Addressing Vaginismus in the Middle East: Cultural, Psychological, and Ethical Perspectives	May
Amsterdam Penile Surgery Workshop	July



What's New?



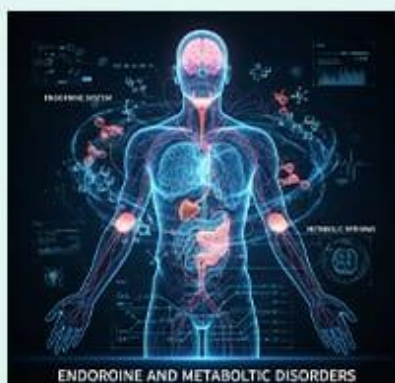
Penile Implant Summer School



Penile Implant Cadaveric Workshops



Cardio-Sexuality



Endocrine and Metabolic Disorders



Male Ultrasound Hands-on

Social Media Growth

SOCIAL MEDIA GROWTH (2023–2025)

MESSM's social media platforms demonstrate steady and measurable growth from 2023 to 2025, reflecting increased digital engagement, outreach, and visibility across multiple channels.



MESSM Membership



MESSM membership has shown a consistent upward trend over the years, with a significant increase from 2023 onward, indicating growing interest, participation, and community expansion.



International Congresses

MESSM SESSIONS IN INTERNATIONAL CONGRESSES

2025

ESSM Congress

February

16th Libyan Association Conference

October

25th Annual Fall Scientific Meeting of SMSNA

October

10e Congrès Tunisien de Sexologie Clinique

November



Local Affiliation



*Jordanian Association of
Urological Surgeons*



*Société Tunisienne de
Sexologie Clinique*



*Saudi Urological
Association*



*The Egyptian Society for Sexual
Medicine and Surgery*



Saudi Andrology Group



*The Saudi Society for
Men's Health*



*Kuwait Urological
Association*



*Libyan Urology
Association*



*Emirates Urological
Society*



*Oman Urology
Society*



*Iranian Psychiatric
Association*



*Egyptian Urological
Association*



Urological Society of Qatar

Upcoming Events



MESSM Webinar

**The Testosterone Spectrum:
From Biosynthesis To Replacement & Misuse**

**Saturday 31 January 2026
6:00 PM - 8:00 PM (Cairo Time)**

Upcoming Events

MESSM Webinar

Sexual Health in Oncology: A Multidisciplinary Responsibility

**Friday 13 February 2026
7:00 PM (Cairo Time)**



MESSM

Upcoming Events

27TH
WMSM

WORLD MEETING ON
SEXUAL MEDICINE 2026

**26 TH WORLD MEETING ON
SEXUAL MEDICINE 2025**

25-28 February 2026 | Porto, Portugal



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

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