



**MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE**

MESSM's Quarterly

NEWSLETTER

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Letter from the President

Allow me to introduce myself.

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

MESSM is committed to advancing sexual health by providing up-to-date knowledge, promoting best practices, and supporting both healthcare professionals and the public. Our goal is to improve quality of life and contribute to higher standards of care across the region.

The World Health Organization recognizes sexual health as a fundamental part of physical, emotional, and social well-being, and an essential element in the development of healthy communities. At MESSM, we are proud to embrace this vision and work to translate it into meaningful action.

Despite its importance, sexual health and sexual medicine remain underexplored in many parts of the world, particularly in the Middle East, where social stigma has often limited awareness and progress. MESSM seeks to address this gap by bringing together distinguished healthcare professionals and scientists committed to advancing the field while respecting the cultural and social values of our region.

Through MESSM, we aim to support education, research, collaboration, and public awareness, while also encouraging the development of future specialists in sexual medicine. If you are a healthcare professional, we welcome you to join our scientific community and benefit from its educational and collaborative opportunities. If you are a member of the public, we invite you to stay connected through our website and social media platforms, where we share reliable educational content and society activities.

It is an honor to serve this field and to contribute, together with my colleagues, to the advancement of patient care, research, and education in sexual medicine across the Middle East.



Prof. Dr. Abdelrahman Zahran
President of MESSM

Welcome letter

We are delighted to welcome you to the new term of the MESSM quarterly newsletter. As always, this publication is created with our community in mind — a community of clinicians, researchers, educators, and professionals who share a deep commitment to advancing sexual health. In a field that continues to grow and evolve, we hope this newsletter remains a valuable space where you can stay informed, reflect on new ideas, and feel connected to the work and achievements of colleagues across the region and beyond.

For this new term, we are pleased to build on the newsletter’s strong foundation while introducing a refreshed perspective in some of its recurring features. Our “Have You Read?” section will continue to highlight notable publications by MESSM members, offering concise insights into recent work and its relevance to clinical practice, research, and academic discussion. At the same time, we are pleased to introduce a new section, “The Anthropology of Sex, Marriage, and Fertility,” which replaces “Sexual Antiquities.” Through this feature, we will explore how different cultures and communities have understood sex, marriage, fertility, gender roles, and related traditions, offering a broader perspective on sexuality across societies. We will also continue to engage readers through “Test Your Knowledge,” with stimulating clinical questions and scenarios, and through “Case Presentation,” where we share real-life cases that encourage discussion around diagnosis, management, and practical learning points.

In addition, the newsletter will continue to serve as a platform to highlight important research published in leading journals, showcase publications and achievements of our members, announce upcoming scientific meetings and educational activities, and report on recent events and society initiatives. In this way, it is not only a source of academic and clinical updates, but also a record of the society’s growing activities and a means of keeping our members connected to the ongoing work of MESSM.

Our hope is that this newsletter will continue to do more than simply inform. We want it to inspire curiosity, encourage exchange, and strengthen the sense of community that lies at the heart of MESSM. We hope you enjoy this issue and the ones to come, and we encourage you to share the newsletter with colleagues and peers who may also benefit from it. The wider our reach, the greater our ability to support sexual health professionals and, ultimately, the patients and communities we serve.



Dr. Ahmad Majzoub
Secretary General and Chair of Newsletter committee

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Abstracts in Peer Reviewed Journals

Sexual Dysfunction

J Sex Med. 2026 Mar 9;23(4):qdag074. doi: 10.1093/jsxmed/qdag074.

Risk factors associated with cardiac dysfunction in men with erectile dysfunction

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Abstract

Background: Erectile dysfunction (ED) is recognized as an early marker of cardiovascular disease, but the specific clinical characteristics associated with cardiac dysfunction remain unclear.

Aim: To identify risk factors for cardiac dysfunction in men with ED as assessed with echocardiography.

Methods: In this cross-sectional study, men with ED were recruited from a urology outpatient clinic and through invitations to randomly selected men >40 years. Echocardiography was used to assess left ventricular (LV) systolic and diastolic dysfunction.

Outcomes: Associations between cardiac dysfunction and clinical variables-including age, body mass index (BMI), blood pressure, lipid profile, hemoglobin A1c (HbA1c), high-sensitivity C-reactive protein, and cardiovascular comorbidities-were examined.

Results: Among 398 men, univariable analyses showed that BMI, diastolic blood pressure, and high-sensitivity C-reactive protein were associated with increased odds of LV systolic dysfunction. In multivariable analysis, BMI (OR 1.08; 95% CI: 1.01-1.15), diastolic blood pressure (OR 1.04; 95% CI: 1.01-1.07), and HbA1c (OR 1.06; 95% CI: 1.01-1.12) remained significant. For LV diastolic dysfunction, BMI (OR 1.09; 95% CI: 1.00-1.19) and dyslipidemia (OR 2.54; 95% CI: 1.11-5.72) were associated with LV diastolic dysfunction.

Clinical implications: These findings support the importance of cardiovascular risk assessment and targeted prevention strategies in men with ED.

Strengths and limitations: A key strength of this study is the large, well-characterized cohort, enabling robust analyses of risk factors for cardiac dysfunction. Its cross-sectional design, however, precludes causal inference.

Conclusion: Cardiometabolic risk factors are associated with echocardiographic signs of cardiac dysfunction in men with ED. Elevated BMI, diastolic blood pressure, and HbA1c are linked to LV systolic dysfunction, while BMI and dyslipidemia are associated with LV diastolic dysfunction.

Clinical trial registration: The study was prospectively registered at ClinicalTrials.gov (NCT05285280).

Keywords: Echocardiography; LV systolic dysfunction; cardiac disease; cardiovascular disease; clinical characteristics; erectile dysfunction; risk factors.

Andrology. 2026 Mar;14(3):863-871. doi: 10.1111/andr.70092. Epub 2025 Jul 2.

The educational level impact on treatment adherence in PDE5i-naïve men with erectile dysfunction: A real-life cross-sectional study

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Abstract

Introduction: The impact of the educational level on the adherence to phosphodiesterase type 5 inhibitors (PDE5i) among men with erectile dysfunction (ED) remains understudied. We aimed to investigate how the educational level influences patient's compliance to newly prescribed PDE5i in men with ED who had never previously used this class of drugs.

Materials and methods: Complete data from 1264 consecutive PDE5i naive men presenting with new onset ED were retrospectively analyzed. Patients were grouped according to their educational level into low (elementary and/or secondary school education), mid (high school), and high (university degrees) educational levels. Baseline health significant comorbidities were scored with the Charlson comorbidity index (CCI). All patients completed the International Index of Erectile Function (IIEF) and the Beck depression inventory questionnaires at baseline. PDE5i were prescribed to all patients. Kaplan-Meier (KM) curves estimated the discontinuation free-survival (DFS) after stratification according to the educational level. Multivariable (MVA) Cox regression addressed the association between the educational level and PDE5is' discontinuation.

Results: Of all, 160 (13%), 573 (45%), and 531 (42%) individuals depicted low, mid, and high educational level, respectively. Median (IQR) age and follow-up time were 51 (39-61) and 8.5 (5.9-11.3) years, respectively. Patients with higher educational level were more likely to be younger (49 vs. 56 years, $p < 0.001$), reporting

lower BMI values (25 vs. 26.3 kg/m², $p < 0.001$) and lower rates of CCI ≥ 1 (17% vs. 27%, $p = 0.009$), compared to their lower educational level counterparts. No significant differences were found in terms of duration of PDE5i assumption and IIEF-erectile function (IIEF-EF) across the groups. Kaplan-Meier survival analyses, stratified by the educational level, revealed significantly different patterns of PDE5i discontinuation-free survival across educational levels (log-rank test, $p = 0.028$). At multivariable Cox regression analysis, higher educational levels were significantly associated with PDE5i discontinuation, even after adjusting for age at presentation, IIEF-EF score, and relationship status simultaneously.

Conclusions: Current findings demonstrated that the higher the educational level, the greater the PDE5i discontinuation rate in men with ED. These results highlight a particular aspect of patients' compliance with PDE5i, enabling improvements in real-life pharmacological management for ED.

Keywords: PDE5i; education status; epidemiology; erectile dysfunction; socio-demographic factors.

real-world, multi-surgeon retrospective analysis over a decade.

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Abstract

Background: Penile prosthesis infection is a serious complication that often requires device explanation, leading to corporal fibrosis, penile shortening, and significant patient distress.

Aim: To evaluate long-term outcomes of salvage procedure outcomes using malleable penile prostheses (MP) after infected inflatable penile prosthesis (IPP) explantation within the United States Veterans Affairs (VA) healthcare system.

Methods: We conducted a real-world, retrospective review using the VA Informatics and Computing Infrastructure to identify men ≥ 18 years who underwent salvage procedures for infected penile prostheses between January 2012 and January 2023. Demographics, comorbidities, surgical details, culture results, and postoperative outcomes were analyzed. Washout protocols were categorized as Mulcahy or non-Mulcahy. Reinfection, MP retention, and IPP conversion were assessed.

Outcomes: The primary outcomes assessed were prosthesis reinfection, retention of the

Surgery

J Sex Med. 2026 Feb 6;23(3):qdag042. doi: 10.1093/jsxmed/qdag042.

Outcomes of salvage procedures with malleable implants for penile prosthesis infections in the Veterans Affairs National Medical System: a

malleable implant, and subsequent elective conversion to an inflatable prosthesis.

Results: A total of 76 patients underwent salvage procedures at 30 VA centers, with 61 (80.3%) receiving MP. Median age was 65 years, and 36% had diabetes mellitus. Reinfection occurred in 29.5% of cases, with a significantly higher rate among diabetics (45.5% vs. 20.5%, $P = .0403$). No significant difference in reinfection rates was found between Mulcahy and non-Mulcahy washout protocols. Among those without reinfection, 70% retained the MP, 28% underwent elective conversion to IPP, and 2% had device removal for non-infectious reasons. The majority of non-Mulcahy protocols included antiseptic and antibiotic combinations such as normal saline, gentamicin, betadine, hydrogen peroxide, and vancomycin.

Clinical implications: These findings support malleable salvage as a definitive, low-morbidity treatment option for many patients, especially within a cost-independent system such as the VA.

Strengths & limitations: This is the largest real-world, national multi-site analysis of MP salvage outcomes in a national healthcare system, with robust follow-up. Limitations include its retrospective design and variability in washout protocols across centers.

Conclusion: Salvage with malleable prostheses is a safe and effective strategy following penile prosthesis infection, with high rates of long-term device retention and functional satisfaction.

Keywords: erectile dysfunction; inflatable penile prosthesis; malleable implant; penile prosthesis; salvage surgery; veterans affairs.

J Sex Med. 2026 Feb 6;23(3):qdag034. doi: 10.1093/jsxmed/qdag034.

Inflatable penile prostheses long-term revision and removal rates compared to semi-rigid penile prostheses: a real-world analysis from a global electronic health record (EHR) database

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Abstract

Background: Reoperation rates following penile prosthesis implantation are influenced by patient- and device-related factors. While previous studies from high-volume centers have reported 5 to 10-year reoperation rates of 11%-16%, these findings may not fully capture outcomes in broader, real-world populations.

Aim: This study aimed to assess long-term complication and reoperation rates for penile prostheses using a global electronic health records database.

Methods: We conducted a retrospective observational analysis using electronic health records and insurance claims from the TriNetX Global Health Research Network, covering May 2005 to May 2025. Men aged 18-90 who underwent initial implantation of either an inflatable or semi-rigid penile prosthesis (SRPP) were included. Statistical comparisons

between cohorts used two-sample Z-tests, with significance set at $P < .05$.

Outcomes: Outcomes included device revision or reimplantation, explantation, infection, mechanical failure, and displacement.

Results: Among 29 385 men, 18 749 received inflatable prostheses and 10 636 received semi-rigid devices. At 5 years, the revision/removal rate was not significantly lower for inflatable devices (13.9%) compared to semi-rigid implants (13.7%; $P < .77$). Total explantation rates were lower for inflatable prostheses at 5 years (6.5% vs. 8.4%, $P < .00001$). Mechanical breakdown was more common in the inflatable cohort at 5 years (9.1% vs. 6.7%; $P \leq .0001$). There was also a significantly higher rate of device displacement for inflatable prostheses at 5 years (2.3% vs. 1.6%; $P = .002$). There were no differences in infection rates between devices over time.

Clinical implications: This analysis found that inflatable penile prostheses (IPPs) are associated with similar long-term revision and lower explantation rates compared to semi-rigid devices, but more prone to mechanical breakdown and displacement. These findings support the use of inflatable prostheses in appropriate patients seeking lower rates of device removal and underscore the importance of real-world data in surgical decision-making.

Strengths & limitations: The strengths of this study include its large sample size, applicability, and the use of a global clinical dataset integrating claims and electronic health record data to reduce missing information. However, several limitations

should be acknowledged. TriNetX does not account for variation in surgical technique, device manufacturer, or surgeon experience. In addition, reliance on administrative codes may underreport complications or omit clinical nuances. Retrospective and observational studies are also limited by inherent biases, incomplete data, and inability to establish causality, which constrain the interpretation.

Conclusion: In this large-scale, real-world analysis, IPPs were associated with similar long-term revision and significantly lower removal rates compared to SRPPs.

Keywords: erectile dysfunction; inflatable penile prosthesis; penile prosthesis; semi-rigid penile prosthesis; surgical complications.

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

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

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Abstract

Context: Data supporting successful and satisfactory penile prosthesis (PP)

implantation outcomes are mainly based on subjective, rather than objective, analysis.

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

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

Evidence synthesis: Out of 663 retrieved articles, 83 were considered including, 12,132 subjects with a mean age and mean follow-up of 58.6 [range 20; 77.1] years and 47.6 [range 6; 374] months, respectively. Overall, a high patient satisfaction rate was observed 83[80; 86]%. The satisfaction rate increased in subjects with three-piece PP and in those with a higher rate of cardiovascular or neurological diseases and was independent of the patient's age. Partner's satisfaction rate was lower when compared to that observed in men and it increased according to the use of inflatable devices and the presence of patient Peyronie's disease. The long-term complication rate was limited ranging from 3% for erosion to 4.6% when mechanical failure was considered.

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

Patient summary: We found a high couple satisfaction score that was higher when reported by males compared to females.

Patient satisfaction increased with time, and it was independent of age.

Keywords: Peyronie's diseases; erectile dysfunction; penile prosthesis; satisfaction.

Psychology

J Sex Med. 2026 Feb 6;23(3):qdag021. doi: 10.1093/jsxmed/qdag021.

Gender differences in pornography use and sexual health outcomes: a systematic review and meta-analysis

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Abstract

Background: Pornography consumption is increasingly prevalent worldwide, yet its gender-specific associations with sexual health outcomes remain poorly understood.

Aim: This systematic review and meta-analysis aimed to evaluate gender differences in pornography use and its associations with sexual function, sexual satisfaction, masturbation frequency, and psychological parameters among adult men and women.

Methods: Following PRISMA 2020 statement, systematic searches were conducted across PubMed, Scopus, Cochrane Library, and Google Scholar databases up to January 2025. Eligible studies included quantitative observational research comparing male and

female pornography users and assessing at least 1 sexual health outcome. Study quality was evaluated using the Newcastle-Ottawa Scale (NOS). Random-effects meta-analyses were performed to calculate pooled standardized mean differences (SMDs), mean differences (MDs), and odds ratios (ORs) with 95% CIs.

Outcomes: Twenty-one studies involving 138 192 participants were included. Male pornography users demonstrated significantly lower sexual function (MD = -1.54) and sexual satisfaction (MD = -0.63) than female users and reported higher sexual dysfunction rates (MD = 0.88). In contrast, women showed slightly higher psychological distress (MD = 0.67), suggesting greater emotional vulnerability. Significant gender differences were also found in masturbation frequency, with men reporting markedly higher rates (MD = -1.36).

Results: The findings reveal a paradox where greater pornography use among men is associated with poorer sexual function and satisfaction, while women exhibit greater psychological strain despite lower engagement.

Clinical implications: These results underscore the need for gender-sensitive approaches in sexual health research and clinical practice to address the multifaceted effects of pornography consumption.

Strengths and limitations: This study represents the first meta-analytic synthesis of gender-specific pornography-related sexual health outcomes, integrating diverse international data. However, high heterogeneity, reliance on self-reported

measures, and limited longitudinal evidence restrict causal inference and generalizability.

Conclusion: The findings highlight the complexity of pornography's impact on sexual health and emphasize the need for further research to clarify these relationships and address the diverse needs of individuals in clinical settings.

Keywords: gender differences; masturbation frequency; pornography use; psychological outcomes; sexual function; sexual satisfaction.

J Sex Med. 2026 Feb 6;23(3):qdag040. doi: 10.1093/jsxmed/qdag040.

Psychological therapies for female sexual function: a systematic review and network meta-analysis

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Abstract

Introduction: Various clinical trials have evaluated psychological interventions for female sexual function; however, their comparative effectiveness remains insufficiently defined. To date, no network

meta-analysis (NMA) has systematically synthesized and ranked these interventions to guide evidence-based clinical decision-making in the management of female sexual function.

Objectives: To compare the efficacy of various psychological interventions for female sexual function using network meta-analysis and to establish a hierarchy of therapeutic strategies to inform clinical practice.

Methods: A systematic review and NMA were conducted to assess all psychological interventions evaluated for female sexual function. Comprehensive literature searches were conducted in the Web of Science, PubMed, and Embase, and statistical analyses were performed using Stata version 18.0.

Results: A total of 45 studies encompassing 4726 women met the inclusion criteria. The NMA demonstrated that sex education, cognitive behavioral therapy (CBT), mindfulness-based interventions (MBI), PLISSIT model-based sexual counseling, and general sexual counseling significantly improved Female Sexual Function Index scores compared with usual care or control groups ($P < .05$). According to surface under the cumulative ranking curve values, the PLISSIT model showed the greatest improvement in Female Sexual Function Index, followed by CBT, general sexual counseling, MBI, and sex education. Regarding Female Sexual Distress Scale outcomes, CBT, MBI, and sex education were associated with significant reductions in sexual distress relative to usual care or control ($P < .05$). MBI ranked highest for reducing Female Sexual Distress Scale, followed by sex education and CBT.

Conclusion: The available evidence indicates that MBI is the most effective approach for alleviating sexual distress, whereas the PLISSIT model appears to offer the greatest benefit for improving sexual function. However, the limited number of trials for certain interventions and the heterogeneity of psychological approaches suggest that the current evidence base remains incomplete and warrants further investigation.

Keywords: female sexual function; meta-analysis; psychological therapies.

Andrology. 2024 Sep;12(6):1272-1279. doi: 10.1111/andr.13574. Epub 2023 Dec 22.

Causal relationship between worry, tension, insomnia, sensitivity to environmental stress and adversity, and erectile dysfunction: a study using Mendelian randomization

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Abstract

Background: This study aims to investigate the causal relationship between erectile dysfunction (ED) and psychological states including worry, tension, insomnia, sensitivity to environmental stress and adversity (SESA).

Method: This study the used two-sample bi-directional Mendelian randomization (MR) method. The study data was obtained from a pooled dataset of genome-wide association studies (GWAS). The bi-directional MR analysis was performed using inverse variance weighting, weighted median method, and MR-Egger regression analysis to assess the causality between ED and psychological states including worry, tension, insomnia, SESA in terms of odd ratios (OR). The study tested for heterogeneity using the Cochran Q method and for multiple validity using the MR-Egger and MR-PRESSO methods.

Results: In forward MR analysis correlating worry, tension, insomnia, and SESA as exposures, no causal relationship was found between worry or tension and ED ($p < 0.05$). However, insomnia ($p = 0.001$, OR = 3.441, 95%CI = 1.593-7.435) and SESA ($p = 0.004$, OR = 1.804, 95%CI = 1.203-2.701) were found to have a significant causal effect on ED risk. The reverse MR analysis with ED as the exposure did not show any significant correlation (all $p > 0.05$).

Conclusion: Individuals with insomnia and SESA are at higher risk for developing ED. Clinical evaluation should be more thorough for these individuals. Insomnia can be treated simultaneously with psychological counseling to reduce the risk of ED. In addition, there is no evidence to suggest that worry and tension increase the risk of ED.

Keywords: Mendelian randomization; environmental stress; erectile dysfunction; insomnia; tension; worry.

Premature Ejaculation

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A prospective multicenter study on plasma metabolomics and machine learning for diagnosing premature ejaculation and predicting dapoxetine treatment response

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Abstract

Background: Premature ejaculation is a prevalent sexual dysfunction, yet the variable patient response to first-line dapoxetine treatment poses a major clinical challenge, highlighting the unmet need for biomarkers to guide diagnosis and therapy.

Aim: This study aimed to investigate the distinct plasma metabolic profile of primary premature ejaculation (PPE) patients, and to develop machine learning-based diagnostic and therapeutic response prediction models.

Methods: A multicenter cohort comprising 69 patients with PPE and 51 healthy control (HC) subjects was enrolled. Plasma samples underwent untargeted metabolomic analysis. Differentially expressed metabolites were identified, and pathway enrichment analyses were conducted using Small Molecule Pathway Database and Kyoto Encyclopedia of Genes and Genomes. Three machine learning algorithms-Support Vector Machine, Random Forest, and Least Absolute Shrinkage and Selection Operator regression-were employed to screen biomarkers. Subsequently, targeted metabolomics analysis was used to quantify neurotransmitter levels.

Outcomes: The primary outcomes included the Premature Ejaculation Diagnostic Tool, the intravaginal ejaculation latency time, and the Clinical Global Impression of Change scale score after a 4-week observation period of on-demand dapoxetine treatment.

Results: Multivariate analysis revealed clear separations in metabolic profiles between the PPE and HC groups, and between dapoxetine treatment (DT)-Response and DT-No response groups. Pathway analysis indicated significant

enrichment in amino acid metabolism pathways for PPE-related differentially expressed metabolites (DEMs). Additionally, DT-Response-related DEMs were associated with D-Amino acid metabolism and Arginine biosynthesis. Machine learning identified a panel of 4 consensus metabolites for diagnosing PPE, achieving an area under the curve (AUC) of 0.995 in the train cohort and 0.917 in the test cohort. For predicting DT response, three metabolites were selected, forming a model with an AUC of 0.905 (train) and 0.811 (test). It is important to note that these promising initial results require further validation in larger, independent cohorts to confirm their generalizability. Furthermore, targeted metabolomics analysis confirmed significant dysregulation of multiple neurotransmitters in the PPE group.

Clinical implications: The machine learning-based models we established show robust performance in diagnostic and dapoxetine treatment response prediction.

Strengths & limitations: The establishment of the machine learning-based diagnostic and predictive models represents a key strength, though their clinical translation requires further validation in larger cohorts.

Conclusion: This study delineates distinct metabolic profiles in PPE, establishes robust machine learning-based models for diagnosis and DT-Response prediction, and reveals the involvement of neurotransmitter dysregulation in its pathophysiology.

Keywords: dapoxetine; diagnosis; machine learning; metabolomics; primary premature ejaculation.

Androgens

Andrology. 2026 Mar 11:e70209. doi: 10.1111/andr.70209. Online ahead of print.

Lower eGFR Associated With Decreased Total Testosterone in Males: Integrated Evidence From Cohorts to Real-World Data

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Abstract

Background: Chronic kidney disease (CKD) frequently coexists with hypothalamic-pituitary-gonadal dysfunction, yet the exposure-response shape linking kidney function, testosterone, and outcomes remains unclear.

Methods: Based on data from five cycles of the National Health and Nutrition Examination Survey (NHANES) and the UK Biobank (UKBB), we used multivariate logistic regression models and linear regression models to explore the associations between total

testosterone levels and CKD as well as estimated glomerular filtration rate (eGFR). Subsequently, we plotted restricted cubic splines (RCS) of testosterone levels against the risk of CKD and the eGFR. Finally, we further verified the association between total testosterone levels and eGFR based on the kidney transplant cohort.

Results: Across both populations, lower eGFR was revealed to be associated with lower total testosterone in an approximately linear fashion. RCS identified an inflection around the "borderline low" range of about 300-400 ng/dL; below that, CKD risk rose steeply, indicating a nonlinear, threshold-like risk pattern. The logistic regression analysis based on the public databases also indicated that CKD would reduce testosterone levels (NHANES: $\beta = -17.98$, 95% CI: -29.54, -6.420, p -value = 3.4×10^{-3} ; UKBB: $\beta = -12.25$, 95% CI: -14.84, -9.661, p -value = 1.9×10^{-20}), but it had no effect on estradiol. In the validation cohort of kidney transplant recipients, total testosterone increased significantly after transplantation, whereas estradiol showed no parallel rise.

Conclusion: Our findings demonstrate a clear linear-threshold relationship between declining eGFR and reduced testosterone levels, and show that testosterone significantly increases after renal function recovery in kidney transplant recipients.

Keywords: chronic kidney disease; eGFR; kidney transplantation; testosterone.

Andrology. 2026 Feb 27:e70202. doi: 10.1111/andr.70202. Online ahead of print.

Unraveling the Pathways Linking Sleep Disturbance and Vasculogenic Erectile Dysfunction: The Dominant Role of Inflammation and Testosterone Mediation

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Abstract

Background: Poor sleep quality is associated with erectile dysfunction (ED), but the underlying mechanisms remain unclear. Given that systemic inflammation and testosterone levels are key factors in vascular health, this study investigates whether inflammatory biomarkers (high-sensitivity C-reactive protein [hs-CRP], interleukin-6 [IL-6], neutrophil-to-lymphocyte ratio [NLR], and platelet-to-lymphocyte ratio [PLR]) and total testosterone (TT) mediate the relationship between sleep quality and erectile function in vasculogenic ED patients.

Methods: A total of 167 vasculogenic ED patients and 112 age-matched controls were recruited. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI), and erectile function was evaluated using the International Index of Erectile Function-5 (IIEF-5). Inflammatory biomarkers and TT levels were measured, and principal component analysis (PCA) was applied to derive an inflammatory load score. Serial mediation analysis (PROCESS Model 6) was performed to examine whether inflammation and testosterone mediate the effect of sleep quality on erectile function, adjusting for potential confounders, including age, body mass index (BMI), smoking, triglycerides (TG), and total cholesterol (TC).

Results: Patients with vasculogenic ED had poorer sleep quality ($p < 0.001$), lower TT levels ($p < 0.01$), and higher inflammatory biomarker levels ($p < 0.01$) than controls. Correlation analysis showed PSQI was positively correlated with inflammation ($\beta = 0.371$, $p < 0.001$) and negatively correlated with TT ($\beta = -0.206$, $p < 0.01$) and IIEF-5 ($r = -0.437$, $p < 0.001$). Mediation analysis revealed: Inflammatory biomarkers (hs-CRP, IL-6, NLR, and PLR) significantly mediated the association between sleep quality and ED, with hs-CRP showing the highest effect ($\beta = -0.133$, $p < 0.001$), accounting for 21.73% of the total effect. Testosterone also played a mediating role ($\beta = -0.055$, $p < 0.01$), contributing to 8.99% of the total effect. After combining inflammatory biomarkers into a PCA-derived score, the mediation effect of inflammation increased to 38.60%, whereas the testosterone pathway weakened.

Conclusions: This study provides novel evidence that inflammation is a key mediator

linking poor sleep quality to vasculogenic ED, while decreased testosterone levels play a secondary but still significant role.

Keywords: erectile function; inflammation; mediation analysis; sleep quality; testosterone; vasculogenic ED.

Female Sexual Dysfunction

Review Sex Med Rev. 2026 Jan 5;14(1):qeag010. doi: 10.1093/sxmrev/qeag010.

Female sexuality after gynecological cancer: an updated focused narrative review of recent European and MENA studies (2024-2025): proposal for clinical intervention

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Abstract

Introduction: Gynecological cancer and related oncological treatments can significantly impair female sexual function, negatively affecting patients' quality of life. However, clinical attention to this issue remains limited, especially in the diverse cultural and healthcare contexts of both Europe and the MENA region.

Objective: This focused narrative review aims to update and analyze studies published between 2024 and 2025 that investigate sexual

function in women with gynecological cancer treated with surgery, chemotherapy, and/or radiotherapy, in order to identify emerging clinical needs.

Methods: Fifty-seven papers published between January 2024 and February 2025 in Europe and in the MENA region were initially selected as they met established criteria, including the assessment of sexual function as a primary post-treatment outcome. The narrative synthesis included a comparison between geographical and cultural contexts. Given the limited number of eligible studies and the heterogeneity of study designs and outcomes, a narrative synthesis was performed. The review was informed by PRISMA reporting principles, although no formal risk-of-bias assessment was undertaken.

Results: Most studies showed a deterioration in sexual function after therapy, often associated with physical symptoms and body image disorders. Across European and MENA contexts, convergent patterns emerged, while region-specific differences were less clearly delineated.

Conclusions: The analysis of studies considered highlights the importance of implementing appropriate psychosexual support interventions in cancer follow-up protocols. The findings support the need for early, structured, and multidisciplinary psychosexual interventions. A conceptual psycho-oncological-sexological care model is proposed as a hypothesis-generating framework for future clinical research and practice, aiming not only to address sexual health but also to enhance overall well-being.

Keywords: Europe; Mena; gynecological cancer; quality of life; sexual function; sexuality.

Meta-Analysis Sex Med Rev. 2026 Jan 5;14(1):qeag013. doi: 10.1093/sxmrev/qeag013.

Radiofrequency versus vaginal estrogen for menopausal sexual dysfunction: a systematic review and meta-analysis of randomized clinical trials

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Abstract

Introduction: Genitourinary syndrome of menopause (GSM) is a prevalent condition among postmenopausal women, often leading to sexual dysfunction and significantly impacting quality of life. While vaginal estrogen is the standard treatment, alternatives are needed for those who cannot or prefer not to use hormonal therapies.

Objectives: This study aims to evaluate the efficacy of radiofrequency (RF) compared with vaginal estrogen in treating sexual dysfunction in postmenopausal women with GSM.

Methods: A systematic search was conducted in PubMed, Embase, and Cochrane Library up to June 2025. Only randomized controlled trials (RCTs) comparing vaginal RF to vaginal estrogen in postmenopausal women with sexual dysfunction were included. Risk of bias was assessed using the Cochrane Risk of Bias 2 tool and certainty of evidence was evaluated using the Grading of Recommendations, Assessment, Development, and Evaluation approach.

Results: Four RCTs comprising 156 participants were included in the analysis. All trials evaluated sexual function using the Female Sexual Function Index (FSFI), which ranges from 2 to 36, with higher scores indicating better sexual function. The meta-analysis showed that RF improved FSFI total score by 4.85 points compared to vaginal estrogen (95% CI 0.04 to 9.67; $P = .05$). However, no significant differences were observed in the FSFI domains (desire, arousal, lubrication, orgasm, satisfaction, and pain).

Conclusion: RF appears to be a non-hormonal and potentially promising alternative to vaginal estrogen for managing sexual dysfunction in women with GSM, although its long-term durability requires further investigation.

Keywords: Female Sexual Function Index; genitourinary syndrome of menopause; non-hormonal therapy; postmenopausal women; radiofrequency; sexual dysfunction; vaginal estrogen.

Review Int J Gynaecol Obstet. 2026 Mar 3. doi: 10.1002/ijgo.70887. Online ahead of print.

Hyaluronic acid for vaginal health and quality of life in postmenopausal women: A systematic review and meta-analysis of randomized controlled trials

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Abstract

Introduction: Postmenopausal women often experience genitourinary symptoms that affect the quality of life (QoL), including dryness in vaginal, atrophy and sexual dysfunction. Pharmacists, as frontline healthcare practitioners, are essential in advising on safe and effective non-hormonal alternatives such as hyaluronic acid (HA); yet, its effects on tolerance and QoL have not been extensively assessed via meta-analysis.

Methods: We conducted a prospective systematic review and meta-analysis of randomized controlled trials (RCTs) to evaluate the efficacy, safety, and tolerability of HA in improving QoL among postmenopausal women. Only prospective, parallel-group or single-group RCTs were included; no

retrospective, cohort, case-control, or non-randomized studies were considered. Eleven studies meet the inclusion criteria in two evidence tiers: placebo-controlled RCTs for primary outcomes and comparative studies. Primary results were vaginal dryness-related QoL and female sexual function index. Vaginal health index (VHI) and tolerability/safety were designated as secondary outcomes. The risk of bias and GRADE assessments were applied.

Results: Three placebo-controlled RCTs showed significant improvements in VHI, vaginal dryness-related QoL, and FSFI (with standardized mean difference [SMD] = 3.40, 95% confidence interval [CI]: 2.73 to 4.06; $P < 0.00001$, SMD = -0.98, 95% CI: -1.24 to -0.71; $P < 0.00001$, and SMD = 0.85, 95% CI: 0.50 to 1.20; $P < 0.00001$), respectively. In comparative studies, HA was not found to be inferior to active comparators. No serious adverse events were reported (relative risk =

0.35; 95% CI: 0.10 to 1.23; $P = 0.10$), with moderate heterogeneity ($I^2 = 52\%$), and treatment discontinuations were minimal. GRADE evaluation rated the evidence as moderate for vaginal dryness and FSFI but low for VHI and safety outcomes due to heterogeneity and publication bias concerns.

Conclusion: Hyaluronic acid is a safe and effective non-hormonal treatment for vulvovaginal discomfort in postmenopausal women, with moderate-quality evidence supporting its benefits for sexual function and QoL. While these findings are encouraging, the variability between research emphasizes the need for more standardized formulations, treatment protocols, and long-term evaluations.

Keywords: hyaluronic acid; meta-analysis; postmenopausal women; quality of life; randomized controlled trials; systematic review; tolerability

The Anthropology of Sex, Marriage, and Fertility

The Mosuo of Southwest China: When Marriage Does Not Mean Living Together

Ahmad Majzoub, MD

The Mosuo are a small ethnic community living mainly around Lugu Lake in southwest China, on the border between Yunnan and Sichuan. They are often discussed in anthropology because of their distinctive family system and relationship pattern, sometimes referred to as **“walking marriage.”** For readers interested in sexual medicine, the Mosuo offer a fascinating example of how intimacy, partnership, family life, and reproduction do not always follow the familiar model of a married couple living together in one household.

The best-known Mosuo tradition is often described as walking marriage, although that term can be somewhat misleading. In this system, a man may visit his partner at night,

but the couple does not necessarily establish a shared home. Some of these relationships may last for years and may be stable and meaningful, yet they are not based on the usual idea of marriage as a formal union in which a husband and wife live together and manage a single household.

This system can only be understood within the wider Mosuo family structure. Family line and inheritance have traditionally been traced through the mother’s side. Women usually remain in their mother’s family home together with sisters, children, and older relatives. Men also remain closely connected to their own mother’s family home rather than moving permanently into their partner’s household. As a result, childcare, daily life,



and economic responsibilities are centered less on the couple and more on the extended family on the mother's side. In many traditional descriptions, the mother's brothers also played important family roles, although this may be changing in some communities today.

From the perspective of reproduction and family life, the Mosuo are especially interesting because they challenge the common assumption that stable childrearing must be built around a husband-and-wife household living together. Instead, children are raised within the mother's extended family, which provides continuity and support. At the same time, the Mosuo are sometimes portrayed in popular media in an overly romantic or sensational way, as if their society represents unlimited sexual freedom. This is not accurate. Their customs are part of a broader social system shaped by family roles, inheritance, household structure, and community expectations, and like many traditional communities, Mosuo society has also been influenced by modernization, tourism, and social change.

For a sexual medicine audience, the Mosuo example is a useful reminder that sexuality cannot be separated from family structure and social organization. Ideas such as partnership, fatherhood, co-residence, fidelity, and family stability may seem universal, but in reality they are understood differently across cultures.

In summary, the Mosuo show that intimacy, reproduction, and family life can be organized in ways that differ greatly from the conventional model of marriage, while still functioning as a stable social system.



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Have you read!

Low-intensity shockwave therapy in men's health: Insights from a systematic review on erectile dysfunction and CP/CPPS in the Middle East

Ahmad Majzoub, Mohamed Arafa, Osama Shaeer, Ahmed Loghmari, Amr Abdelhamed, Mohamed Wael Ragab, Haitham Elbardisi

Arab Journal of Urology 2026. <https://doi.org/10.1080/20905998.2025.2611547>

A publication from the Research Committee of the Middle East Society for Sexual Medicine (MESSM).

This systematic review from the MESSM Research Committee examines the evidence on low-intensity shockwave therapy (LiSWT) for two important areas in men's health: erectile dysfunction and chronic prostatitis/chronic pelvic pain syndrome in the Middle East. The review included 14 prospective studies, comprising 7 randomized trials, 2 non-randomized comparative studies, and 5 observational studies. Ten studies focused on erectile dysfunction and four on CP/CPPS, while no eligible regional studies on Peyronie's disease were identified.

Overall, the review found that LiSWT showed promising results in both conditions, with several studies reporting improvements in erectile function scores, erection hardness, pain, urinary symptoms, and quality of life. In erectile dysfunction, better outcomes were generally seen in younger men, those with milder disease, and those with shorter symptom duration. In CP/CPPS, improvements were reported across multiple symptom domains, with some studies suggesting that benefits may persist for several months. At the same time, the authors emphasize that the evidence remains inconsistent, especially for erectile dysfunction, where sham-controlled studies showed mixed durability and some trials found outcomes comparable to PDE5 inhibitors rather than clearly superior.

A major strength of this review is its regional focus. LiSWT is widely used across the Middle East and often heavily marketed despite ongoing uncertainty in international guidelines. By examining data generated within the region, the paper provides a more relevant perspective for local clinicians and highlights the gap between growing clinical use and the still-limited quality of supporting evidence. Just as importantly, the review draws attention to marked variability in treatment protocols, devices, energy settings, and follow-up schedules, making it difficult to compare studies or define an optimal regimen.

This paper offers a balanced message for practice: LiSWT remains an attractive non-invasive option, particularly for selected patients with erectile dysfunction or CP/CPPS, but its use should remain thoughtful and individualized. Larger randomized studies and

more standardized treatment protocols are still needed before stronger recommendations can be made.

Take-home message: This MESSM Research Committee review shows that LiSWT is a promising but still evolving therapy in men's health, with encouraging regional data in ED and CP/CPPS, but ongoing uncertainty regarding durability, standardization, and patient selection.

Use of oral phosphodiesterase type-5 inhibitors before penile prosthesis implantation: Duration, predictors, and clinical insights

Onder Cangüven, Ahmed Al Saeedi, Khalid AlKubaisi, Ahmad AlMalki, Kareim Khalafalla, Nadir Fadöl, Ahmad Majzoub

Archivio Italiano di Urologia e Andrologia 2025; 97(4):14606.

A common question in the management of erectile dysfunction is how long men typically remain on phosphodiesterase type-5 inhibitors before moving to penile prosthesis surgery. Although oral therapy remains the first-line treatment for many patients, real-world data on the time interval before surgery are limited. This study helps address that gap and provides practical information that may support patient counseling and treatment planning.

In this retrospective series, the authors reviewed men with erectile dysfunction who began PDE5 inhibitor therapy and later underwent penile prosthesis implantation between January 2019 and August 2022. The study included 98 patients with a mean age of 56.1 years, most of whom had medical comorbidities, particularly diabetes and hypertension. The mean duration from starting PDE5 inhibitors to penile prosthesis surgery was 34.9 months, with a median of 29 months, suggesting that many men remained on oral therapy for about three years before proceeding to surgery. Most patients ultimately received an inflatable prosthesis.

When patients were divided into earlier and later surgery groups based on the median interval of 29 months, lower total testosterone levels were associated with earlier transition to penile prosthesis implantation. In contrast, common comorbidities and laboratory variables such as diabetes, hypertension, smoking status, HbA1c, and lipid profile were not significantly associated with timing of surgery. These findings raise the possibility that hormonal status may influence long-term response to medical therapy and the decision to proceed with surgical treatment.

From a practical perspective, the paper offers two useful messages. First, it gives clinicians a more realistic time frame when counseling patients about how long oral therapy may remain effective before penile prosthesis implantation becomes necessary.

Second, it reinforces the importance of hormonal assessment, particularly testosterone evaluation, in men with erectile dysfunction who are being followed on PDE5 inhibitors. As with any retrospective study, the results should be interpreted with caution. The analysis included only men who eventually underwent surgery, and the exact reasons for discontinuing oral therapy were not always fully documented. Even so, the study offers a valuable real-world glimpse into treatment progression in men with erectile dysfunction.

Take-home message: In this cohort, men underwent penile prosthesis implantation about three years after starting PDE5 inhibitors, and lower testosterone levels were associated with earlier surgery.

Shaeer's corporotomy closure technique for safer suturing of the corpora: a randomized controlled study

Osama Shaeer, Kamal O.K.M. Shaeer Jr., Kamal Shaeer

Int J Impot Res. 2026 Feb 16. doi: 10.1038/s41443-026-01225-8.

Corporotomy closure during inflatable penile prosthesis implantation can be challenging. Formal suturing may improve hemostasis, but it also raises concern about accidental needle injury to the cylinders. In this randomized controlled study, Shaeer and colleagues evaluated a simple modification designed to make corporotomy suturing safer by everting the corporotomy edges away from the implant.

The study included 32 men undergoing primary three-piece inflatable penile prosthesis implantation. Patients were randomized either to standard closure by tying pre-placed stay sutures or to Shaeer's Corporotomy Closure Technique, which used horizontal mattress sutures to evert the edges before closure. Operative time was slightly shorter in the control group, but the new technique was associated with markedly lower drain output and fewer hematoma-related postoperative events. No intraoperative complications, infections, or device failures were reported during follow-up.

This paper is appealing because it addresses a very practical surgical problem with a straightforward technical adjustment. The proposed method appears to improve visibility of the corporotomy edges and may allow safer suturing while preserving the hemostatic benefit of formal closure. Although the study is small and from a single center, it offers a useful technical idea that may be relevant to prosthetic surgeons seeking to reduce postoperative bleeding without increasing risk to the device.

Take-home message: Shaeer's Corporotomy Closure Technique may offer a safer and more hemostatic way to close corporotomies during inflatable penile prosthesis implantation, with less drain output and fewer hematoma-related events, at the cost of slightly longer operative time.

MCQs:

1. A 49-year-old woman presents with low sexual desire that is distressing and persistent. She also reports relationship strain, sleep disturbance, and recent SSRI initiation. Which is the best next step?

 - A. Diagnose HSDD and start testosterone
 - B. Diagnose female orgasmic disorder because relationship factors are present
 - C. Perform a biopsychosocial assessment
 - D. Prescribe vaginal estrogen
2. A couple presents because the male partner's ED is worsening communication and leading to avoidance of intimacy. The patient asks whether partner involvement is actually useful or just optional. Which is the best answer?

 - A. Partner involvement should be avoided to preserve confidentiality
 - B. Partner involvement may be clinically useful because relational factors can affect both symptoms and treatment success
 - C. Partner involvement is relevant after failure of PDE5 inhibitors
 - D. Partner involvement is appropriate when a formal psychiatric diagnosis is present
3. A 62-year-old man with erectile dysfunction has stable exertional angina and uses sublingual nitroglycerin for symptom relief. He asks for tadalafil. Which is the most appropriate response?

 - A. Prescribe tadalafil because PRN nitrates are safer than regular nitrates
 - B. Avoid PDE5 inhibitors while nitrate therapy remains part of his management
 - C. Prescribe tadalafil and advise separation from nitroglycerin by 6 hours
 - D. Use sildenafil instead because its shorter half-life removes the interaction concern
4. A 35-year-old man presents with acquired premature ejaculation over the past 8 months. He reports increasing difficulty maintaining erections during partnered sex but not during masturbation. Which is the best next step?

 - A. Start dapoxetine
 - B. Reassure him that acquired PE is usually benign
 - C. Evaluate erectile function before finalizing treatment
 - D. Start topical anesthetic therapy

5. Which feature most strongly distinguishes a paraphilic disorder from an atypical but non-disordered sexual interest?
- A. The interest has been present for more than 6 months
 - B. The interest is unusual compared with population norms
 - C. The interest causes marked distress/impairment or involves non-consenting individuals
 - D. The person prefers fantasy to partnered sex

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Can insomnia affect sexual life?
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تناول البقوليات لتحسين صحتك الجنسية
 البقوليات غنية بالزنك والمغنيسيوم والبروتين النباتي وفيتامينات ب،
 وهي عناصر غذائية تدعم توازن الهرمونات، وتدفع الدم الصحي،
 والطاقة المستخدمة لتحسين القدرة على التحمل والأداء.





وقت الأسئلة والأجوبة
Q & A time

س: هل يمكن الحمل من المذي؟
Q: Can you get pregnant from pre-ejaculatory fluid?

ج: نعم، من الممكن الحمل من المذي لأنه قد يحتوي على حيوانات منوية
 تدخل المهبل وتخصب البويضة.

A: Yes, it's possible to get pregnant from pre-ejaculatory fluid
 because it can contain sperm that enters the vagina and
 fertilizes an egg.





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**Do you skip public washrooms
 out of UTI panic?**

Urinary tract infections (UTIs) are not
 caused by simply sitting on a toilet seat.
 Let's talk a closer look on this subject.




Local Affiliations



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

Past Events

MESSM Webinar

The Testosterone Spectrum: From Biosynthesis To Replacement & Misuse

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

Thank you to our distinguished speakers and participants for making this MESSM webinar an exceptional session, bringing together leading experts in the field.



In general, experience with CC has been positive, albeit in the setting of short duration therapy. Guay *et al.* presented their experience with patients managed on CC for 8 weeks

The authors noted statistically significant increases in LH, FSH and T levels, although patients did not report subjective improvements in sexual function

Guay AT, *et al.* Clin Endocrinol (Oxf) 2005; 62: 354B - 52

Do AAS abusers seek medical help ?

• 36 studies, involving 10,101 AAS users

27%	AAS users seeking support from physicians
10%	Australia
10%	needle and syringe exchange
10%	adviserent AAS users
10%	Africa, Middle East and Asia

Mood and cognition

- Several observational studies documented a relationship between depressive symptoms and hypogonadism (Jovanovic, F.J. 2011; Evans, J.B. 2014).
- Only a few placebo-controlled RCTs have investigated the role of testosterone therapy in improving depressive symptoms.
- Trials showed that testosterone therapy improved mood and depressive symptoms (Brewer, F.J. 2014). However, the final effect was small in magnitude.
- The largest meta-analysis of available studies, including 3,800 hypogonadal men (TT < 1.2 nmol/L or FT < 225 pmol/L) from 27 RCTs, documented that the positive effect of testosterone therapy was particularly evident in patients with milder symptoms (Jovanovic, A. 2015).

Testosterone Metabolism

- Aromatization by cytochrome P450 enzyme (CYP19) "aromatase enzyme" to produce C18 estradiol
- Reduction by 5α(alpha) reductase enzyme to 5α(alpha) dihydrotestosterone (DHT) "The active form of testosterone"
- Degradation in the liver and ultimately be excreted by the kidneys

Past Events



Thank you to our distinguished speakers and all participants for making the MESSM webinar on "Sexual Health in Oncology: A Multidisciplinary Responsibility" an exceptional and insightful session.



Prevalence of ED following radiation

Post-external beam ED rates range from **6% to 84%**
 Post-brachytherapy ED rates are reported from **0% to 51%**.6

Significant variability

- Differences in follow-up duration
- Methodology
- Radiation modality.

Saturation Model

- AR saturation occurs at ~250–300 ng/dL
- Increasing T above this does not increase proliferation
- Large cohort/meta-analyses: no link between endogenous T and PCa

Endogenous sex hormones and prostate cancer: a collaborative analysis of 18 prospective studies. *J Natl Cancer Inst*. 2008;100(3):170–183.

Learning Objectives

1. Analyze **sexual dysfunction** as a cumulative, treatment-related toxicity
2. Understand the **sexual and reproductive impact of breast-conserving surgery with radiation**
3. Integrate **temporary vs definitive castration** into assessment
4. Address **fertility preservation** in non-menopausal survivors
5. Recognize **psychosocial challenges**, including stigma, partner loss, and gendered relational barriers
6. Apply **structured counseling** and management pathways

GLOBAL SEXUAL HEALTH GUIDELINES IN ONCOLOGY

Guideline Recommendations
 Global guidelines recommend non-hormonal therapies as first-line treatment for vaginal dryness in cancer survivors.

Management of Sexual Pain
 Sexual pain disorders treated with vaginal dilators, pelvic physiotherapy, CST, and relationship counseling.

Male Sexual Dysfunction
 PDE5 inhibitors are recommended for erectile dysfunction in male cancer survivors as per guidelines.

Communication and Barriers
 Guidelines emphasize proactive, sensitive discussions on sexual health despite provider discomfort and training gaps.

Past Events



We were pleased to participate in this highly valuable congress that brought together leading experts for insightful discussions and meaningful scientific exchange.



Past Events



We are proud to highlight the recognition of distinguished MESSM members whose work continues to shape the field. We extend our sincere appreciation to International Society for Sexual Medicine and all contributors, and look forward to welcoming the global community in Cairo, October 2027.



Past Events



27TH WMSM 27TH WORLD MEETING ON SEXUAL MEDICINE
WORLD MEETING ON SEXUAL MEDICINE
25-26 February | Porto, Portugal

MESSM Session - How to Optimize Surgical Care for Men with Severe Vasculogenic ED Unresponsive to Medical Management

Wednesday 25 Feb 2026 | 4:30 PM | Infante Hall



Past Events

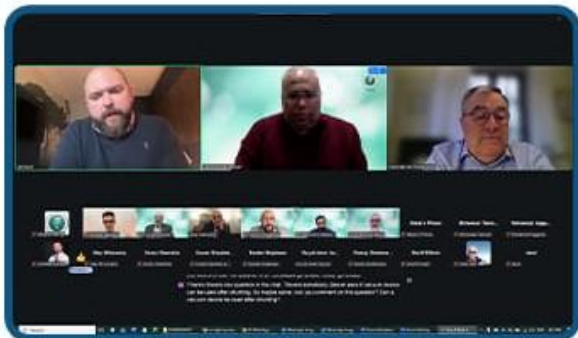
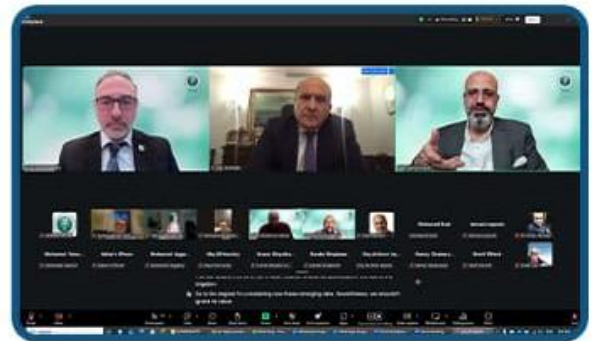
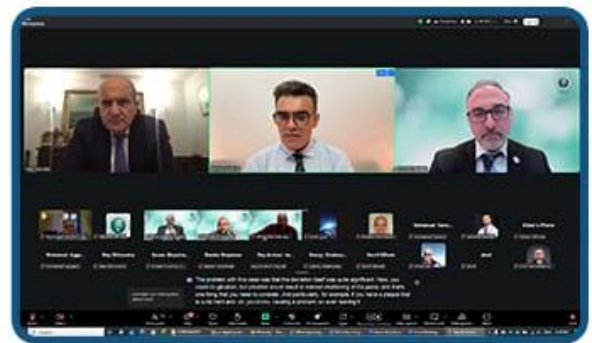
MESM WEBINAR
Challenging Cases in Penile Prosthesis Surgery
Round Table & Case Discussion
Sunday 29 March 2026
7:00 PM Cairo Time



The laptop screen shows a slide titled "Advanced Penile Prosthesis Surgery". It features two diagrams: "Physical Device Components" showing yellow and silver parts, and "System Integration" showing a cross-section of the penis with the implant components labeled: Reservoir full, Flaccid Cylinder empty, Sertoli, and Pump bulb. Below the diagrams are the labels "Component States and Assembly" and "System Integration".

  Boston Scientific
Advancing science for life™

This webinar was a remarkable success, bringing together leading experts for a high-level and insightful scientific exchange. Our sincere appreciation to the distinguished speakers for their exceptional contributions, and to all participants whose engagement made this session truly impactful.



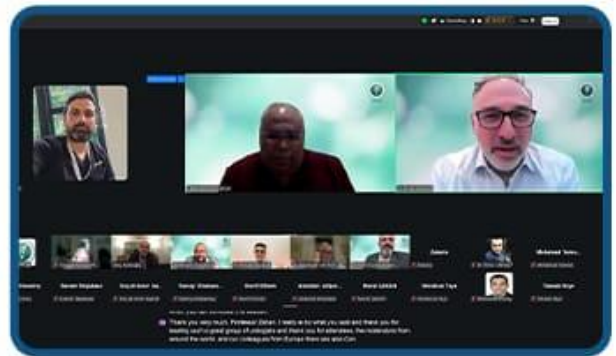
Past Events

MESSEM WEBINAR

Challenging Cases in Penile Prosthesis Surgery Round Table & Case Discussion

Sunday 29 March 2026
7:00 PM Cairo Time

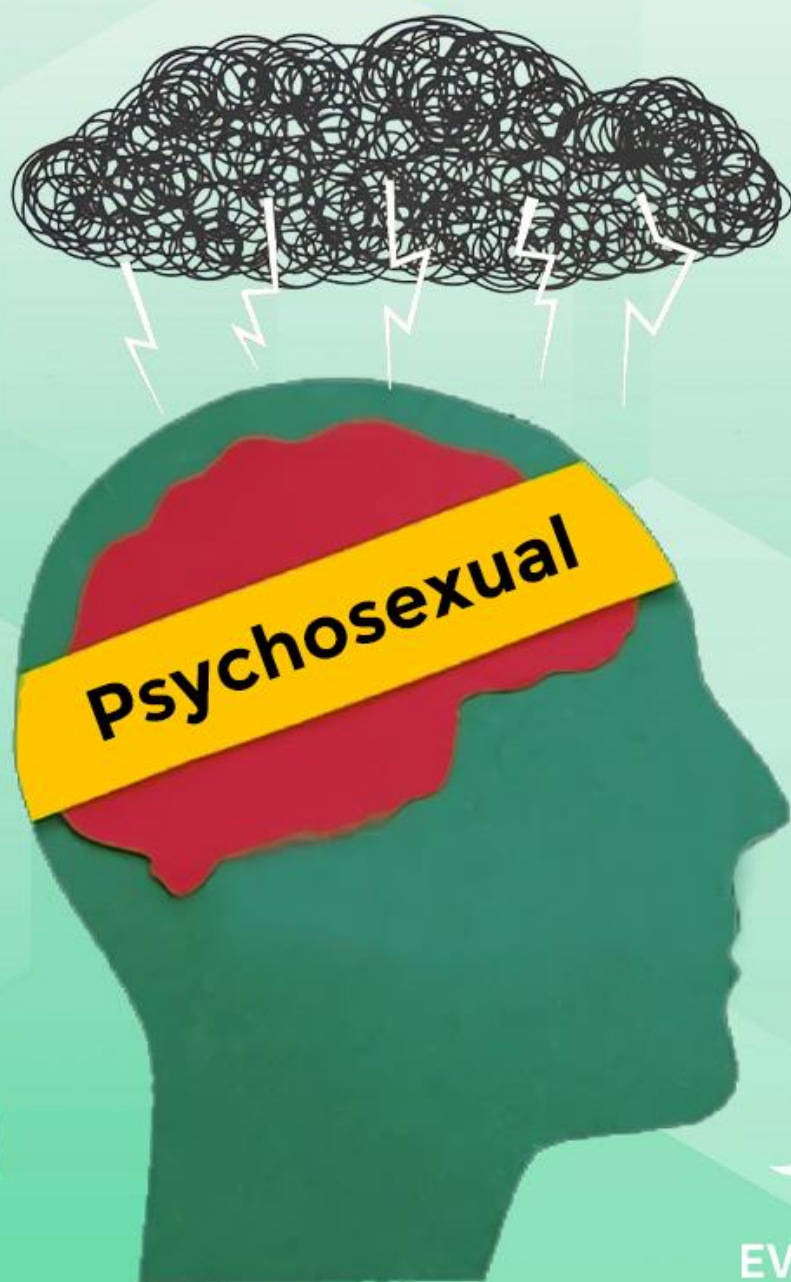
The laptop screen shows a slide titled "Advanced Penile Prosthesis Surgery". It features two diagrams: "Physical Device Components" showing the pump, reservoir, and cylinders, and "System Integration" showing the implant placed within the penile anatomy. Labels include "Reservoir", "Flaccid Cylinder empty", "Pump bulb", and "Sertoli".



Upcoming Events

MESSM Psychosexual Webinar 2026

Coming Soon



MESSM



EVA PHARMA

Upcoming Events

iuccc **INTERDISCIPLINARY
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Professional Growth**



**Networking
Opportunities with
Global Leaders**

Upcoming Events

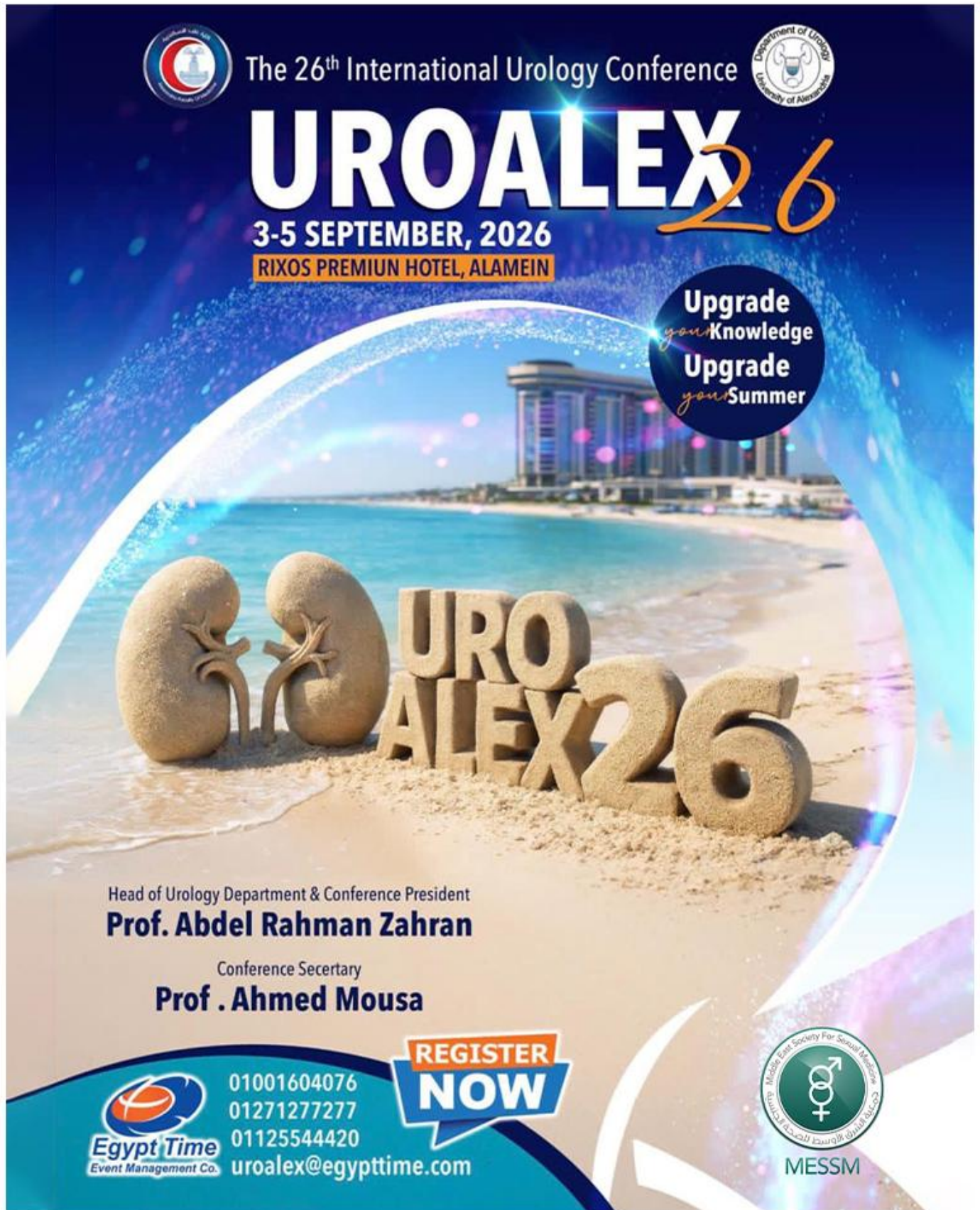
**MESSM School
of Surgery 2026
Coming Soon**



Upcoming Events



Upcoming Events



The 26th International Urology Conference

UROALEX 26

3-5 SEPTEMBER, 2026
RIXOS PREMIUN HOTEL, ALAMEIN

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Upgrade your Summer

Head of Urology Department & Conference President
Prof. Abdel Rahman Zahran

Conference Secretary
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The poster features a vibrant background with a rainbow and a beach scene. In the foreground, two sand sculptures of kidneys stand next to large sand letters spelling 'UROALEX 26'. Logos for the Department of Urology, University of Alexandria, and the MESSM are visible in the corners.

Upcoming Events



**28th
World
Meeting
On Sexual
Medicine**

**26 - 28
October 2027
Cairo, Egypt**



Upcoming Events

MESSM GAP-YEAR
CONGRESS 2026

STAY

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