

**MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE**



MESSM's Quarterly

Newsletter

**Volume 5, Issue 3
September 2026**

Table of Contents

3	Letter from the president
4	Welcome letter
5	Honorary Members
6	Board of Directors
7	Committee Members
9	Abstracts in Peer Reviewed Journals
23	The Anthropology of Sex, Marriage and Fertility
25	Have You Read!
30	MCQS
32	MESSM Membership
33	Local Affiliation
34	Social Media Posts
35	Congratulations – Dr. Omer Raheem
37	Past Events
50	Upcoming Events
56	Our website
57	Follow Us

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.



Professor Dr. Abdel Rahman 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

Chair of the Newsletter Committee

Honorary Members



Amr El-Meliegy
Founder - 2010



Ahmed El-Sakka
President - 2013



Tarek Anis
President - 2015



Abdulaziz Baazeem
President - 2017



Talal Merdad
President - 2019



Jawad Feghali
President - 2022



Osama Shaeer
President - 2024



Abdel Rahman Zahran
President - 2026

Board Of Directors



Dr. Abdel Rahman Zahran
President



Dr. Osama Shaeer
Past President



Dr. Mohamed Arafa
President Elect



Dr. Ahmad Majzoub
Secretary General



Dr. Omer Raheem
Treasurer

Ordinary Directors



Dr. Ahmed
Ragheb



Dr. Kareim
Khalafalla



Dr. Naser
Alfagi



Dr. Wafaa
El Tantawy

Committee Members

Scientific Committee



Chair
Mohammed Abdel Rassoul
Egypt



Atia Attaky
Egypt



Dulaim AlHajeri
Kuwait



Manaf Al Hashimi
UAE



Maged Ragab
Egypt



Mehdi Abdoly
Iran



Ons Kaabia
Tunisia

Education Committee



Chair
Ons Kaabia
Tunisia



Ahmed Abozeid
Egypt



Amr Raheem
Egypt



Doaa Elkowessny
Egypt



Ekram Tayyib
Saudi Arabia



Mohammed Alenzi
Saudi Arabia



Mohammed Issa
Egypt



Mohamed Hasan
Egypt



Nahla Ahmed Seyam
Egypt



Omar Banamah
Saudi Arabia



Omar Elsoghier
Egypt



Wafaa Eltantawy
Egypt

Committee Members

Communication Committee



Chair
May ElHosseiny
UAE



Advisor
Kareim Khalafalla
Qatar



Anas Hasan
Iraq



Aziza El Gabbas
Egypt



Mohamed Elsayy
Egypt



Mitra Abdoli
Iran



Nawal Al Mahyijari
Oman

Research Committee



Chair
Mohamed Wael Ragab
Egypt



Ahmed Loghmari
Tunisia



Aykut Demirci
Türkiye



Ehab Mohammad
Iraq



Hattan Badr
Saudi Arabia



Galal Elshorbagy
Egypt



Mohamed Abdallah
Egypt



Mina Saad Labib
Egypt



Rahma Faysal Tlili
Tunisia

Abstracts in Peer Reviewed Journals

Premature Ejaculation

**J Sex Med. 2026 Sep 14;23(10):qdag284.
doi: 10.1093/jsxmed/qdag284.**

Clinical outcomes of selective dorsal cryoneurolysis in patients with lifelong premature ejaculation: a retrospective cohort of 108 men

Yasar Basaga¹, Ahmet Tevfik Albayrak², Zulfu Sertkaya³, Ege Can Serefoğlu⁴

Affiliations

¹ School of Medicine, Urology Department, Nisantasi University, Istanbul, 34398, Turkey.

² Sisli Hamidiye Etfal Training and Research Hospital, Urology Department, University of Health Sciences, Istanbul, 34396, Turkey.

³ Zulfu Sertkaya Men's Health Clinic, Istanbul, 34010, Turkey.

⁴ School of Medicine, Urology Department, Biruni University, Istanbul, 34295, Turkey.

Abstract

Background:

Selective dorsal cryoneurolysis (SDC) is a minimally invasive, potentially reversible neuromodulatory intervention for men with lifelong premature ejaculation (PE) refractory to conventional therapy.

Aim:

To evaluate the efficacy, safety, and objective sensory effects of SDC in men with lifelong PE.

Methods:

This retrospective cohort included 108 men with lifelong PE (mean age 40.4 ± 11.6 years; body mass index 25.5 ± 3.2 kg/m²) who underwent SDC between January 2024 and January 2025. All reported stopwatch-measured intravaginal ejaculatory latency time (IELT) <1 min, normal erectile function, and inadequate response to pharmacological and behavioral treatment. Intravaginal ejaculatory latency time, Premature Ejaculation Diagnostic Tool (PEDT), Premature Ejaculation Profile (PEP), penile vibration-perception thresholds (biothesiometry), adverse events, and treatment failure were assessed to 12 months. Complete data were available for all patients, with no loss to follow-up. Normality was tested with Shapiro-Wilk; changes over time were analyzed with Wilcoxon signed-rank and paired t-tests and the Friedmantest.

Outcomes:

The primary outcome was change in IELT; secondary outcomes were PEDT and PEP scores and adverse events.

Results:

Geometric-mean IELT rose from 54.4 s (95% confidence interval [CI], 45.8-64.5) to 231.3 s at 12 months (95% CI, 209.1-256.0)-an approximately 4-fold improvement first reached by month 3 and sustained thereafter ($P < .001$). Premature Ejaculation Diagnostic Tool decreased from 14.3 ± 2.3 to 8.4 ± 2.1 and the total PEP score increased from 6.0 ± 2.0 to 11.6 ± 2.4 (both $P < .001$). Penile thresholds rose from ~ 4.5 to ~ 10.7 V at all sites ($P < .001$), confirming objective desensitization. Procedure-related discomfort occurred in 8/108 patients (7.4%), all mild and self-limiting, and persistent PE in 11/108 (10.2%); 82/108 (75.9%) underwent a second and 22/108 (20.4%) a third session. No erectile dysfunction,

anorgasmia, persistent numbness, or infection occurred.

Clinical implications: Selective dorsal cryoneurolysis provides significant, sustained improvements in ejaculatory latency and patient-reported outcomes without compromising sexual function, although approximately one in ten patients did not achieve a meaningful response.

Strengths and limitations: Strengths include a relatively large cohort, standardized outcome measures, and objective sensory (biothesiometry) testing. Limitations include the retrospective, uncontrolled, non-randomized design, and the absence of partner-reported outcomes.

Conclusions:

Selective dorsal cryoneurolysis appears to be a safe, effective, minimally invasive, and potentially reversible option for refractory lifelong PE, positioned between pharmacotherapy and permanent neurotomy. It remains investigational, and prospective randomized controlled trials are warranted to confirm long-term durability and comparative efficacy.

Keywords:

cryoablation; dorsal penile nerve; lifelong premature ejaculation; neuromodulation; penile hypersensitivity; premature ejaculation; selective dorsal cryoneurolysis.

Int J Impot Res. 2026 Sep 21. doi: 10.1038/s41443-026-01358-w. Online ahead of print.

Masturbation grip strength and perceived intravaginal pressure differential are associated with self-estimated intravaginal ejaculation latency time: a retrospective study

Hui Zhang ^{1 2}, Chunlin Wang ^{1 2 3}, Dake Zhu ^{1 2}, Andrea Sansone ², Elena Colonnello ², Tommaso B Jannini ⁴, Emmanuele A Jannini ⁵, Hui Li ⁶, Yan Zhang ⁷

Affiliations

¹ Department of Infertility and Sexual Medicine, Third Affiliated Hospital of Sun Yat-sen University, Guangzhou, China.

² Section of Endocrinology and Medical Sexology (ENDOSEX), Dept. of Systems Medicine, University of Rome Tor Vergata, Rome, Italy.

³ Department of Urology, The First Affiliated Hospital of Shandong First Medical University & Shandong Provincial Qianfoshan Hospital, Jinan, China.

⁴ Department of Experimental Medicine, University of Rome Tor Vergata, Rome, Italy.

⁵ Chair of Endocrinology and Medical Sexology (ENDOSEX), Dept. of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy. eajannini@gmail.com.

⁶ Shenzhen Institutes of Advanced Technology, Chinese Academy of Sciences, Shenzhen, China. lihui2@sztu.edu.cn.

⁷ Department of Infertility and Sexual Medicine, Third Affiliated Hospital of Sun Yat-sen University, Guangzhou, China. zhxml@sina.com.

Abstract

Although masturbation is common, the association between masturbation-related behaviors and self-estimated intravaginal ejaculation latency time (sIELT) has not been studied. This single-centre retrospective study examined associations between sIELT and masturbatory parameters in 470 male clinic attendees (January 2020-March 2022). sIELT was dichotomised as ≤ 3 vs > 3 min ($n = 322$ vs 148). Masturbatory grip strength and perceived intravaginal pressure were quantified with a blood-pressure cuff (mmHg; three trials averaged); their differential (G-I) was derived. Hand position was pre-specified as P1-P2 (glans-

dominant), P3-P5 (shaft-dominant), or P1-P5 (full-length). The primary analysis used multivariable logistic regression adjusting for age and body mass index (BMI); exploratory sensitivity analyses are reported in the Supplementary Appendix. Compared with the ≤ 3 -min group, the > 3 -min group had higher G-I (median 5.5 vs 0 mmHg; $p < 0.001$). Group differences were not significant for grip strength ($p = 0.06$), perceived intravaginal pressure ($p = 0.06$), monthly frequency ($p = 0.58$), duration ($p = 0.31$), or age at onset ($p = 0.05$). Shaft-dominant masturbation was more frequent in the > 3 -min group (55.4 vs 31.4%; $p < 0.001$) and full-length less frequent (32.4 vs 49.7%; $p < 0.001$). In multivariable logistic regression adjusted for age and BMI, each 10-mmHg increase in G-I was associated with higher odds of sIELT > 3 min (adjusted OR 1.27, 95% CI 1.11-1.44; $p < 0.001$), and shaft-dominant masturbation was associated with higher odds of sIELT > 3 min than full-length masturbation (adjusted OR 2.76, 95% CI 1.77-4.30; $p < 0.001$). Sensitivity analyses supported the robustness of the main findings; conclusions remain regression-based.

Female Sexual Dysfunction

**J Sex Med. 2026 Sep 14;23(10):qdag279.
doi: 10.1093/jsxmed/qdag279.**

Chronic abdominal pain and dyspareunia in endometriosis: pain therapy with a nerve and muscle stimulation device with biofeedback function

Victoria Braml¹, Sonja Soeder¹, Sandra Bock¹, Yasmin El-Nahry¹, Lena Hofmann¹, Renata Voltolini Velho¹, Jalid Sehoul¹, Sylvia Mechsner¹

Affiliation

¹ Department of Gynecology Charité with Centre of Oncological Surgery, Endometriosis Research Centre Charité, Campus Virchow-Klinikum, 13353 Berlin, Germany.

Abstract

Introduction:

Endometriosis (EM) is frequently associated with chronic pelvic pain (CPP) and dyspareunia, often linked to secondary pelvic floor dysfunction and hypertonicity. To evaluate whether the use of an intravaginal electromyography (EMG) biofeedback and electrostimulation device reduces pain and improves quality of life in patients with EM.

Methods:

In this prospective single-arm-real-world clinical study, 201 women with endometriosis used a home-based intravaginal device for three months (up to eight sessions per week). The intervention included two programs: (1) electrical stimulation via a vaginal probe and (2) an EMG biofeedback program for monitoring and training pelvic floor muscle activity. Sessions lasted 30 minutes and intensity was self-adjusted. Pain outcomes were assessed before and after treatment using standardized scales. Paired comparisons were analyzed using the Wilcoxon signed-rank test, and linear regression was used to evaluate associations between frequency of device use and treatment outcomes. The primary outcomes were changes in pelvic floor pain and dyspareunia, with secondary outcomes including dysmenorrhea, dysuria, dyschezia, and cyclic or acyclic abdominal pain.

Results:

Of the 201 participants, 107 completed the study and 94 dropped out. Pelvic floor pain decreased significantly from 6.0 [3.75-7.25] at baseline to 1.5 [0.0-5.0] after three months ($P < .001$), and

dyspareunia decreased from 7.0 [5.0-8.25] to 5.0 [3.0-7.25] ($P < .001$). Improvements were also observed in dysmenorrhea ($P = .037$) and dysuria ($P = .014$). No significant changes were found in cyclic or acyclic abdominal pain or dyschezia ($P > .05$). Participants using the device more than three times per week experienced greater reductions in dyspareunia ($B = -1.27$, 95% CI [-2.38 to -0.21]) compared to those with lower usage, while pelvic floor pain improvements were similar across usage groups.

Discussion:

Home-based intravaginal EMG biofeedback and electrostimulation may represent a supportive therapeutic option for managing pelvic floor-related pain in EM patients. The prospective design and assessment of a home-based intervention in a real-world setting enhance the clinical relevance of the findings. However, the single-arm design without a control group, the relatively high dropout rate, and the reliance on self-reported outcomes should be considered when interpreting the results. Home-based use of an established CE-certified EMG biofeedback and electrical stimulation device was associated with significant improvements in pelvic floor pain and dyspareunia in women with endometriosis. Controlled studies are warranted to confirm these findings and establish efficacy.

Keywords:

dyspareunia; endometriosis; pelvic floor dysfunction; pelvic pain.

J Sex Med. 2026 Aug 5;23(9):qdag250. doi: 10.1093/jsxmed/qdag250.

Testosterone facilitates conditioning to clitoral stimulation: a conscious mouse model of responsive female genital arousal

Thanh Phung¹, Louisianne A Saldagna², D Ashley Monks^{1,2}

Affiliations:

¹ Department of Cell and Systems Biology, University of Toronto, Toronto, ON M5S 3G5, Canada.

² Department of Psychological and Brain Sciences, University of Toronto Mississauga, Mississauga, ON L5L 1C6, Canada.

Abstract:

Introduction:

Testosterone therapy is increasingly used to treat individuals assigned female at birth, but its mechanisms of action on sexual functioning are poorly characterized and existing animal models do not integrate genital and behavioral responses. We therefore developed a preclinical mouse model to study testosterone therapy's actions on responsive sexual arousal in female mice.

Methods:

Young adult female mice were ovariectomized and treated with testosterone in the male range or vehicle and their genital, behavioral, and neural responses to conditioning with clitoral stimulation (4-6 sessions over the course of 2 weeks) were characterized. Mice were then euthanized following clitoral or sham stimulation and proto-oncogene Fos protein (FOS) immunoreactivity used as a proxy measure of neural activation in brain regions associated with sexual responses and reward.

Results:

Following repeated experience with clitoral stimulation, testosterone-treated but not vehicle-treated mice exhibited clear signs of sexual arousal, including visible genital vasocongestive arousal and mounting of cage mates. Testosterone-treatment increased FOS immunoreactivity in the nucleus accumbens regardless of stimulation and in the medial

preoptic nucleus and the piriform cortex only with clitoral stimulation. Neither effects of stimulation nor testosterone treatment were observed in other examined brain regions (arcuate nucleus, ventromedial nucleus, and suprachiasmatic nucleus).

Discussion:

This preclinical mouse model allows for study of androgen action on sexual function of individuals assigned female at birth and for integration of endocrine and behavioral approaches to treatment. Limitations include uncertain generalizability to sexual functioning of humans and incomplete mechanistic understanding. Together, results indicate that testosterone treatment activates conditioned sexual arousal to rewarding genital stimulation in female mice, providing a conscious mouse model of androgenized female genital arousal.

Keywords:

androgen; animal model; female sexual arousal; sexual behavior.

Psychology

**J Sex Med. 2026 Sep 14;23(10):qdag281.
doi: 10.1093/jsxmed/qdag281.**

LonelyFans? Longitudinal trajectories of adult content subscription platform engagement over two years

Christopher G Floyd ¹, Kristiana D Carrasquillo ², London Campbell ², Alexander J Connolly ^{2 3}, Shane W Kraus ⁴, Joshua B Grubbs ^{2 3}

Affiliations:

¹ Department of Psychology, Bowling Green State University, Bowling Green, OH 43403, United States.

² Department of Psychology, University of New Mexico, Albuquerque, NM 87131-0001, United States.

³ Center on Alcohol, Substance Use, And Addictions (CASAA), University of New Mexico, Albuquerque, NM 87106, United States.

⁴ Department of Psychology, University of Nevada, Las Vegas, Las Vegas, NV 89154, United States.

Abstract:

Background:

Subscription-based adult content creator platforms (ACCPs; eg, OnlyFans) represent a rapidly expanding form of computer-mediated sexual media that blends monetized interaction, personalization, and ongoing engagement between users and creators, yet little is known about the psychological correlates of involvement with these platforms over time.

Aim:

To examine longitudinal associations between paid engagement with ACCPs, loneliness, and symptoms of Compulsive Sexual Behavior Disorder (CSBD).

Methods:

Associations between paid engagement with ACCPs, loneliness, and CSBD symptoms were examined in a weighted, census-matched sample of US adults (N = 4363) assessed across five waves over approximately two years in a longitudinal study. At each wave, participants reported frequency of paid engagement with sexual content creators, loneliness, and CSBD symptoms. Parallel process latent growth curve models were used to evaluate baseline associations and co-development over time.

Outcomes:

Primary outcomes included ACCP engagement frequency, loneliness, and CSBD symptoms assessed across five waves.

Results:

Parallel process latent growth curve models indicated that higher ACCP engagement was associated with greater CSBD symptoms and, to a lesser extent, loneliness at baseline. Over time, all three variables declined on average; however, their trajectories were significantly linked, such that changes in ACCP engagement corresponded with changes in loneliness and CSBD symptoms.

Clinical implications:

Engagement with ACCPs may represent a clinically relevant context for understanding loneliness and CSBD symptoms, and clinicians may benefit from assessing ACCP engagement when evaluating individuals with concerns related to loneliness or dysregulated sexual behavior, with interventions targeting social disconnection potentially particularly relevant given their co-development over time.

Strengths and limitations:

Strengths include a large, census-matched US sample and longitudinal data across five waves. Limitations include reliance on self-report measures, a brief measure of loneliness, and a single-item measure of ACCP engagement.

Conclusion:

These findings suggest that engagement with interactive, subscription-based sexual media is associated with both loneliness and dysregulated sexual behavior over time, highlighting ACCPs as an important context for understanding contemporary patterns of sexual behavior.

Keywords:

adult content creator platforms; compulsive sexual behavior disorder; computer-mediated communication; loneliness.

J Sex Med. 2026 Aug 5;23(9):qdag259. doi: 10.1093/jsxmed/qdag259.

Major depressive disorder with preserved sexual interest represents a distinct subtype: results from resting-state fMRI

Zhuying Jiang ^{1 2}, Minlie Pan ¹, Jie Sun ¹, Yuhong Zheng ¹, Jinhui Wang ³, Jinghua Wang ¹, Shao-Wei Xue ^{1 2}

Affiliations:

¹ Center for Cognition and Brain Disorders/Department of Neurology, The Affiliated Hospital, Hangzhou Normal University, Hangzhou 311121, China.

² Engineering Research Center of Mobile Health Management System (Ministry of Education), Hangzhou Normal University, Hangzhou 311121, China.

³ Institute for Brain Research and Rehabilitation, South China Normal University, Guangzhou 510631, China.

Abstract:

Introduction:

Sexual-interest symptoms are common in major depressive disorder (MDD), yet their neurodynamic correlates remain unclear. This study examined whether 17-item Hamilton Depression Rating Scale (HAMD-17) Item-14 sexual-interest symptom status in MDD is associated with variation in resting-state brain co-fluctuation dynamics.

Methods:

Resting-state functional magnetic resonance imaging (fMRI) data were obtained from MDD patients with HAMD-17 Item-14 sexual-interest symptoms (SI+, n = 111), MDD patients without such symptoms (SI-, n = 110), and healthy controls (HC, n = 203). Edge-time series (ETS) were computed as the element-wise products of z-scored blood-oxygen-level-dependent signals between pairs of brain regions. The co-fluctuation strength of each ETS was quantified at each frame using the root sum square (RSS), and frames were categorized into high (top 5%), intermediate (normal 90%), and low (bottom 5%) amplitude states to characterize global co-fluctuation amplitude, temporal persistence, and transition dynamics. Principal component analysis (PCA) was further applied to high-amplitude frames to examine default mode network (DMN)-related co-fluctuation patterns.

Results:

The clearest subgroup differences were observed in intermediate-amplitude co-fluctuation and trough-to-trough duration. Relative to SI-, SI+ showed higher intermediate-amplitude RSS, shorter duration, and less persistent transition dynamics, suggesting heightened but more temporally unstable resting-state coordination. During high-amplitude events, PCA identified an antagonistic mode between the somatomotor/ventral attention networks and the DMN, with DMN-related differences most evident between SI+ and HC.

Conclusions:

17-item Hamilton Depression Rating Scale Item-14 sexual-interest symptom status in MDD was associated with altered resting-state co-fluctuation dynamics, with DMN-related differences most evident relative to healthy controls. These findings suggest that this routinely assessed symptom marker may help

identify clinically relevant heterogeneity within MDD and may support greater clinical attention to symptom dimensions potentially relevant to treatment adherence and patient-reported outcomes. However, the findings should be interpreted as non-specific resting-state correlates of an Item-14-defined clinical profile, rather than as direct neural indices of sexual interest or as a basis for mechanistic or treatment guidance. Further studies using detailed sexual-function assessments and longitudinal or multimodal designs are needed to clarify the specificity and clinical relevance of these associations.

Keywords:

Co-fluctuation; brain networks; default mode network; edge time series; major depressive disorder; sexual-interest symptoms.

Androgens

J Sex Med. 2026 Aug 5;23(9):qdag272. doi: 10.1093/jsxmed/qdag272.

Treatment strategies for functional hypogonadism in obese men: a systematic review and network meta-analysis

Liangliang Yang ¹, Xinlei He ², Shize Wang ², Tingxin Li ¹, Wenrui Huang ³, Qiang Feng ²

Affiliations:

¹ Department of Health Management Center and Institute of Health Management, Sichuan Academy of Medical Sciences & Sichuan Provincial People's Hospital, School of Medicine, University of Electronic Science and Technology of China, Chengdu 610031, China.

² Department of Urology, Sichuan Academy of Medical Sciences & Sichuan Provincial People's Hospital, School of Medicine, University of Electronic Science and Technology of China, Chengdu 610072, China.

³ Department of Gynecology, Shenzhen Hospital of Traditional Chinese Medicine, Futian District, Shenzhen 518000, China.

Abstract:

Introduction:

Obesity-related functional hypogonadism (FH) is a potentially reversible condition associated with sexual dysfunction, metabolic disorders, altered body composition, and impaired quality of life. Although several treatment strategies are available, their comparative benefits and safety remain uncertain. This systematic review and network meta-analysis aimed to characterize their outcome-specific effects and the confidence of the comparative evidence in adult men with obesity-related FH.

Methods:

PubMed, Embase, Web of Science, and the Cochrane Library were searched from inception to April 2026 for randomized controlled trials evaluating structured lifestyle therapy (SLT), testosterone replacement therapy (TRT), endogenous testosterone restoration (ETR) therapy, glucagon-like peptide-1 receptor agonist-based therapy, or TRT plus SLT. Frequentist network meta-analyses were performed. Risk of bias was assessed using RoB 2, and confidence in the evidence was evaluated using CINeMA. Sensitivity and direct-evidence analyses were conducted to examine the robustness of the principal findings.

Results:

Twenty-three randomized controlled trials involving 1899 participants were included. Compared with usual care/placebo, TRT plus SLT showed the largest estimated increase in total

testosterone (MD 7.19, 95% CI, 1.18-13.21), followed by ETR therapy (MD 4.14, 95% CI, 0.74-7.54) and TRT (MD 2.53, 95% CI, 0.26-4.81). Testosterone replacement therapy plus SLT significantly improved International Index of Erectile Function scores (MD 1.29, 95% CI, 0.07-2.50). No intervention significantly reduced glycated hemoglobin compared with usual care/placebo. Testosterone replacement therapy reduced waist circumference and increased lean mass but also increased hematocrit; ETR therapy and TRT plus SLT also increased lean mass. No significant differences in adverse events were detected. Sensitivity and direct-evidence analyses generally supported the direction of the principal findings.

Discussion:

Available treatments showed distinct outcome-specific effects, but no single strategy was consistently superior across all outcomes. Confidence in many comparisons was low or very low, and the included trials differed in participant characteristics, treatment protocols, and follow-up duration. These findings should inform individualized treatment decisions rather than a definitive treatment ranking, and require confirmation in longer-term head-to-head trials.

Keywords:

GLP-1 receptor agonist; network meta-analysis; obesity; testosterone replacement therapy; functional hypogonadism.

Peyronies Disease

Randomized Controlled Trial J Sex Med.
2026 Aug 5;23(9):qdag278. doi:
10.1093/jsxmed/qdag278.

Efficacy and safety of hyaluronic acid and enzymatic mix intralesional therapy in Peyronie's disease: a prospective, randomized, controlled pilot study of outcomes and patient satisfaction

Esaú Fernández-Pascual ^{1 2 3 4}, Giuseppe Maiolino ^{1 3}, Luiz Pedro Palma-Hendges ¹, Carmen Sánchez de la Morena ², Pablo Solano-Heranz ², Luis Martínez-Piñeiro ², Enrique Lledó-García ^{1 3 4 5}, Juan Ignacio Martínez-Salamanca ^{1 3}

Affiliations:

¹ Department of Andrology and Sexual Medicine, Lyx Institute of Urology, Cátedra UFV-The Lyx Institution en Salud Urológica, Universidad Francisco de Vitoria, Madrid 28223, Spain.

² Department of Urology, La Paz University Hospital and La Paz Hospital Research Institute, Madrid 28046, Spain.

³ Department of Urology, Hospital Universitario Viamed Santa Elena, Madrid 28003, Spain.

⁴ Facultad de Medicina, Universidad Complutense de Madrid, Madrid 28040, Spain.

⁵ Department of Urology, Gregorio Marañón General University Hospital, Madrid 28007, Spain.

Abstract:

Introduction:

Peyronie's disease (PD) is characterized by fibrotic plaque formation leading to penile curvature. Xiapex's 2020 withdrawal from Europe eliminated validated intralesional therapies. This study evaluated the efficacy and safety of an intralesional hyaluronic acid-enzymatic mix (Fibrorestil: 0.05% sodium hyaluronate + recombinant collagenase/lyase/lipase) added to daily tadalafil and penile traction versus

conservative therapy alone in men with stable-phase PD.

Methods:

This prospective, randomized, open-label, multicenter pilot trial (June 2023-March 2025; ClinicalTrials.gov NCT07341529; HUPHM-85-21) enrolled 38 men with stable PD, palpable plaque, and 30°-90° curvature. Group A received three intralesional sessions with plaque tunneling plus Andropenis extender (≥4 hours/day) and tadalafil (2.5-5 mg/day). Group B received traction and tadalafil (conservative therapy) alone. Assessments were performed at baseline and week 28. Analyses used intention-to-treat (n = 38) and per-protocol (n = 34) approaches, with Mann-Whitney U tests. Primary outcomes were absolute and relative curvature change (responders ≥15° improvement). Secondary outcomes included Peyronie's Disease Questionnaire (PDQ) changes; IIEF-EF minimal clinically important difference; satisfaction; and Clavien-Dindo adverse events.

Results:

Baseline curvatures was higher in Group A (60° [50;70] vs 45° [30;60], P = .037) with Group B showing more diabetes, numerically more hourglass deformity and calcified plaques, and shorter disease duration. Per-protocol curvature change was -15.0° [-20.0; -10.0] (27.3%; 52.9% responders) in Group A versus 0.0° in Group B (P = .001); final curvature was comparable (50° vs 45°, P = .786). ANCOVA adjusting for baseline curvature showed an adjusted between-group difference of 14.1° (P = .001). An exploratory multivariable model additionally adjusting for diabetes, calcification, disease duration, and hourglass deformity attenuated this effect (-6.1°, 95% CI -17.7 to 5.5; P = .288); given the small sample relative to covariates, this estimate is statistically fragile and hypothesis-generating rather than confirmatory. PDQ symptom-bother improved significantly in Group A [-1.5; P = .003], with numerical gains in total [-6.0 vs -2.5; P = .149]

and physical-psychological [-3.5 vs -1.0; $P = .110$] domains. Satisfaction ("satisfied/very satisfied") was reported by 70.6% of Group A versus 11.8% of Group B ($P = .001$). Extender adherence >4 hours/day predicted response (88.9% vs 12.5%; $P = .003$). Only mild (Clavien-Dindo I) adverse events occurred (36.8% in Group A versus 5.3%).

Conclusion:

Fibrorestil intralesional therapy demonstrates possible improvements in curvature and patient-reported outcomes versus conservative care in stable-phase PD and appears safe, while conservative care alone showed no meaningful improvement. Given baseline imbalances, small pilot sample size, open-label design, and lack of an equivalent sham injection control, these findings should be considered exploratory and require confirmation in larger randomized trials.

Keywords:

Peyronie's disease; collagenase; hyaluronic acid; injection; intralesional; intraplaque; therapy; treatment.

Erectile Dysfunction

Int J Impot Res. 2026 Aug 7. doi: 10.1038/s41443-026-01339-z. Online ahead of print.

Quality assessment of artificial intelligence responses in erectile dysfunction: a comparative study based on EAU recommendations

Gökhan Çeker ^{1,2}, Afonso Morgado ³, Giorgio Ivan Russo ⁴, Marco Falcone ⁵, Esther García Rojo ⁶, Celeste Manfredi ⁷, Omar Almidani ⁸, Rashed

Rowaiee ⁸; EAU Young Academic Urologists (YAU) Sexual and Reproductive Health Working Group

EAU Young Academic Urologists (YAU) Sexual and Reproductive Health Working Group: Esther García Rojo

Affiliations:

¹ Department of Urology, Basaksehir Cam and Sakura City Hospital, Istanbul, Turkey. drgokhanceker@gmail.com.

² Department of Histology and Embryology, Hamidiye Institute of Health Sciences, University of Health Sciences, Istanbul, Turkey. drgokhanceker@gmail.com.

³ Department of Urology, University Hospital Center of São João, Alameda Professor Hernâni Monteiro, Porto, Portugal.

⁴ Urology Section, Department of Surgery, University of Catania, Catania, Italy.

⁵ Urology Clinic, Città della Salute e della Scienza, University of Turin, Turin, Italy.

⁶ Department of Urology, Hospital Universitario HM Sanchinarro, Instituto Investigación Sanitaria HM Hospitales and ROC Clinic, Madrid, Spain.

⁷ Urology Unit, Department of Woman, Child and General and Specialized Surgery, University of Campania "Luigi Vanvitelli", Naples, Italy.

⁸ Department of Urology, Cleveland Clinic Abu Dhabi, Abu Dhabi, United Arab Emirates.

Abstract:

Artificial intelligence (AI)-based language models are increasingly explored as tools for interpreting and applying clinical guideline recommendations. In urology, the European Association of Urology (EAU) recently introduced a guideline-specific chatbot; however, its comparative performance relative to contemporary general-purpose large language models (LLMs) remains unclear. In this structured comparative study, five AI systems-the EAU Guidelines Bot, ChatGPT-5, Gemini 2.5 Pro,

Copilot - Smart GPT-5, and Perplexity Pro-were evaluated using 13 clinical questions derived directly from strongly recommended statements in the EAU erectile dysfunction (ED) guidelines. Responses were independently assessed by three senior reviewers across five predefined domains: relevance, clarity, structure, clinical utility, and factual accuracy, using a 5-point Likert scale. The primary outcome of the study was the composite performance score, which was calculated as the mean of the five domain scores. Inter-rater reliability was calculated using ICC(2,k), and differences among models were analyzed with the Friedman test followed by Holm-adjusted Wilcoxon post-hoc comparisons. Significant performance differences were observed across all domains (all $p < 0.001$). The highest composite scores were observed for Gemini 2.5 Pro [4.60 (4.40-4.73)] and the EAU Guidelines Bot [4.53 (4.47-4.80)], followed by ChatGPT-5 [4.27 (4.07-4.47)]. Lower composite scores were observed for Copilot - Smart GPT-5 [3.73 (3.40-3.87)] and Perplexity Pro [3.60 (3.47-3.80)]. Domain-level analysis showed consistently high median scores (≥ 4) for factual accuracy among top-performing models, whereas variability was more pronounced in clarity, structure, and clinical utility. These findings suggest that both guideline-specific systems and advanced general-purpose LLMs may generate responses broadly consistent with guideline-based recommendations in structured ED scenarios. However, variability across domains-particularly in structure and clinical utility-and modest differences in composite performance suggest that these models should be interpreted as supportive tools rather than definitive clinical decision-making systems, requiring further validation in real-world settings.

Int J Impot Res. 2026 Jul 6. doi: 10.1038/s41443-026-01315-7. Online ahead of print.

The association between obstructive sleep apnoea and erectile dysfunction: a systematic review and meta-analysis

Karl H Pang ^{1 2}, King Sum Tong ^{3 4}, Asif Muneer ^{1 5 6}, Hussain M Alnajjar ^{7 8}

Affiliations:

¹ Division of Surgery and Interventional Science, University College London, London, UK.

² Department of Urology, Chelsea and Westminster Hospital NHS Trust, London, UK.

³ The University of Hong Kong, Hong Kong, China.

⁴ King's College London, London, UK.

⁵ Institute of Andrology, Department of Urology, University College London Hospitals NHS Foundation Trust, London, UK.

⁶ National Institute for Health and Research, University College London Hospitals, Biomedical Research Centre, London, UK.

⁷ Division of Surgery and Interventional Science, University College London, London, UK. Hussain.alnajjar@nhs.net.

⁸ Institute of Andrology, Department of Urology, University College London Hospitals NHS Foundation Trust, London, UK. Hussain.alnajjar@nhs.net.

Abstract:

While a link between obstructive sleep apnoea and erectile dysfunction is recognised, the correlation between their respective severities remains inadequately quantified. This systematic review and meta-analysis aimed to determine the correlation between markers of obstructive sleep apnoea and erectile dysfunction. In accordance with Preferred Reporting Items for Systematic

Reviews and Meta-Analysis (PRISMA) guidelines, a systematic search was performed on PubMed, Embase, and Scopus for studies reporting correlations between the apnoea-hypopnea index or minimum oxygen saturation and validated versions of the International Index of Erectile Function (IIEF-5, IIEF-15, and IIEF-EF) scores. Eight studies met the pre-specified population, exposure, comparator, outcome, and study-design (PECOS) criteria. Meta-analysis of seven studies, with a pooled population of 594 patients, revealed a significant, moderate negative correlation between apnoea-hypopnea index and International Index of Erectile Function scores (pooled Fisher's Z = - 0.43 ; 95% CI: -0.66 to -0.19). An analysis of three studies, comprising a pooled population of 513 patients, demonstrated a significant positive correlation between minimum oxygen saturation and International Index of Erectile Function scores (pooled Fisher's Z = 0.36 ; 95% CI: 0.04 to 0.69). Secondary findings highlighted a high prevalence of erectile dysfunction in patients with obstructive sleep apnoea, ranging from 59.0% to 69.0% across studied populations. Age was a significant confounding factor, and continuous Positive Airway Pressure was associated with reported improvements in erectile function in the included studies, although the magnitude of improvement varied according to the International Index of Erectile Function instrument used. These findings underscore the importance of screening for obstructive sleep apnoea in men presenting with erectile dysfunction, while recognizing that the pooled estimates are limited by high heterogeneity and variation in erectile-function instruments.

Aging Male. 2026 Dec 31;29(1):2737481. doi: 10.1080/13685538.2026.2737481. Epub 2026 Sep 21.

The role of the atherogenic index of plasma in response to once-daily tadalafil in men with erectile dysfunction

Cem Tuğrul Gezmiş¹, Nusret Can Çilesiz¹, Mehmet Uzut¹, Mustafa Satılmışoğlu¹, Ali Eroğlu², Buğra Çetin³, Mahmut Selman Mert¹, Mustafa Bahadır Can Balcı¹

Affiliations:

¹ Department of Urology, Taksim Training and Research Hospital, University of Health Sciences Türkiye, Istanbul, Türkiye.

² Department of Urology, Tepecik Training and Research Hospital, Izmir, Türkiye.

³ Department of Urology, Altinbas University Medical Park Bahcelievler Hospital, Istanbul, Türkiye.

Abstract:

Background:

Erectile dysfunction (ED) significantly affects quality of life, and phosphodiesterase type 5 inhibitors, including tadalafil, are main treatment options. Treatment response varies, and vasculometabolic disturbances may reduce responsiveness.

Methods:

In this prospective single-centre cohort study, men aged ≥ 40 years with ED initiating tadalafil 5 mg once daily were followed for 12 weeks. AIP was calculated as $\log_{10}(\text{triglycerides}/\text{HDL-C})$ after conversion to mmol/L. The primary outcome was a ≥ 4 -point increase in IIEF-EF. Firth penalised logistic regression and ROC analyses were performed.

Results:

Among 134 men, the response rate was 73.1%. Nonresponders had higher baseline AIP (0.196 ± 0.271 vs 0.070 ± 0.224 , $p = 0.008$), higher BMI (28.8 ± 4.19 vs 27.4 ± 3.28 kg/m², $p = 0.042$), and higher prevalence of DM (30.6% vs 12.2%, $p = 0.013$). Each 0.1-unit AIP increase was independently associated with nonresponse (adjusted OR 1.20, 95% CI 1.01-1.44, $p = 0.036$), as was DM (adjusted OR 3.39, 95% CI 1.15-10.45, $p = 0.027$). ROC analysis yielded an AUC of 0.650 (95% CI 0.540-0.760, $p = 0.008$), with an optimal cutoff of 0.130.

Conclusion:

Higher baseline AIP was independently associated with nonresponse to once-daily tadalafil in men with ED, suggesting AIP may offer additional prognostic information, though further validation is needed.

Keywords:

Erectile dysfunction; atherogenic index of plasma; phosphodiesterase 5 inhibitors; tadalafil; treatment outcome.

The Anthropology of Sex, Marriage and Fertility

Six Teeth, Six Inner Enemies: Bali's Metatah Ceremony

By Ahmad Majzoub

In Bali, becoming an adult may involve something rather unexpected: **having six of your front teeth deliberately filed.**

Known as **Metatah**, *Mepandes*, or *Mesangih*, the Balinese Hindu tooth-filing ceremony is a rite of passage associated with the transition from childhood to adulthood. Four upper incisors and the two upper canines are carefully filed or reshaped, particularly reducing the prominence of the canines. The tradition remains practiced in Bali today.

But the purpose is not primarily cosmetic.

The six teeth are traditionally associated with the **Sad Ripu**, literally the “six enemies” within human beings: *kama* (desire or lust), *krodha* (anger), *lobha* (greed), *moha* (delusion or confusion), *mada* (pride or intoxication), and *matsarya* (envy or jealousy). By smoothing the teeth, the ceremony symbolically expresses

the individual's responsibility to bring these impulses under control as he or she enters adult life.

The canines carry particular symbolism. Their pointed, fang-like appearance has traditionally been associated with the more instinctive or “animal” side of human nature. Filing them does not literally remove undesirable qualities; rather, the physical transformation represents a moral one—the movement toward a mature person capable of exercising reason and self-restraint.

Both young men and women undergo the ritual. It commonly takes place after puberty and may be celebrated together with siblings or other relatives as an important family event. The actual degree of dental alteration varies. A recent study





of Balinese participants found that the practice remains common and that, in many cases, the incisal edges are smoothed and the canines reshaped rather than dramatically shortened.

There is, however, an interesting anthropological caution. The familiar explanation linking each of the six teeth neatly to the six *Sad Ripu* may not represent an unchanged doctrine stretching back through Balinese history. Scholar Mitsuru Ando has shown that the concept of “six inner enemies” has a complex history in Sanskrit, Old Javanese, and contemporary Balinese Hindu thought, and that today’s interpretation may partly reflect later religious developments.

That does not make the symbolism less meaningful. Rather, it reminds us that traditions themselves evolve while remaining culturally important.

For sexual-medicine professionals, Metatah offers an interesting perspective on the transition to sexual adulthood. Puberty does not simply confer adult desires; culturally, adulthood may also require learning how those desires are governed.

And perhaps that is the most interesting aspect of Metatah: maturity is marked not by eliminating desire, but by demonstrating that desire should no longer be allowed to rule the individual.

References

1. Ando M. On the “Six Enemies” in Balinese Hinduism. *Journal of Indian and Buddhist Studies*. 2019;68(1):536–529. doi:10.4259/ibk.68.1_536.
2. Zikir AP, Mânica S. Ritual tooth modification in Bali (Metatah): Implications for dental assessment. *Morphologie*. 2026;110(369):101117. doi:10.1016/j.morpho.2026.101117.
3. Artaria MD. Tooth Filing in Surabayan Javanese and Balinese: A Change in Tradition. In: Burnett SE, Irish JD, eds. *A World View of Bioculturally Modified Teeth*. University Press of Florida; 2017:182–192.
4. “Adolescent oral modification.” *British Dental Journal*. 2023.
5. Ministry of Tourism, Republic of Indonesia. *Balinese Religious Ceremonies: Metatah or Mesangih*.

Have you read!

Canguven O, Al Kubaisi K, El-Achkar A, et al. Agreement between an anatomy-based inflatable penile prosthesis configuration algorithm and expert surgeon decision-making: a virtual case study.

Int J Impot Res. Published online August 19, 2026. doi:10.1038/s41443-026-01346-0.

Selecting the optimal cylinder length and rear-tip extender (RTE) during inflatable penile prosthesis (IPP) implantation may appear to be a measurement-driven decision. In practice, however, much still depends on individual surgeon experience and preference.

A recent study published in the International Journal of Impotence Research evaluated the Canguven Penile Prosthesis Calculator (CPPC), an anatomy-based decision-support tool designed to recommend cylinder length, RTE use, and reservoir configuration according to corporal measurements and device characteristics.

The investigators created 60 standardized virtual cases, based on 20 anatomical scenarios applied across three commonly used IPP systems: AMS 700 CX™, Coloplast Titan™, and Rigicon Infla10™. Seven experienced prosthetic surgeons from six institutions independently reviewed the cases while blinded to the calculator recommendations, generating 340 surgeon-case decisions.

Exact agreement between the calculator and surgeons regarding cylinder length occurred in only 58.2% of decisions. However, when agreement was defined as being within one cylinder size, approximately 2 cm, concordance increased substantially to 88.8%. The mean absolute difference between algorithm and surgeon selection was 0.95 ± 1.18 cm, although discrepancies greater than 2 cm were still seen in 11.2% of decisions.

Perhaps more interestingly, there was considerable variability among the surgeons themselves. Overall inter-rater agreement was only moderate (Fleiss' $\kappa = 0.46$), suggesting that even experienced implanters do not necessarily configure the same anatomy in the same way.

The main source of disagreement involved RTE utilization. Surgeons frequently favored slightly shorter cylinders combined with 2–4 cm of RTE, whereas the calculator more consistently recommended maximizing cylinder length while minimizing RTE use. These differences appeared to reflect systematic surgeon-specific preferences rather than random variation. Reservoir selection, in contrast, showed very high agreement, with concordance in 96.8% of decisions.

The study highlights an interesting reality of contemporary prosthetic surgery: despite increasingly sophisticated devices and standardized operative techniques, some

apparently objective configuration decisions remain strongly influenced by individual surgical philosophy.

An anatomy-based algorithm may therefore provide a useful structured reference, particularly for trainees and lower-volume implanters, by making the reasoning behind cylinder and RTE selection more explicit and reproducible. Importantly, however, this was a virtual-case agreement study rather than a clinical outcomes study. Agreement with expert decision-making does not establish that the calculator improves functional outcomes, reduces complications, or enhances patient satisfaction. Prospective validation in real surgical cases will therefore be important.

Still, the study raises a thought-provoking question: if experienced prosthetic surgeons can look at the same anatomy and choose different configurations, how much of IPP sizing is science—and how much remains surgical art?

Shaeer O, Shaeer KOKM Jr, Shaeer K. Top ten surgical tricks—penile prosthesis with corporal fibrosis.

Int J Impot Res. Published online July 20, 2026. doi:10.1038/s41443-026-01327-3.

Penile prosthesis implantation in the presence of severe corporal fibrosis remains one of the most technically demanding situations in prosthetic urology. Distorted anatomy, loss of corporal compliance, difficult dilation, and increased risk of perforation or urethral injury can transform an otherwise standardized procedure into a complex reconstructive operation.

A recent review published in the International Journal of Impotence Research by Shaeer and colleagues addresses this challenge from a distinctly practical perspective, presenting ten surgical “tips and tricks” derived from a review of the available literature combined with the authors’ extensive surgical experience. The authors searched PubMed for literature on penile prosthesis implantation in scarred or fibrotic corpora and cavernotome-assisted surgery through February 2026.

A central theme of the review is the distinction between open and closed approaches to the fibrotic corpora. Open techniques provide direct exposure and allow excision or reconstruction of dense scar tissue but come at the cost of greater surgical dissection and invasiveness. Closed techniques, in contrast, rely on progressive creation of an intracorporal channel using specialized dilators or cavernotomes. When technically feasible, the authors favor the less invasive closed approach.

Importantly, the article extends well beyond the mechanics of corporal excavation. The proposed approach begins with appropriate patient counseling and problem-oriented preoperative evaluation, recognizing that men with significant fibrosis may have realistic

limitations regarding achievable penile length, cylinder choice, and operative complexity. The authors also discuss tailoring prosthesis selection to the available corporal space, the strategic use of rear-tip extenders, options for penile size enhancement when appropriate, and postoperative measures intended to optimize the final result.

The review also emphasizes prevention. Corporal fibrosis may follow priapism, infection and prosthesis explantation, repeated intracavernosal injections, Peyronie's disease, or previous penile surgery. Avoiding or minimizing fibrosis where possible may therefore be as important as developing increasingly sophisticated techniques for dealing with it once established. The authors have previously described strategies aimed specifically at limiting post-explant corporal scarring, reflecting this proactive philosophy.

Perhaps the most important message is that there remains no universally accepted algorithm for the fibrotic corpora. Management continues to depend heavily on the cause and severity of fibrosis, available corporal diameter, surgeon experience, instrumentation, and intraoperative findings. The paper should therefore be viewed as a practical expert framework rather than evidence establishing the superiority of one technique over another.

For prosthetic surgeons, the article provides a useful reminder that difficult fibrosis should not necessarily prompt increasingly aggressive surgery from the outset. Instead, careful planning, appropriate instrumentation, and a graduated approach—favoring closed techniques whenever safely possible and escalating only when necessary—may help simplify one of penile prosthetic surgery's most challenging scenarios.

Majzoub A. Cost Considerations in Penile Implantation Revision Surgery from a Global Perspective.

Curr Urol Rep. 2026;27(1):5. doi:10.1007/s11934-025-01313-0.

Penile prosthesis implantation is a highly effective treatment for refractory erectile dysfunction, but the economic discussion surrounding prosthetic surgery has traditionally focused on primary implantation. What happens when the device fails, becomes infected, or requires revision is considerably less well studied.

A recent review published in Current Urology Reports examined the economic burden of penile prosthesis revision surgery from a global perspective, highlighting how revision represents a distinctly different clinical and financial challenge from primary implantation.

The need for revision is not insignificant. Population-based data have reported reoperation rates of approximately 7–8%, with mechanical failure and infection among the major indications. Longer-term device survival data also demonstrate that

mechanical failures continue to accumulate with time, meaning that revision surgery remains an inevitable component of any mature penile prosthesis program.

Importantly, not all revisions carry the same burden. A straightforward mechanical replacement differs substantially from surgery for an infected prosthesis or severely fibrotic corpora. Infection may require device explantation, extensive irrigation, salvage implantation, prolonged antibiotic therapy, or staged reconstruction. Corporal fibrosis can further increase operative time and require specialized instruments or reconstructive techniques. Together, these factors translate into greater use of operating-room resources, anesthesia, devices, hospital services, and postoperative care compared with uncomplicated primary implantation.

The review also highlights an important clinical-economic relationship: preventing another revision may be more important than minimizing the immediate cost of the current operation. For example, although replacing only the malfunctioning component may appear less costly than exchanging the entire device, published data suggest that partial revisions can be associated with higher subsequent infectious and non-infectious complication rates. Similarly, appropriate patient optimization and infection prevention may entail additional upfront resources but potentially avoid the much greater costs associated with prosthetic infection.

Surgeon and institutional experience also matter. Evidence suggests that lower-volume implanters have higher subsequent revision rates, whereas experienced, high-volume centers may be better equipped to manage complex salvage procedures, fibrosis, and device-related complications. This raises the possibility that regionalizing complex revision surgery to experienced prosthetic centers could improve both clinical outcomes and cost efficiency.

Beyond the operating room, the review identifies substantial differences in access and reimbursement between healthcare systems. Insurance status, nationality or residency, availability of specialized surgeons, and whether revision procedures are adequately coded and reimbursed can determine whether patients receive timely treatment at all.

The central message is therefore that penile prosthesis revision should not simply be regarded as another implantation. It is often more complex, more resource-intensive, and more expensive, while frequently representing the patient's only opportunity to restore sexual function after device failure or explantation.

Recognizing revision surgery as a distinct component of sexual-medicine care—with appropriate coding, risk-adjusted reimbursement, concentration of expertise, and improved real-world cost data—may ultimately benefit both patients and healthcare systems.

MCQs:

1. A 49-year-old man presents with newly developed erectile dysfunction and no known cardiovascular disease. He has no chest pain and is otherwise well. Which of the following is the most appropriate additional consideration?
 - A. Cardiovascular assessment is unnecessary unless PDE5 inhibitors fail
 - B. Erectile dysfunction should prompt assessment of cardiovascular risk factors
 - C. Exercise stress testing is mandatory before any treatment for ED
 - D. Cardiovascular evaluation is required only in men older than 65 years

2. A 32-year-old man reports ejaculation within approximately 1 minute of penetration since his first sexual experiences, with poor ejaculatory control and significant distress. Erectile function is normal. Which treatment is considered an appropriate first-line option?
 - A. On-demand dapoxetine
 - B. Sex education/counseling
 - C. On-demand tramadol
 - D. Surgical dorsal neurectomy

3. A 61-year-old postmenopausal woman with an intact uterus has persistent vaginal dryness and superficial dyspareunia despite regular use of lubricants and moisturizers. She has no history of breast cancer and no postmenopausal bleeding. She elects to start low-dose vaginal estrogen. Which of the following is most appropriate?
 - A. Add continuous progestogen for endometrial protection
 - B. Perform annual endometrial surveillance while treatment continues
 - C. Use low-dose vaginal estrogen without routine progestogen or endometrial surveillance
 - D. Replace vaginal estrogen with systemic estrogen-progestogen therapy

4. Which of the following oral agents has shown the most promising evidence in reducing penile curvature in the early phase of Peyronie's disease?
 - A. Sildenafil
 - B. Tadalafil
 - C. Pentoxifylline
 - D. Testosterone

5. In which of the following situations should free testosterone (fT) be calculated in addition to total testosterone?
 - A. When total testosterone is < 6 nmol/L
 - B. In patients with high SHBG levels or discordant symptoms
 - C. When testosterone is measured in the afternoon
 - D. In all patients before starting TRT

Scan the QR Code to fill the form and check the correct answers:



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



Earn a Grant / Scholarship



MESSM Newsletter



Reduced Rates For:

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



Vote at the ISSM & MESSM Business Meetings



Volunteer Opportunities

Affiliated Societies



*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

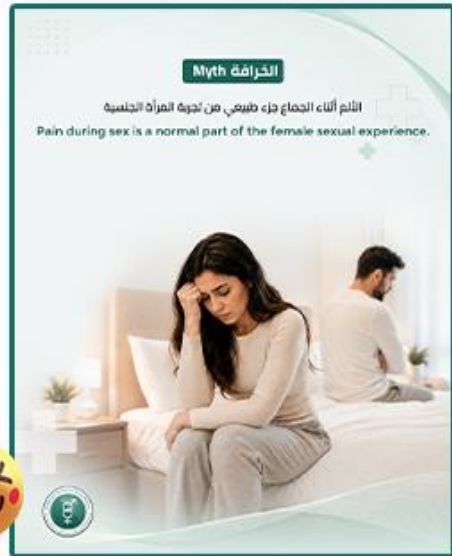


Egyptian Urological Association



Urological Society of Qatar

Social Media Posts



Congratulations



Dr. Omer Raheem

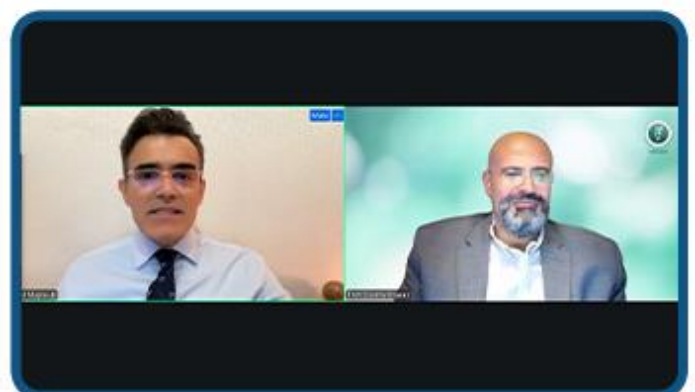
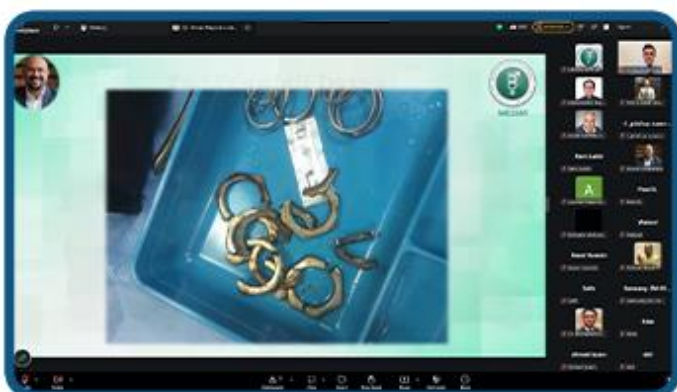
Elected as Member at Large on
the Board of Directors at the ISSM



Past Events



This webinar titled "Rare Cases in Surgical Andrology" was an outstanding success, offering advanced clinical insights and high-level surgical discussions. A warm thank you to our expert panelists and interactive audience for driving such a high-caliber scientific exchange





Past Events

Erectile Restoration Cadaver Course

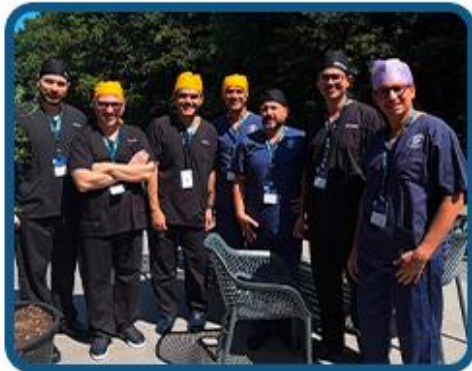


9TH-10TH 2026
JULY



Amsterdam Skills Centre
(Tafelbergweg 47, Amsterdam)

The "Erectile Restoration Cadaver Course" at the Amsterdam Skills Centre was a resounding success, delivering exceptional hands-on training and advanced surgical technique mastery.

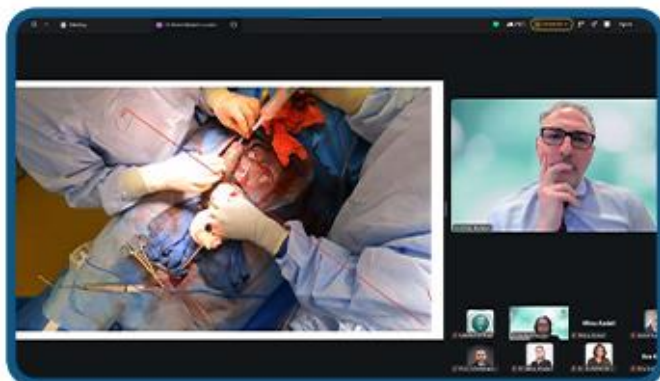


MESSM Webinar Sexual & Reproductive Health During Humanitarian Crises & Armed Conflicts

Thursday 16 July 2026



This webinar titled "Sexual & Reproductive Health During Humanitarian Crises" was a profound success, addressing critical healthcare challenges in complex conflict settings. We are deeply grateful to our expert speakers and participants for driving such a vital and compassionate conversation.



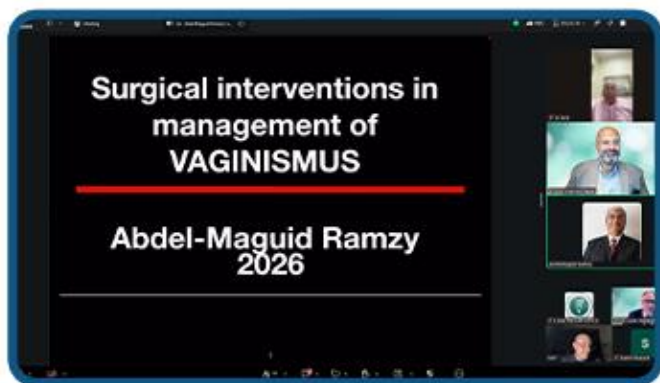
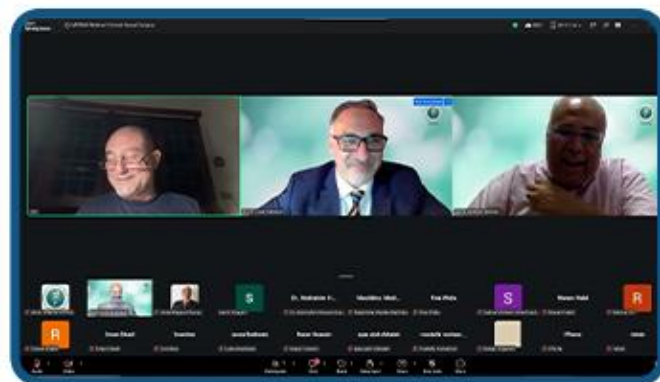
Messm Webinar Female Sexual Surgery

Thursday 30 July 2026



Past Events

We are proud to highlight the great success of our webinar on "Female Sexual Surgery", which offered groundbreaking perspectives and clinical expertise. Sincere thanks to our distinguished faculty and engaged audience for an exceptional evening of knowledge sharing!





Day 1

MESSM PENILE IMPLANT SUMMER SCHOOL

15 August 2026



Moderators:



Dr. Osama Shaeer



Prof. Mohamed Arafa



Dr. Kareim Khalafalla

Speakers:



Dr. Osama Shaeer



Dr. Ahmed Ragheb



Dr. Ahmad Majzoub

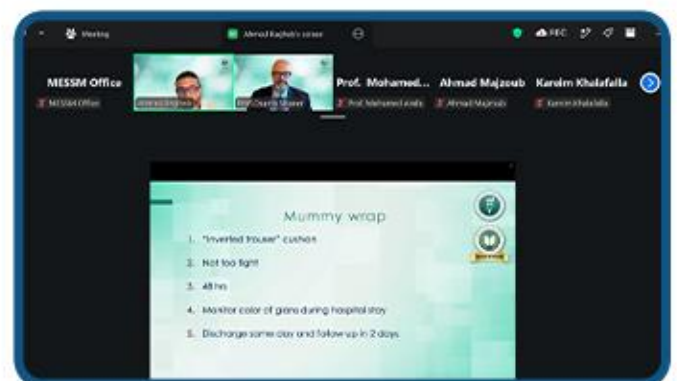
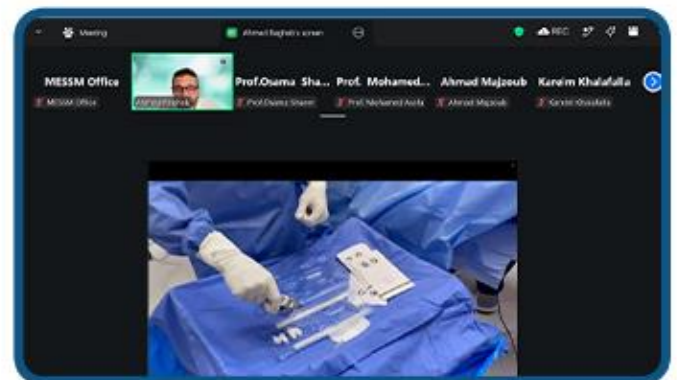


Prof. Mohamed Arafa



Day 1 (15 Aug 2026): Introduction to PPI, Operating Rooms, and Malleable Penile Prosthesis

Day 1 of our Summer School kicked off with great energy, covering PPI fundamentals and malleable prosthesis techniques.





Day 2

MESSM PENILE IMPLANT SUMMER SCHOOL

22 August 2026



Moderators:



Dr. Osama Shaeer



Dr. Ateş Kadıoğlu



Dr. Ahmad Majzoub



Dr. Maged Ragab

Speakers:



Dr. Abdel Rahman Zahran



Dr. Ahmad Majzoub



Dr. Sean Park



Dr. Ateş Kadıoğlu



Dr. Kareim Khalafalla



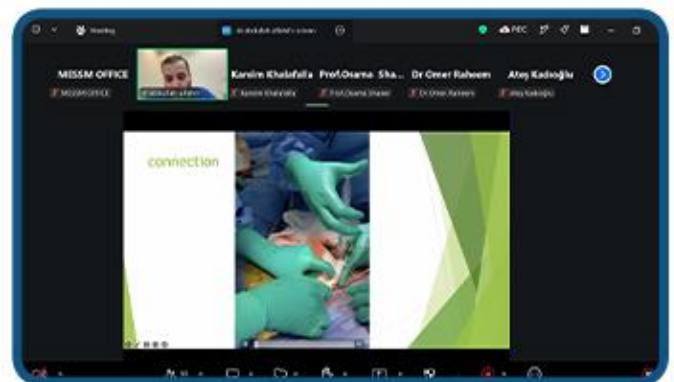
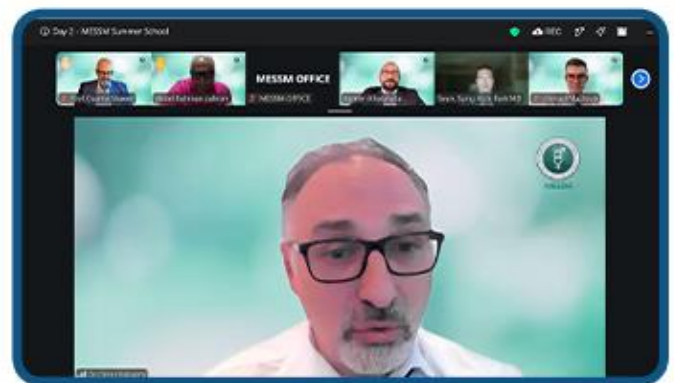
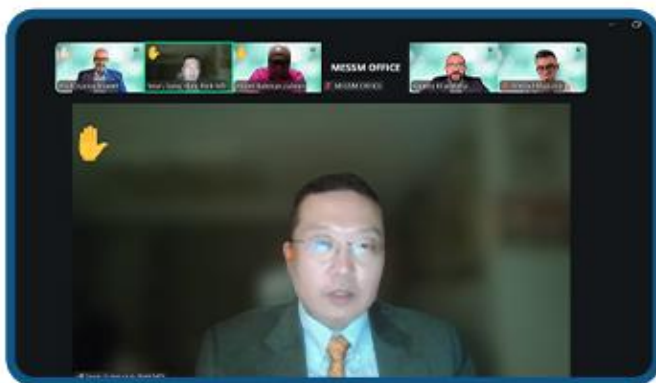
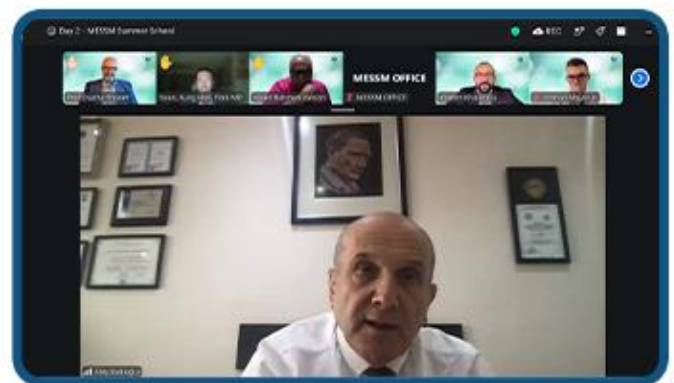
Dr. Omer Raheem



Dr. Abdullah Alfakhri



Day 2 (22 Aug 2026): Operating Rooms – Inflatable Penile Prosthesis
 Day 2 delivered an in-depth surgical focus on inflatable penile prosthesis techniques and live OR insights. We appreciate our experts and attendees for another highly interactive session





Day 3

MESSM PENILE IMPLANT SUMMER SCHOOL

29 August 2026



Moderators:



Dr. Osama Shaeer



Dr. Ahmad Ragheb



Dr. Sam Ward



Dr. Ahmad Shamosodini

Speakers:



Dr. Osama Shaeer



Dr. Atay Kadiloglu



Dr. Edward Karpman



Dr. Anas Hasan



Dr. Omer Raheem



Dr. Marco Tullio Cavalcanti



Dr. Kareim Khalafalla

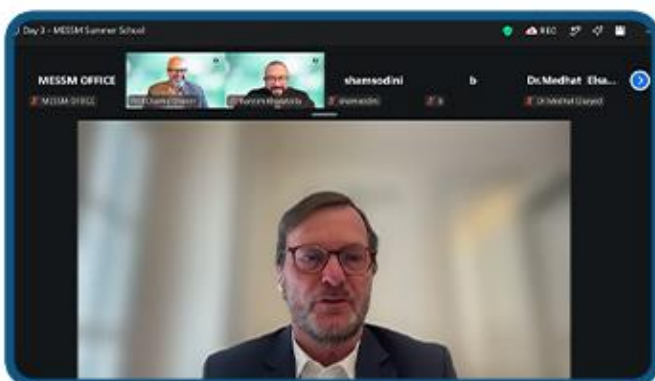
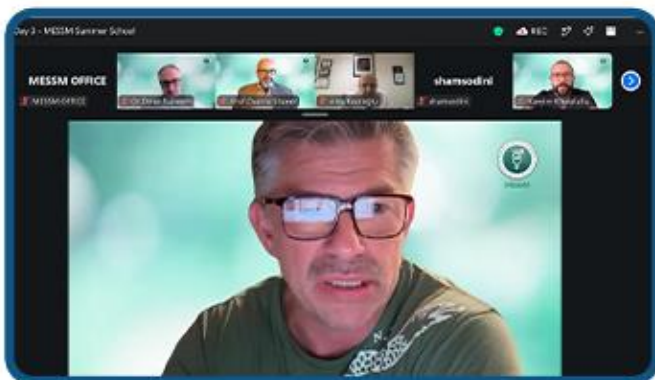
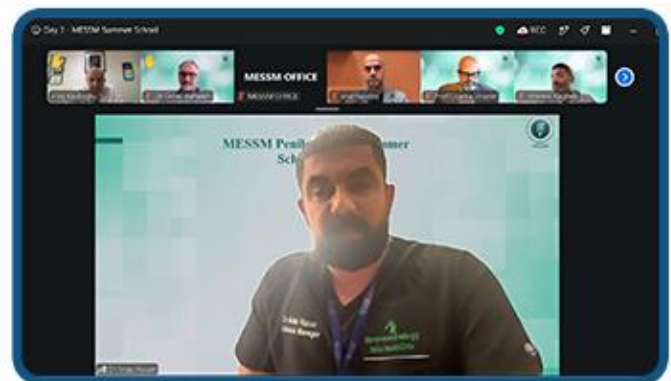


Dr. Mohamed Mahdi



Day 3 (29 Aug 2026): Management of Complications

Day 3 addressed complex clinical challenges and advanced strategies for managing surgical complications. Thank you to our distinguished speakers for sharing such critical expertise!





Day 4

MESSM PENILE IMPLANT SUMMER SCHOOL

5 September 2026



Moderators:



Dr. Osama Shaeer



Dr. Mohammed Abdel Razouq



Dr. Omer Raheem



Dr. Koenraad Van Rensselaer

Speakers:



Dr. Osama Shaeer



Dr. Asag Kadoglu



Dr. Ahmad Majzoub



Dr. Danlar Osmanov



Dr. Mariano Rossello Gaya



Dr. Hammam Handourah



Dr. Koenraad Van Rensselaer



Dr. Faysal Yafi



Dr. Leonardo Seliga



Dr. Alejandro Carvajal



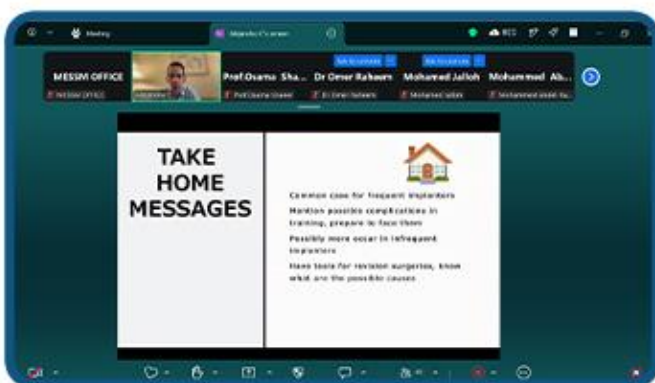
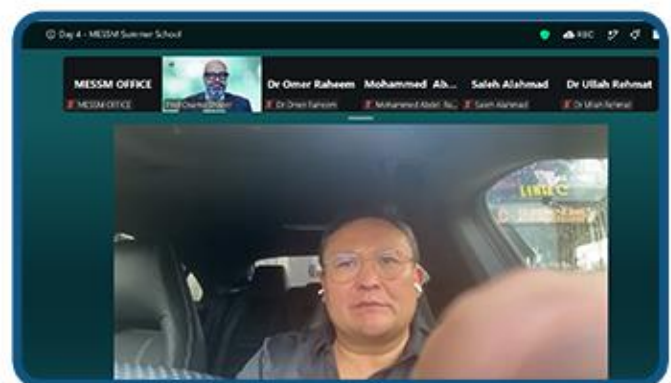
Dr. David Ralph



Day 4 (5 Sept 2026): Advanced Techniques:

(Peyronie's Disease, Corporal Fibrosis, Reconstruction)

Day 4 highlighted surgical excellence with a deep dive into Peyronie's disease, fibrosis, and complex reconstruction. Sincere thanks to our faculty and doctors for an outstanding masterclass!





Day 5

MESSM PENILE IMPLANT SUMMER SCHOOL

12 September 2026



Moderators:



Dr. Osama Shaeer



Dr. Mohamed Arafa



Dr. Run Wang

Speakers:



Dr. Osama Shaeer



Dr. Alexandre Miranda



Dr. Gerald Brock



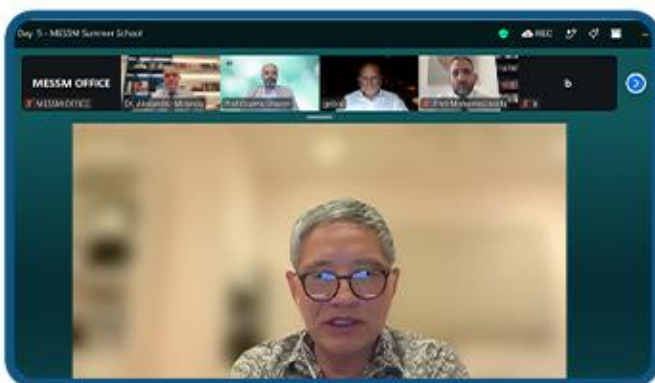
Dr. Mohammed
Abdel Rassoul



Dr. Run Wang



Day 5 (12 Sept 2026): Novel Techniques and Emerging Technology
Day 5 explored the future of surgical practice, focusing on novel techniques and emerging technologies in the field. We deeply appreciate our innovators and participants for driving this forward!





Day 6

MESSM PENILE IMPLANT SUMMER SCHOOL

19 September 2026



Moderators:



Dr. Osama Shaeer



Dr. Abdel Rahman Zahran



Dr. Fouad Aoun

Speakers:



Dr. Abdel Rahman Zahran



Ms. Enas Chabaan

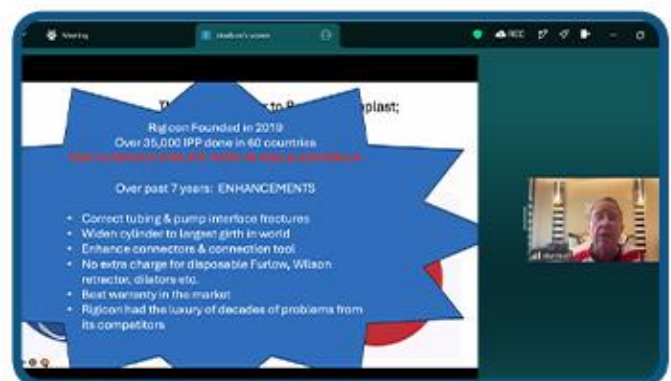


Dr. Steven K. Wilson



Day 6 (19 Sept 2026): Industry-Sponsored Sessions & Final Exam

Our Summer School concluded on a high note with industry-sponsored sessions and the final assessment! Congratulations to all participants for completing this intensive learning journey.





The 26th International Urology Conference



UROALEX26

3-5 SEPTEMBER, 2026 RIXOS PREMIUM HOTEL, ALAMEIN



Past Events

A historic milestone at UROALEX 2026! Proud to see the highest turnout of doctors from Egypt and the Arab region, setting a new benchmark for scientific success. Sincere thanks to all who made this accomplishment possible.





The 26th International Urology Conference



UROALEX26

3-5 SEPTEMBER, 2026 RIXOS PREMIUM HOTEL, ALAMEIN



Past Events

A fantastic turnout for our "MESSM Pre-Congress Workshop" at UroAlex 2026! We deeply appreciate our speakers and participants for making this session in Alexandria such a triumph.



MESSM Webinar

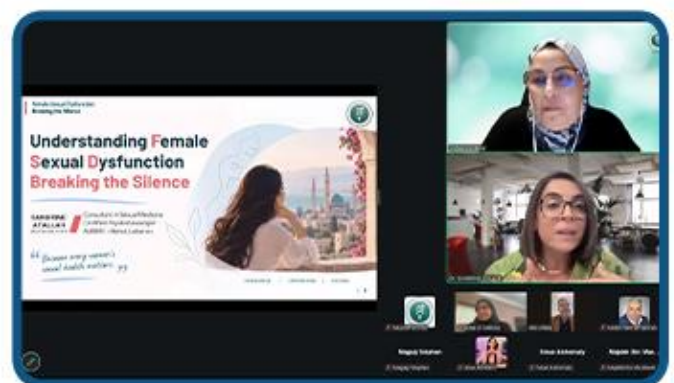
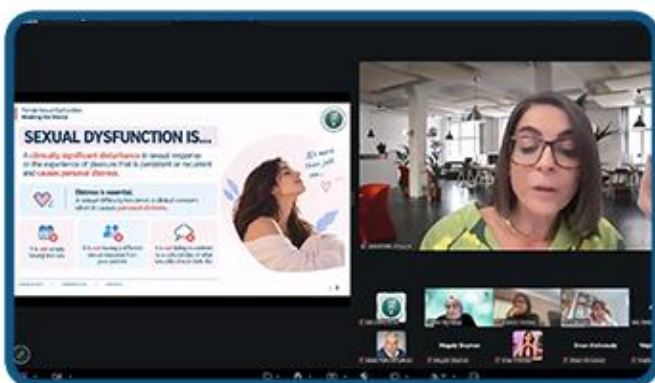
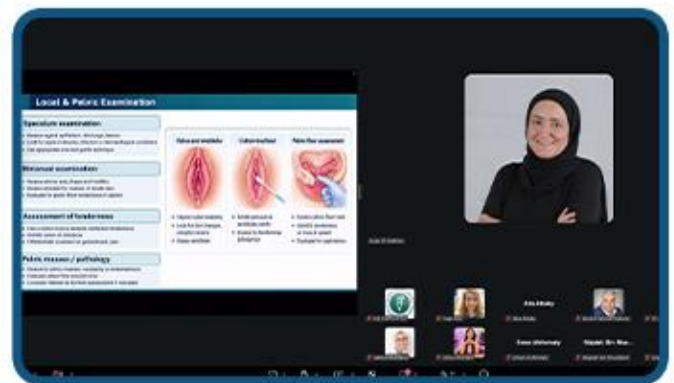
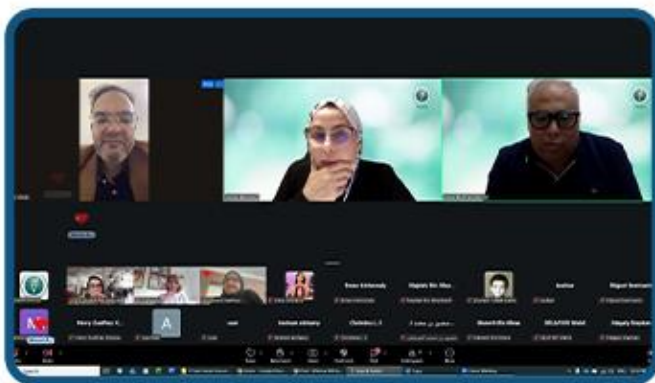
FEMALE SEXUAL DYSFUNCTION:

Breaking the Silence, Taboo, Stigma, and the Treatment Gap

Friday 11 September 2026 | 8:00 PM Cairo Time



Our session, "Female Sexual Dysfunction: Breaking the Silence" was a landmark success in driving open dialogue and closing the treatment gap. We deeply appreciate our experts and participants for championing this vital cause.





MESSM



ANNUAL FALL SCIENTIFIC MEETING

October 8-11, 2026 Orlando, FL

JW Marriott Orlando, Grande Lakes

MESSM SESSION
Friday 9 October 2026

Upcoming Events



MESSM Webinar

Priapism Management

Evidence. Expertise. Better Outcomes.



Thursday
29 October 2026
8:00 PM (Cairo Time)



MESSM



MESSM Surgical School

Upcoming Events

MESSM Webinar Female Sexual Surgery

Cosmetic Procedures

Thursday
26 November 2026



MESSM



MESSM Surgical School

Upcoming Events

 MESSM Webinar

Modern Couple-Based Approaches in the Treatment of Sexual Dysfunctions

From Assessment to Intimacy Restoration

December 2026





MESSM

ESSM Congress 2027

Valencia, Spain

4 - 6 February 2027





28th World Meeting On Sexual Medicine

Cairo, Egypt
Date: TBD



Visit Our Website!

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

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

www.messm.org



**FOLLOW
US!**

