

**THE NEW SEXUAL MEDICINE—INTEGRATING
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001

**COMPARISON ON THE EFFECTS AND
SAFETY OF TUALANG HONEY AND
TRIBESTAN IN SPERM PARAMETERS,
ERECTILE FUNCTION AND HORMONAL
PROFILES AMONG OLIGOSPERMIC MALES**

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Objective: To evaluate the effectiveness of Tualang honey on sperm parameters, erectile function, hormonal and safety profiles.

Methodology: A randomized control trial was done using Tualang honey (20 gram) and Tribestan (750 mg) over a period of 12 weeks. Sperm parameters including sperm concentration, motility and morphology were analyzed and erectile function was assessed using IIEF-5 questionnaire. Hormonal profile of testosterone, FSH and LH were studied. Safety profile was measured by hematology profile, renal and liver functions besides adverse event reporting.

Results: A total of 66 participants were involved. A significant increment of mean sperm concentration ($p < 0.001$), motility ($p = 0.015$) and morphology ($p = 0.008$) were seen in Tualang honey group. In Tribestan group, a significant increment of mean sperm concentration ($p = 0.007$) and morphology ($p = 0.009$) were seen. No significant difference of sperm concentration, motility and morphology were seen in between Tualang honey and Tribestan group and similar results were also seen in erectile function and hormonal profile. All safety profiles were normal and no adverse event was reported.

Conclusion: Tualang honey effect among oligospermic males was comparable with Tribestan in improving sperm concentration, motility and morphology. The usage of Tualang honey was also safe with no reported adverse event.

Yes. Consent were obtained from the patients involved in the study

The study was supported by the Research University Grant, Universiti Sains Malaysia (USM) (1001/PPSP/812066).

None of the author are the consultant or shareholder of the company involved in the study. This is an investigator initiated research. Tribestan was bought from the company and honey was donated by the national agricultural section.

002

**FACTORS INFLUENCING
SPERMATOGENESIS INTACT IN IN
OBSTRUCTIVE AZOOSPERMIA: FINDINGS OF
EXPERIMENTAL STUDY**

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Objectives: To assess the effect of the level and duration of obstruction on morphological of testicular tissue.

Materials and Methods: 50 mature male Vistar rats were divided into groups: 1- proximal obstruction of vas deferens, 2 – distal obstruction of vas deferens, 3 – epididimal obstruction, 4 – intact. The testes and epididymis has been removed after 3 and 6 month for histological examination.

Results: In all groups testicular volume (V) reliably decreased ($p < 0,05$). More pronounced changes were found in group 3. V was reliably less than in groups 1 and 2. In its turn in group 2 V was reliably less than in group 1 ($p < 0,05$). V depended on the level of obstruction ($r = -0,84$; $p < 0,05$). In the controls group 98,63 \pm 0,9% seminiferous tubules (ST) contained germ cells on all stages. In the investigated groups all parameters of spermatogenesis turned out to be lower comparing with the control. It was expressed in the decrease of ST with all stages of cell development, increase of number empty ST. The stage of spermatogenesis damage also depended on the level of obstruction, the more marked changes were noted in group 3. Mature spermatozoa were found only in 9,3 \pm 2,7% of ST. In contrast to group 2 six months later spermatogenesis damage in groups 1 and 3 worsened. The remote monitoring revealed none of germ cells epithelium in any tubule. Number of empty ST in groups 1 and 3 correlated with the duration of obstruction ($r = -0,48$; $r = 0,59$; $r = -0,87$; $r = 0,87$; correspondingly, $p < 0,05$).

Conclusion: Thus, spermatogenesis intact in testicular tissues depends on the level and duration of obstruction of seminal tract. Obstruction at the level of epididymis provides more severe damage of spermatogenesis and these changes depend on the duration of pathological process.

003

**AN INTEGRATIVE MODEL BASED IN
EXPERIENCE WITH IPD5 AND IRSS, AND SEX
THERAPY EXERCISES IN THE
MANAGEMENT COMBINED OF PREMATURE
EJACULATION**

León Roberto Gindin

We propose the treatment of premature ejaculation (PE), one of the most common sexual dysfunctions. Both sexological treatments (Masters and Johnson model M & J) as evidence-based with different

medications have not obtained long-term results. It is a learning problem, not ejaculatory times. Part of sexologists and urologists do not recognize that the problem of the EP is basically a learning disability and long-term ejaculatory control. One treatment should provide long-term solution. Both type M & J models as evidence-based medicine show no beneficial long-term results, especially when stopping the medication. We propose a different, integrative model, based on all the models that have been successful: the treatment includes exercises mandatory sex therapy, IPD5, SSRIs and local anesthetics (lidocaine condom). It is not evidence-based medicine. This is sexual medicine based on the experience of more than 20 years dedicated to this specialty. We have long-term success.

004

(NON-)HELP-SEEKING BEHAVIOR OF WOMEN WITH LOW SEXUAL DESIRE

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Objectives: Absent or low sexual desire (LSD) is the most common sexual dysfunction among women. Though major changes in understanding and conceptualization have occurred in our awareness of this problem, current findings do not explain why women who suffer from LSD do not seek professional help – at least most often not before their relationships are seriously threatened.

Material and Method: Via online survey 1014 women aged 18–72, who self-identified as being suffering from LSD (mean = 3.2 years), were asked why they did not seek help, yet, what they thought could help, and what supporting measures they would use if available. Answers were related to personal distress, age, duration of suffering, and several socio-economic variables.

Results: Reasons not to seek help: 67% of the women reported not to know who they should contact, 56.1% did not think drugs would help or did not want to take any, while 55.8% mentioned a sense of shame as the main reason not to seek help. Supporting measures: Significant effects for age and duration of suffering were found for *aspects of relationship* (more time together, more tenderness), *personal well-being* (more sleep, less stress) but not for *therapeutic intervention* (couple therapy, psychotherapy).

Medication was evaluated not to be helpful by 74.5%, there was no effect of age or duration of suffering for this variable. Personal distress: High to moderate suffering was reported by 68.9% of the women. With increased personal distress, higher confidence in drugs and a higher willingness to take them were found.

Conclusions: A lack of information is still the main reason for most women suffering from LSD not to seek help, although their level of personal stress is high in most cases and the willingness to get professional help is clearly given. Ultimately, improved education and assistance need to be provided to make sure these women can find the help they need.

Explanatory notes:

The study above has not been presented before, All participating women obtained consent before starting the questionnaires, The work was not supported by industry, And none of the authors act as a consultant, employee (part time or full time) or shareholder of an industry.

005

SEXUAL FUNCTION IN WOMEN AFTER DELIVERY: DOES EPISIOTOMY MATTER?

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Introduction: Despite the fact that a restrictive use of episiotomy has proven to be beneficial regarding the reduction of injuries in the

posterior perineum and their impact on women's sexual life, it continues to be widely used in vaginal births.

Objective: To compare women that had an episiotomy/ episiorrhaphy, with those that have an intact perineum, 3 months after delivery, regarding several sexual variables, namely: sexual desire, arousal, orgasm, pain, sexual satisfaction and sexual function.

Material: three instruments were used: the Female Sexual Function Index (FSFI), a Socio-demographic and Clinical Questionnaire and the Female Sexual Function Questionnaire

Methods: This is an exploratory and descriptive, quantitative study. A non-probability, convenience sample of 147 Portuguese women, of which 54 belonged to a control group, was used. The two groups were not significantly different regarding socio-demographic aspects.

Results: Both groups presented identical mean levels of sexual desire, although women with episiotomy are less sexually aroused. Most women mentioned a moderate level of sexual interest, 3 months after delivery. The orgasm is more affected in women with episiotomy, but most women, described no change in the intensity duration of the orgasm. Women with episiotomy present higher pain intensity, and the location of this pain and its interference varies between the two groups.

Women with episiotomy have less sexual satisfaction than women with intact perineum. Women with episiotomy have lower levels of total sexual function than women with intact perineum.

Conclusion: We found no significant differences between women with episiotomy and women with an intact perineum in most of the studied variables. However, women with episiotomy presented higher levels regarding the pain felt (intensity, location) and a lower sexual satisfaction.

006

SEXUAL FUNCTIONING IN PEOPLE WITH STABLE CHRONIC DISEASES

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Objective: to explore and to compare sexual function and sexual satisfaction in people with stable chronic diseases. In developed countries people are living longer and the incidence of chronic disease (CD) is increasing. Chronic illness and its treatments can have a negative impact on sexual functioning and sexual satisfaction.

Material and Methods: 603 subjects, 72.5 (%) females, with a diagnosed chronic disease for more than three years (type 1 diabetes, type 2 diabetes, epilepsy, multiple sclerosis, cancer, and morbid obesity), that returned to the usual life pattern in the community, mean age of 41.19 years, with a mean number of school years of 9.87. Assessment of Sexual function (four items) and sexual satisfaction (one item) was based on the items, developed for the Multiple Sclerosis Quality of Life Questionnaire 54. Satisfaction item is the same for both genders, and function items are gender specific. Research follows all the ethical procedures in the Helsinki declaration, national laws and hospital rules.

Results: Mean values for sexual function suggest “a little problem” to “somewhat a problem”, the worst results are for type 2 diabetes for males, and for cancer for females: sexual satisfaction results show “somewhat satisfied” to “neither satisfied nor dissatisfied” except for type 2 diabetes that report “somewhat a problem”. One way ANOVAs shows a $Z = 2.24$, $p < 0.05$, suggesting that for satisfaction there are differences between diseases. Sexual function shows statistical significant differences for males ($Z = 2.23$, $p < 0.05$) but not for females. Analyses show positive statistical significant correlations between sexual satisfaction and scholar level and with age (inverse); for sexual function, for males (inverse) statistical significant correlations with number of years of diagnosis and with age, and statistical significant correlation with years of schooling. For females we found statistical significant correlation with number of school years and inverse with age.

Conclusions: Results suggests that people living with chronic diseases can have a poor sexual life probably resulting from living with a disease

007

EFFICACY AND SAFETY OF TADALAFIL IN MEN WITH ERECTILE DYSFUNCTION: A META-ANALYSIS

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Objective: To evaluate the effectiveness of tadalafil versus placebo for patients with erectile dysfunction (ED).

Methods: This is a meta-analysis of a randomized controlled trial. The main outcome measures for effectiveness were the International Index of Erectile Function (IIEF), Sexual Encounter Profile (SEP), and Global Assessment Question (GAQ); safety by adverse events, laboratory values, and vital signs.

Results: Three randomized controlled trials totaling 552 patients were included. Meta-analysis results are as follows: after 12 weeks of treatment, patients under tadalafil demonstrated a significant advantage over under placebo in terms of change from baseline on the IIEF EF domain score (WMD = 8.40 95%CI [8.22, 8.58]), SEP question 2 (WMD = 26.56 95%CI [25.75, 27.37]), SEP question 3 (WMD = 24.77 95%CI [24.04, 25.50]), the IIEF intercourse satisfaction (WMD = 3.15 95%CI [3.07, 3.23]) and overall satisfaction domains (WMD = 2.70 95%CI [2.65, 2.76]). Few patients receiving 20 mg tadalafil experienced headache (OR = 3.12 95% CI [1.40, 6.95]), dyspepsia (OR = 9.76 95% CI [2.33, 40.86]) and back pain (OR = 5.84 95% CI [1.08, 31.61]), compared with patients receiving placebo. There was no significant difference in terms of GAQ (OR = 0.87 95% CI [0.58, 1.30]) and myalgia (OR = 1.62 95% CI [0.39, 6.81]) between the two groups.

Conclusion: Current clinical studies might confirm that therapy with oral tadalafil 20 mg, over a period of 12 weeks, without restrictions on food or alcohol intake, consistently enhanced erectile function, significantly improving patients' ability to achieve and maintain erections. Treatment emergent adverse events were mild or moderate in severity.

008

INTRACAVERNOSUS ADMINISTRATION OF ADIPOSE STEM CELLS: A NEW TECHNIQUE OF TREATING ERECTILE DYSFUNCTION? PRELIMINARY REPORT OF 6 CASE

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Objectives: After revolutionized treatment of ED with PDE5 inhibitors, approximately 30% of patients are non-responsive. An important cause of this is vascular and smooth muscle dysfunction, as well as nerve atrophy. Stem cells are characterized by anti-inflammatory activities, as well as possibility of differentiating into tissue relevant to the penile architecture, and stimulation of angiogenesis. We report the effects of intracavernosal application of adipose stem cells (ASC) on diabetic erectile dysfunction.

Materials and Methods: Six type 2 diabetics who had failed to achieve an erection for at least 6 months despite medications, and who are currently awaiting penile prostheses, participated in this study. All laboratory results were normal, except for erectile dysfunction and diabetes mellitus. A total of 1.5 x 10(7) adipose stem cells was infused into the corpus cavernosum. No immunosuppressive measures were taken in any of the patients. International index of erectile function-5, Encounter Profile Question 3 (SEP3), GAQ, erection diary, blood glucose diary, and medication dosage were followed for 6 months.

Results: The mean age was 63.7 years (range, 55–81 years). Morning erections were recovered in 4 participants within 2 month, and for all

except 1 by the 95 days, and maintained for more than 4 months. Rigidity increased as the result of stem cell therapy alone, but was insufficient for penetration. With the addition of PDE5 inhibitor before coitus, 3 achieved penetration and experienced orgasm, and maintained for more than 6 months. All but 1 reported increased desire. During follow-up, 1 returned for prosthesis, 1 returned to a nonerectile condition at 7 months, and 4 maintained erection sufficient for coitus with medication until the 9th month. Blood glucose levels decreased by 2 weeks, and medication dosages were reduced in all. Glycosylated hemoglobin levels improved after treatment.

Conclusions: Human adipose stem cell therapy has positive effects on erectile dysfunction in diabetes mellitus patients. Stem cells mediate mechanism may contribute to these positive effects.

009

IMPORTANCE OF SEXUAL RELATIONS AND SEX THERAPY IN ISLAMIC MEDICINE AND THEIR ROLE IN ISLAMIC SOCIETIES

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Objective: In the history of medicine, Islamic medicine refer to medicine developed in the Islamic golden age,

On other hand Moslems represent more than One Milliard of world population, However, they are arranged by multiracial, various affinities and subdivided distinct religions. Therefore, Islamic Medicine can be effective on a large part of world population. Around the ninth century, the Islamic medical community began to develop and utilize a system of medicine based on scientific analysis and Islamic education..Since management of sexual dysfunctions are not free from cultural or religious norms, Islamic rules and Islamic medicine can be useful to prevent or treat sexual disorders in Islamic Societies.[3, All branches of Islam have a Holy Book (QURAN) that it is the main source of life style in all Islamic Societies .Next to Quran, other sources of life style are Hadith and Seereh that they may be a little difference in different branches of Islam, but all are same in base and root., Although in some cases there is misunderstanding of them.

Material and Method: When you study Quran and other sources of Islamic Medicine, you can find many solutions and knowledge about sexual education and sexual behaviours such as:

- Gender equality in human values, role of sexual relation in Mental, Spiritual and Physical health, importance of Human health in Sexual relations, nutrition and sexual functions.
- Status of Sex therapy in different Islamic societies:

However, Islam has most attention to Sexual health, but most of Islamic countries suffer from sexual problems and insufficient of sex therapists or Sexual health Clinics.

Now, we are studying on different Islamic countries to know prevalence of sexual problems and situation of Sexual health services.

In this project, we are checking multi-cultural countries from Malaysia (one of the most advanced Islamic societies) to Afghanistan and Somalia (one of the poorest Islamic countries).

In an overall view, however they are different in development, education and economics, but rate of sexual problems are high. Unfortunately, in most of them Sex education is Taboo.

Since the many factors can effect on sexual relations, it seems that development in some factors and defect in other factors to cause high incidence of sexual problems in both developed or lagged Islamic societies.

One of our studies for Sexual dysfunctions and Sex therapy in Islamic societies is Iran. Iran is one of the biggest educated Islamic societies .and majority of Islamic physicians appeared in Iran. Most of Iranian are not poor in and they access to health facilities, but in different studies, sexual disorders are progressing in recent years.

Study on 10000 couples in Iran who wanted to divorce (In last 5 years) shows following disorders:

Kind of disorder	Women	Men
Orgasmic dysfunction	67%	47%
Absence or shortage of sexual behaviours-Low Sexual Desire	24%	23%
Premature ejaculation		29%

Results of other study on 784 Married women in different provinces of Iran (2012) are as follow:

1-Rate of sexual disorders: 27.3%

2-Main of reasons: Fatigue, Inadequate time, Absence of love, Shame, Anxiety, Depression, Absence of happiness, Inability to express sexual feeling and finally to have physical problems with minimum prevalence.

Another study on Iranian men displays 50% of sexual disorders in Iranian men have physical reasons (Including: Diabetes, Hypertension, Drug Abuse and . . .).

We are continuing our studies in other Islamic countries.

Results: This study determined there is no significant difference between educated or literate couples about prevalence of sexual problems

Despite of Islamic training to improve sexual life, Sexual disorders are one of the main health problems in Islamic countries. Many of Moslems have misunderstanding about Islamic orders and they don't have enough information about Islamic education. While real Islamic education and Islamic medicine can be useful to treat Sexual dysfunctions and preventing of Sexual disorders.

Conclusions: Cultural and Social subjects, lack of scientific sex education before marital relationship and marriage in the most of Islamic societies, absence of continues sexual health training during sexual life, loss of adequate Sexual medicine care, misunderstanding about Islamic education , insight insufficiency about Islam and Sexual health , Social problems and taboos , Unwillingness of religious leaders to advise about Sexual health in Islamic education are some of the main reasons to catch sexual problems in some of Islamic societies.

Therefore, we need an executive plan to solve mentioned items in Islamic countries with focusing on Islamic leaders, developing Islamic medicine and well understanding of Islamic education.

010

INCIDENCE OF HYPOTHYROIDISM IN ERECTILE DYSFUNCTION PATIENTS

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Objective: Determine the frequency of hypothyroidism in erectile dysfunction (ED) patients

Methods and material: During the period between January 1st, 2011 and December 31st, 2013, thyroid function tests were applied to all the patients of the Instituto Costarricense de Sexología that presented an erectile dysfunction condition. The hypothyroidism criteria of the National Academy of Clinical Biochemistry (NACB) of the United States of America were used and all those that presented an index under 16 of the International Index Erectile Function (IIEF-5) were considered as suffering from erectile dysfunction. All the patients with altered TSG were examined by an endocrinologist, were subject to a thyroid ultrasound and thyroid functions tests. Consent from the patients was obtained. No industry supported the study. None of the authors are consultants, employees or shareholders of an industry

Results: 27% of the studied patients showed increased levels of the Thyroid Stimulating Hormone (TSH) as per the NACB criteria. Of said patients 86% show the diagnostic criteria subclinical hypothyroidism with findings of Chronic Autoimmune Thyroiditis. In a 42% no additional pathology was found that could serve as a cause for the erectile dysfunction. In 93,2% of the patients who only had the thyroid problem as possible cause, the erectile dysfunction showed a significant improvement or was cured when the TSH levels were normalized with *levothyroxine*.

Conclusion: Hypothyroidism is a medical condition often associated with erectile dysfunction. Of all the hypothyroid conditions, the most frequently found condition was subclinical hypothyroidism secondary to Chronic Autoimmune Thyroiditis. Patients with ED should be studied with thyroid function tests.

011

FREQUENCY OF INCREASED TRANSAMINASES IN ERECTILE DYSFUNCTION PATIENTS

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Objective: Determine the frequency of elevated transaminases in patients with erectile dysfunction (ED).

Methods and materials: During the period between January 1st, 2011 and December 31st, 2013, AST, ALT and GGT levels were measured in all patients of the Instituto Costarricense de Sexología that presented an erectile dysfunction condition. The normality ranges of the American College of Gastroenterology were used. All those patients that with an index under 16 of the International Index Erectile Function (IIEF-5) were considered as suffering from erectile dysfunction. All patients with elevated transaminases underwent tests, B and C hepatitis, liver ultrasound and hormonal and metabolic tests. Consent from the patients was obtained. No industry supported the study. None of the authors are consultants, employees or shareholders of an industry

Results: 28% of patients studied showed elevated levels of one of the transaminase according to the criteria of the American College of Gastroenterology. In 88% of the series other pathologies which serve as a background cause for erectile dysfunction were found. In 12% of patients who showed as sole case the increase of transaminases, the erectile dysfunction significantly improved or was resolved once the levels were normalized.

Conclusion: Elevated transaminases are a medical condition often associated with erectile dysfunction. Patients with ED should be studied with liver function tests.

012

TESTOSTERONE LEVELS IN ERECTILE DYSFUNCTION PATIENTS

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Objective: Determine the testosterone levels in patients with erectile dysfunction.

Methods and materials: During the period between January 1st, 2011 and December 31st, 2013 LH, FSH and total and/or free testosterone levels were measured in all patients of the Instituto Costarricense de Sexología that presented an erectile dysfunction condition. The normality ranges of the 2010 Endocrine Society Guidelines were used. All those patients that with an index under 16 of the International Index Erectile Function (IIEF-5) were considered as suffering from erectile dysfunction. Consent from the patients was obtained. No industry supported the study. None of the authors are consultants, employees or shareholders of an industry

Results: 2% of the patients studied had testosterone levels low enough to achieve the diagnosis of hypogonadism. In 92% of said patients showed increased levels of LH and FSH were compatible with hypergonadotropic hypogonadism or primary hypogonadism. About one tenth of all the patients had testosterone levels that fell into the so-called gray zone, with normal LH and FSH.

Conclusion: The percentage of patients with erectile dysfunction showing frankly altered testosterone levels is extremely low. At the same time, 10% are in the "gray zone".

013

NON CONSUMMATED INTERCOURSE DUE TO STENOSIS OF THE VAGINAL OPENING VAGINAL RING – FEMALE FIMOSIS

Mauro Fernández S.; Ana Isabel Corrales Irola; Delia Solís Solís; Alejandra Montiel

ICOSEX Costa Rica

Objective: Asses the surgical approach in patients with non-consummated coitus

Method and materials: During the period from January 1, 2007 to September 30, 2014 all patients who consulted for unconsummated coitus were studied. In all patients a comprehensive evaluation that included gynecological pelvic ultrasound, hormonal tests -TSH, prolactin, testosterone, as well as a genital examination was performed. No patients in the post menopause phase were included. Consent from the patients was obtained. No industry supported the study. None of the authors are consultants, employees or shareholders of an industry

Results: 84% of patients showed partial rupture of the hymen and a rigid, fibrous, and painful distension of the vaginal ring hole that prevents penetration due to the pain. In those cases in which there was no other condition a resection of the fibrous area was performed to facilitate the distension with a diamond ring plasty in order to increase its diameter. In over 98% of the series, the sexual act was consummated once the healing process concluded. The complication rate was less than 8% and all of them were minor complications such as suture dehiscence and suture threads allergy. It should be noted that over 90% of patients had been diagnosed with psychological vaginismus.

Conclusion: The stenosis of the vaginal orifice ring is a common cause of unconsummated coitus and tends to be confused with traditional diagnosis of psychological vaginismus.

014

PRIMARY DYSpareunia DUE TO STENOSIS OF THE VAGINAL OPENING VAGINAL RING – FEMALE FIMOSIS

Mauro Fernández S.; Ana Isabel Corrales Irola; Delia Solís Solís; Alejandra Montiel

ICOSEX Costa Rica

Objective: Asses the surgical approach in patients with primary dyspareunia

Method and materials: During the period from January 1, 2007 to September 30, 2014 all patients who consulted for primary dyspareunia were studied. The patients with pain at the beginning of penetration were selected. In all patients a comprehensive evaluation that included gynecological pelvic ultrasound, hormonal tests -TSH, prolactin, testosterone, as well as a genital examination was performed. No patients in the post menopause phase were included. Consent from the patients was obtained. No industry supported the study. None of the authors are consultants, employees or shareholders of an industry

Results: 100% of patients showed a total hymen rupture of the hymen and in 94% a rigid, fibrous, and painful distension of the vaginal ring hole that generates painful penetration was found. In those cases in which there was no other condition a resection of the fibrous area was performed to facilitate the distension with a diamond ring plasty in order to increase its diameter. In 100% of the series, once the healing process concluded the coital pain disappeared. The complication rate was less than 5% and all of them were minor complications as suture dehiscence and suture threads allergy. It should be noted that over 90% of patients had been diagnosed with psychological vaginismus. In one of the cases it was histologically confirmed that the fibrosis was the result of vaginal endometriosis.

Conclusion: The stenosis of the vaginal orifice ring is a common cause of primary dyspareunia and tends to be confused with traditional diagnosis of psychological vaginismus.

015

SECONDARY DYSpareunia DUE TO STENOSIS OF THE VAGINAL OPENING VAGINAL RING – FEMALE FIMOSIS

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ICOSEX Costa Rica

Objective: Asses surgical approach in patients with secondary dyspareunia

Method and materials: During the period from January 1, 2007 to September 30, 2014 all patients who consulted for secondary dyspareunia were studied. The patients with pain at the beginning of penetration were selected. In all patients a comprehensive evaluation that included gynecological pelvic ultrasound, hormonal tests -TSH, prolactin, testosterone as well as a genital examination was performed. No patients in the post menopause phase were included. Consent from the patients was obtained. No industry supported the study. None of the authors are consultants, employees or shareholders of an industry.

Results: 100% of patients showed a total hymen rupture of the hymen and in 62% a rigid, fibrous, and painful distension of the vaginal ring hole that generates painful penetration was found. In those cases in which there was no other condition a resection of the fibrous area was performed to facilitate the distension with a diamond ring plasty in order to increase its diameter. In 100% of the series, the once the healing process concluded the coital pain disappeared. The complication rate was less than 4% and all of them were minor complications such as suture dehiscence and suture threads allergy. It should be noted that over 90% of patients had been diagnosed with psychological vaginismus.

Conclusion: The stenosis of the vaginal orifice ring is a common cause of secondary dyspareunia and tends to be confused with traditional diagnosis of psychological vaginismus.

016

ORGASM IN ADOLESCENTS

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The WHO defines Sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality and addresses the importance of pleasurable sexual experiences. However in Latin America the majority of sexuality studies has a focus on risk and negative consequences of sexual behavior, such unwanted pregnancies and STDs. This present investigation is an exploration of sexual pleasure measured by orgasm in adolescents.

Objective: The objective of this study is to explore sexual pleasure by orgasm in female and male adolescents living in the city of Cuenca (Ecuador).

Method: The study sample was based on the database of the Ministry of Education of Ecuador called AMIE 2012–2013. In total, 2051 students from 20 high schools participated in the study. The students were between the ages of 15 and 19 (mean 16.1). The data was collected using a combined questionnaire consisting of three parts based on: the Behavioral Systems Questionnaire, a modified version of Motivations for sex and a modified version of the Human Sexuality Questionnaire. The data was collected from September until December of the year 2014. Informed consent of parents and students was obtained and anonymity and confidentiality was assured. For the statistical analysis SPSS version 19 was used with a descriptive type of analysis.

Results: The results indicate that 66% of the adolescents has ever experienced an orgasm. For men most orgasms are achieved by masturbation (44.8%). Women are most likely to experience an orgasm during petting or body contact without penetration with a partner (23.3%). Sixty one point four percent of the adolescents has had an orgasm whilst alone and 47.5 percent during sexual conduct with a partner.

Conclusions: Majority of adolescents in Cuenca experience sexual pleasure through orgasms achieved in different ways. As sexual pleasure is a part of sexual development in adolescence it should be included in programs of sexual education and a topic of scientific investigation.

017

LOW-ENERGY SHOCK WAVES IN TREATMENT OF ERECTILE DYSFUNCTION. CLINICAL EXPERIENCE WITH THE FIRST EIGHTY PATIENTS IN VENEZUELA

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Introduction: It is described that low-energy shock waves stress the tissue where they are applied and produce micro-trauma, with the subsequent activation of biological reactions, that result in angiogenesis and neovascularization. Nowadays their use is recommended in treatment of vascular caused erectile dysfunction.

Aim: To determine the low-energy shock waves effectiveness in Venezuelan patients with erectile dysfunction from vascular cause.

Materials and Methods: This was a prospective study, the sample was constituted by 80 men aged 39–78 years with vascular caused erectile dysfunction diagnosis, from whom 15 (18,75%) were PDE5-i non-responders, to which was applied International Index of Erectile Function 5-item (IIEF-5) before and after the treatment (Valencia protocol), that consisted in twelve sessions of 1.500 shock waves of 0,09mJ/mm² each one, spread over five regions (300 in each one), three in penis (radix and corpora cavernosa right and left) and two in the crura of the penis (right and left), making a total of 18.000 shock waves.

Results: The IIEF-5 increased significantly going from 14,5 (before treatment) to 23,8 (after treatment) $P < 0.001$. 80% of PDE5-i non-responders became responders. There weren't adverse or side effects, without use of anesthetics and analgesics.

Conclusion: In our clinical experience can be consider the use of shock waves in patients with vascular caused erectile dysfunction, PDE5-i responders or not, obtaining significant improvements in the IIEF- 5. However double-blind, randomized and long term monitoring studies are still required.

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SEXUAL FUNCTION IN WOMEN WITH POLYCYSTIC OVARY SYNDROME AFTER A PROGRAM OF RESISTANCE EXERCISE TRAINING

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We ensured that there is no conflict of interest linked to this work. All women gave written informed consent.

Objectives: To assess the effect of a 16-week resistance exercise training (RET) program on the sexual function in women with polycystic ovary syndrome (PCOS).

Material and Methods: This 16-week controlled non-randomized trial registered RBR-7p23c3 enrolled 43 women with PCOS (PCOSG) and 51 healthy pre-menopausal control aged 18 to 37 years (CG). All women were sedentary, and had body mass index (BMI) values of 18 to 39.9 kg/m². All women underwent a protocol of supervised RET for 16 weeks and were evaluated at two time points: week-0 (baseline), and week-16 (after completion of the RET). The sexual function was

assessed by the Female Sexual Function Index (FSFI). The Hospital Anxiety and Depression Scale was used to assess mood.

Results: The PCOSG had improvements in desire, arousal, lubrication and pain at week-16 relative to week-0 ($p < 0,01$ for all). After RET, the CG had a significant increase in the pain score ($p < 0,03$). PCOSG had improvements in desire score at week-16 relative to week-0 in comparison to CG (respectively, 4,09 vs. 3,75, $p = 0,04$) (Table 1). A significant reduction in the risk for anxiety and depression was shown in both groups at week-16 ($p < 0,01$ for all). The PCOSG had a significant reduction in the percentage of women at risk of depression (respectively, 34,8% and 11,6%, $p < 0,01$) and anxiety (44,1% vs. 23,2%, $p = 0,02$). The RET was effective to significantly reduce the average score of anxiety and depression in both groups ($p < 0.01$ for all)

Conclusion: A 16-week RET program improved the sexual function in women with PCOS and improved coital pain in GC. Also, this 16-week RET reduced the percentage of PCOS women with depression and anxiety.

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EPIDEMIOLOGICAL CONCERNS FOR NON-HETEROSEXUAL ADOLESCENTS

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When addressing sexual orientation, different prevalence had been reported for homosexuals and larger ranges for bisexuals, asexuals or those who do not know.

Objective: This paper describes epidemiological differences of sexuality between heterosexual and non-heterosexual university students.

Methods: An online survey to 977 students of the Health Sciences campus at the University of Guadalajara, Mexico, was conducted to study their sexual behaviors, attitudes and history. The instrument included sociodemographic and sexological variables. Consent was asked and obtained on the introduction section of the study and the student could agree, or not, to answer the anonymous and confidential questionnaire. Statistical analysis includes Percentage, Mean \pm SD, Student t, and χ^2 comparing the population self-defined as Heterosexuals (H) versus those Non- Heterosexuals (Non-H) comprising homosexuals, bisexuals and not sure.

Results: Students had an average age of 20 ± 2.03 years. Only 780 declared their sexual orientation; from these, 93.5% of women and 83.8% of men considered themselves as heterosexuals. N-H started sexual intercourse one year earlier than H. Among H 2.69% of them had their first sexual intercourse with someone that just met, meanwhile in the group of Non-H reported 21.95%. There was a larger percentage of Non-H without use of condom during their first voluntary sexual intercourse and during the last six months. In general, child sexual abuse was reported 2.6 times more in Non-H (1.3 in women and 5.3 times more between men).

Conclusion: From the results in this research, it is very important to pay special attention to those adolescents who do not identify themselves as heterosexuals, because their sexual behaviors represent a larger risk for health and sexual problems and distress. Sexual education in secondary school must include sexual orientation as a topic, analysis and discussion among teenagers to promote sexual health.