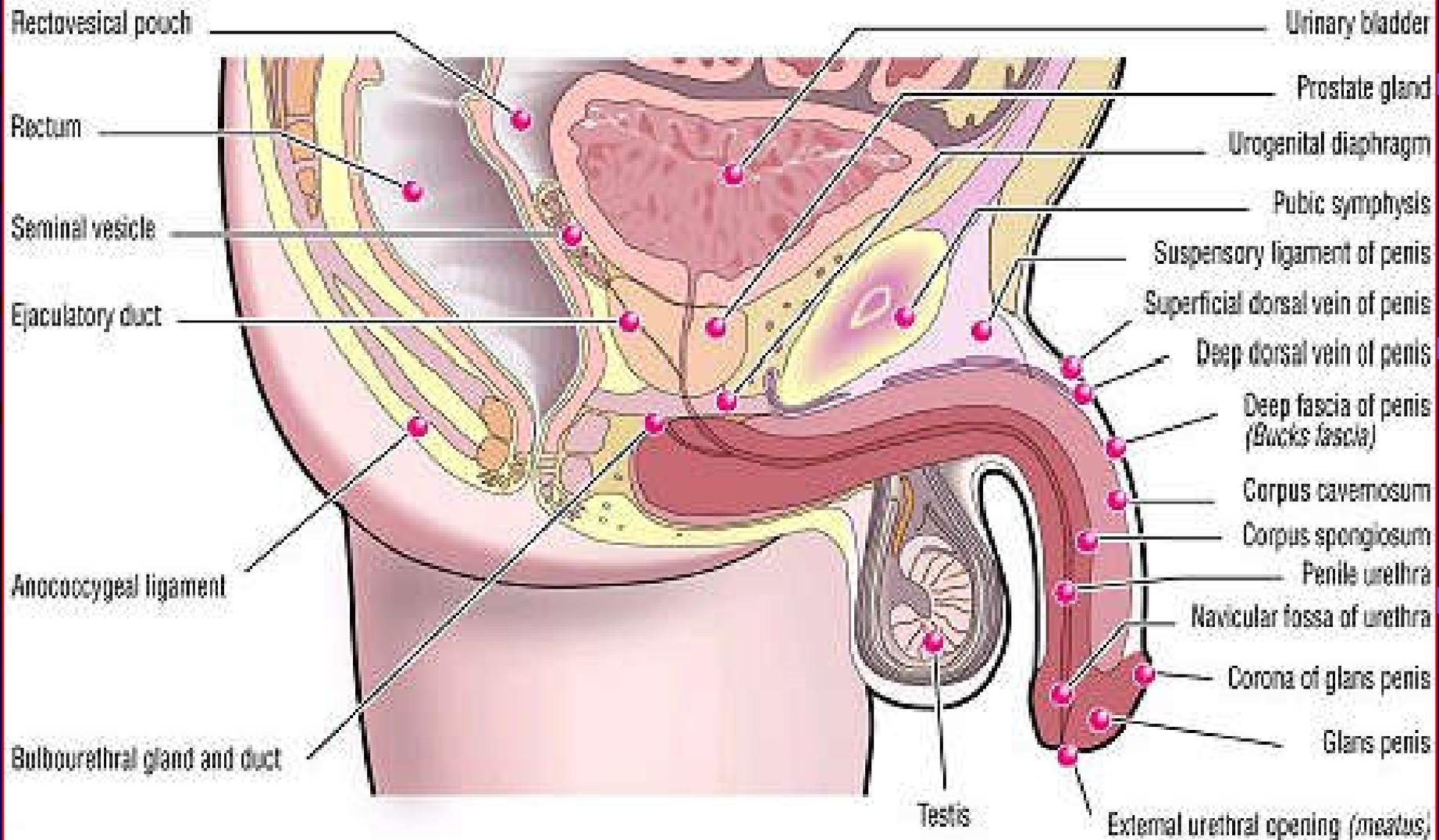
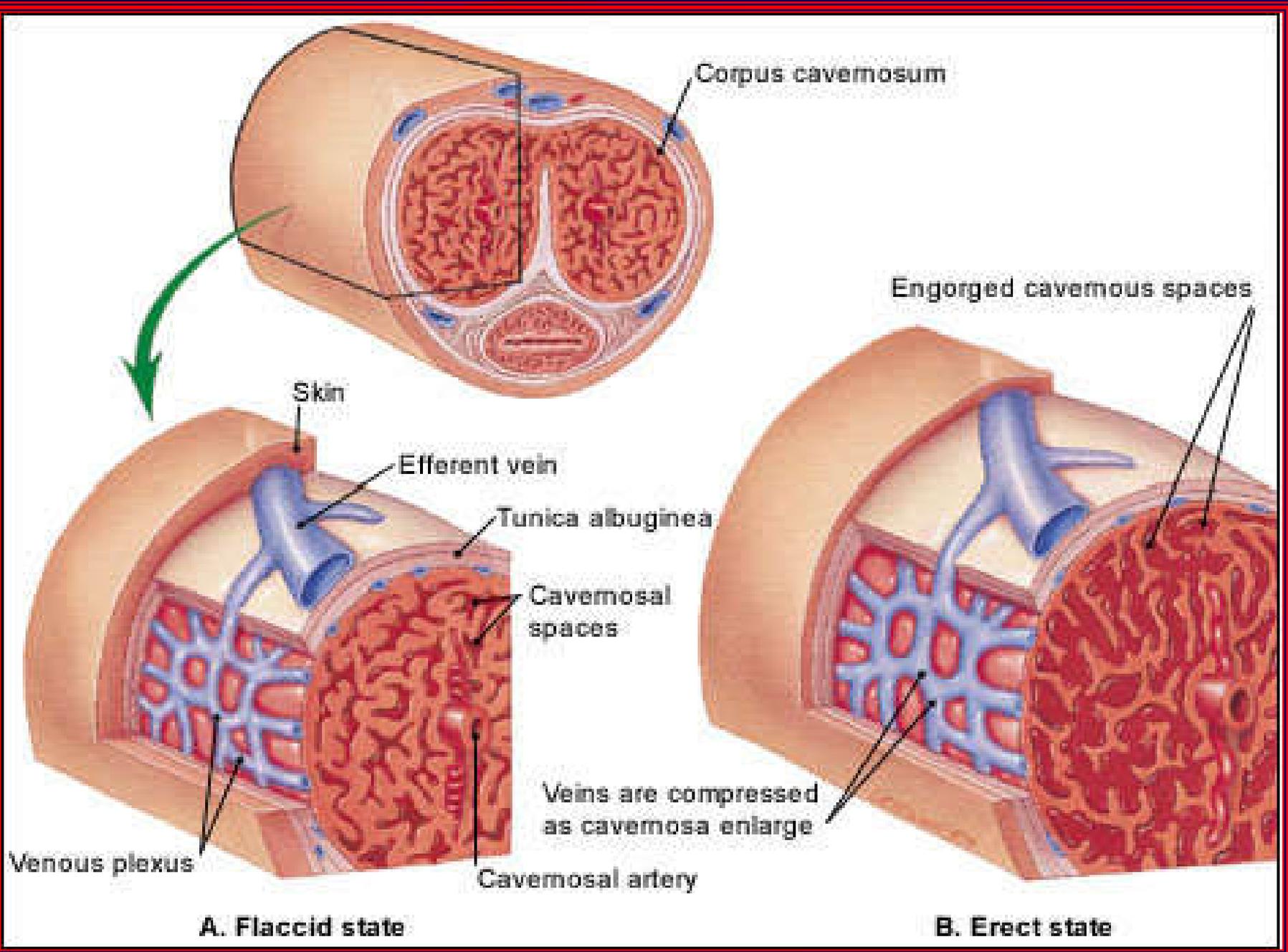


بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

ERECTILE DYSFUNCTION

Male reproductive anatomy





Corpus cavernosum

Engorged cavemosal spaces

Skin

Efferent vein

Tunica albuginea

Cavemosal spaces

Veins are compressed as cavemosa enlarge

Cavemosal artery

Venous plexus

A. Flaccid state

B. Erect state

Definition:

ED is the consistent inability to obtain or to maintain an erection for satisfactory sexual intercourse

Etiology:

- 1) Psychogenic E.D.
- 2) Organic E.D.
- 3) Mixed psychogenic and organic E.D.

Psychogenic E.D.

Etiology:

1) Master's and Johnson's classification

- . Developmental
- . Interpersonal
- . Cognitive
- . Neurotic

2) Lue's classification

- . Anxiety
- . Marital disorders
- . Psychotic disorders
- . Depression
- . Misinformation

Organic E.D.

Etiology:

- . Endocrinal
- . Medical
- . Neurogenic
- . Vasculogenic
- . Penile

Diagnosis of E.D:

- A) Detailed history (medical & sexual)
- B) Detailed examination (general & genital)
- C) Differentiation between organic & psychogenic
 - * ICI test.
 - * Nocturnal erection monitoring.
- D) Detection of underlying causes

Investigations:

- * Hormonal assay and blood sugar
- * ICI (Papverine, Phentolamine and PGE1)
- * Color doppler sonography
- * RigiScan
- * Cavernosometry and Cavernosography

Treatment of E.D.

A) Medical therapy:

1) Oral therapy:

a) Centrally acting drugs:

- Adrenergic antagonists:

(Yohimbine, Phentolamine)

- Serotonergic agonists:

(Trazodone)

- Dopaminergic agonists:

(Apomorphine)

b) Peripherally acting drugs :

- . **Selective phosphodiesterase inhibitors:**
(Sildenafil citrate - Others)
- . **Non selective phosphodiesterase inhibitors:**
(Pentoxifylline)
- . **Nitric oxide donors:**
(L.arginine)

2) Local therapy:

a) Transdermal therapy

(Nitroglycerine, Minoxidil, Papavarine gel)

b) Intraurethral therapy

2) ICI (Papverine, Phentolamine, PGE1)

B- Vacuum constriction devices

C- Surgical therapy

THANK YOU