

ABSTRACT

Erectile Dysfunction

Erectile dysfunction(ED) is defined as an Inability to attain and/or maintain penile erection sufficient for satisfactory sexual performance (NIH Consensus Conference on Impotence 1993 and AUA Guideline) . In Malaysia multiple studies have shown the incidence of erectile dysfunction to be around 16%-25% in men aged 40 years, and the incidence increases with age. The causes of ED are multifactorial and range from vasculogenic causes, psychogenic causes, medications, endocrine and neurological causes.

The most important aspect of ED management is the the association of cardiovascular disease and erectile dysfunction. ED can be considered to be a marker for possible further vascular disease or cardiac events. In 2-3 years from the onset of ED a man can develop an acute coronary event. Thus great care and emphasis should be taken to assess a patients cardiac risk factors and cardiac health.

The first step in evaluating ED is always a detailed medical and sexual history of patients and their partner's. Validated psychometric questionnaires, such as the International Index for Erectile Function (IIEF) should be used. Every patient must be given a physical examination focused on the genitourinary, endocrine, vascular and neurological systems. Blood investigations should include a full blood count, renal and liver profile, serum testosterone, HbA1c and fasting lipid profile as well as a baseline ECG.

Management should always be in a step wise approach beginning with a conservative approach starting with control of metabolic diseases, psychosexual counselling with both the patient and the partner and an adoption of a healthy lifestyle

Medical management is predominantly with PDE5 inhibitors which result in smooth vessel dilatation. Other medical options are agents that are directly injected into the penis or placed in the urethra. The surgical implantation of a penile prosthesis may be considered in patients who do not respond to pharmacotherapy or who prefer a permanent solution to their problem. Newer modes of treatment are the usage of low intensity shock wave lithotripsy which aims to restore the erectile mechanism in order to enable natural of spontaneous erections. When the shock waves interact with the targeted deep tissues where they cause mechanical stress and microtrauma. This stress and microtrauma induces biological reactions that result in the release of angiogenic factors which triggers neovascularization of the tissue with subsequent improvement of the blood supply.

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