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Erectile dysfunction in men with diabetes

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In 1906, Naunyn noted impotence to be the most common symptoms in diabetic men. Erectile dysfunction (ED) is a consistent inability to have an erection firm enough for satisfactory sexual intercourse. Men who have diabetes are two to three times more likely to have ED than men who do not have diabetes. Among men with ED, those with diabetes may experience the problem as much as 10 to 15 years earlier than men without diabetes. Research suggests that ED may be an early marker of diabetes, particularly in men ages 45 and younger. By age 70 and older, ED is found to be present in more than 95 percent of diabetic men. ED does not appear to be related to the duration of diabetes, and may precede the occurrence of other complication especially cardiovascular disorder. Endocrine factors, vascular changes low serum zinc level, alcohol abuse and hyperprolactinemia have been incriminated as the underlying mechanism of ED. Vascular disease is considered to be the most important cause of ED. Internal pudendal artery stenosis was found to be a greater degree in impotent subjects than non-impotent men with peripheral vascular diseases. Anti-hypertensive drugs have been considered as an important cause of ED but direct evidence linking anti-hypertensive therapy with ED is lacking. Nevertheless, diuretics and sympathetic inhibitor or beta blocker are noted to cause ED by patient's spouse or significant other. In conclusion, uncontrolled diabetes is the most common cause of ED in men and women. However, no information is available if glycemic control with insulin therapy will prevent sexual dysfunction in men and women with diabetes.

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Single step renal dilation in percutaneous nephrolithotomy: Prospective randomized study

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Introduction & Objective: To perform an economic single step renal dilation during percutaneous nephrolithotomy (PCNL) using directly the 30F amplatz dilator over the central Alkan dilator in a trial to reduce the operative time and radiation exposure during renal dilation while avoiding exchange of dilators which may increase risk of blood loss.

Materials and methods: Prospective randomized study including 49 patients divided into 2 arms, the first had renal dilation before PCNL using the standard metallic telescopic dilators(Alkan's), the second arm had renal dilation using directly the 30F Amplatz dilator over the central Alkan. Operative time with x-ray exposure was calculated. Procedure outcome in terms of complications, stone free rates, and hospital stay was evaluated. Statistical analysis was done using the SPSS program.

Results: Proper tract dilation was obtained in all cases. Operative time and X-ray exposure was shorter in patients undergoing single step dilation ($P<0.05$). Perioperative complications according to Clavien grading system occurred in 17(34%) patients yet no statistical difference in both arms. Stone free rates were comparable in all study group.

Conclusion: Single step renal dilation when performing PCNL is feasible, with shorter Operative time and X-ray exposure. It shows outcomes comparable to standard metallic telescopic dilation.

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