**FEMALE SEXUAL DYSFUNCTION AFTER VAGINAL SURGERY FOR INCONTINENCE TREATMENT AND PELVIC ORGAN PROLAPSE**


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Introduction & Objectives: Urinary incontinence and pelvic organ prolapse are common in women. After surgery, it could appear female sexual dysfunction, whose clinical manifestations and treatments are usually described as dyspareunia, lack of desire and pain during intercourse, decreased arousal, difficulty in achieving orgasm and hypothalamic sexual dysfunction disorder. Our aim is to evaluate sexual function in women with pelvic organ prolapse compared with urinary incontinence, because the last one could be named less invasive for using less polipropine mesh and less vaginal dissection.

Material & Methods: From April 2000 to June 2006; 69 women has been treated for stress urinary incontinence (17 IVS, 29 TVT, 23 Monarc) and 70 for pelvic organ prolapse (apogge 4, perige 35,synthetic vaginal mesh 18 and anterior and posterior colporraphy 14). Median age was 55.27 and 62.29 respectively. All patients were asked to answer a condition-specific self-administered questionnaire (Female sexual function index (FSFI)) and a ten visual analogue satisfaction score (VAS) (from 0: no satisfaction to 10: total satisfaction). Statistical analysis was performed using the Chi-square test, with 95% confidence interval (p<0.05) for all criteria evaluated.

Results: There are no differences between groups except in mean follow-up 35.45 and 20.86; mean surgical time: 39.2 and 81.29. The visual analogue satisfaction score mean was 7.63 and 7.79. Although there is a difference in both groups, talking about sexual desire (frequency and level) incontinence group present less rates. And also he group fell less sexually aroused, and less confident and less satisfied with the level of sexual arousal. Incontinence group present a better lubrication (no difficulty to become lubricated and maintenance until completion of intercourse). POP group reach orgasm more often, with less difficulty p<0.04. There is no difference in satisfaction climax, emotional closener with the partner, relationship, and overall sexual life. Although there are no differences, incontinence group experience less pain during vaginal penetration.

Conclusions: Although POP surgery seems to be more aggressive than incontinence one, there are no clear differences in sexual life repercussion. So, we do not be afraid about using support meshes for pop surgery. But we should remember that the maintenance of sexual function requires preservation of vaginal length and caliber adequate for sexual intercourse.

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**IN VITRO EFFECTS OF TESTOSTERONE AND DIHYDROTETESTOSTERONE ON CYCLIC AMP AND CYCLIC GMP LEVELS IN ISOLATED HUMAN CAVERNOSUS ARTERIES AND CORPUS CAVERNOSUM**


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Introduction & Objectives: Coronary heart disease and erectile dysfunction (ED) share the same common risk factors such as arterial hypertension, diabetes mellitus and the metabolic syndrome. The metabolic syndrome itself increases the risk for hypogonadism and there is strong evidence for genomic effects have been discussed based on animal experiments and clinical studies. Testosterone (T) has been shown to relax the aorta, coronary arteries, cavernous arteries and penile erectile tissue in vitro (Deenanayake UP et al Am J Physiol 2001; 281: H1720-7). It has been suggested that the mechanism of action might involve changes of cAMP or cGMP tissue levels. Therefore we evaluated the influence of T and dihydrotestosterone (DHT) on cAMP and cGMP levels in isolated human cavernous arteries (HCA) and corpus cavernosum (HCC).

Material & Methods: Isolated segments of HCA and HCC were exposed to increasing concentrations of T and DHT (0.1, 1, and 10 mikroM). The dose-dependent accumulation of cAMP and cGMP was determined in the tissue samples by means of radioimmunoassays. Responses of the isolated tissue specimens to T and DHT were compared to baseline levels of unstimulated specimens. The adenyl cyclase activator forskolin and the guanylic cyclase-stimulating agent sodium nitroprusside served as reference compounds.

Results: As expected, both the reference compounds sodium nitroprusside and forskolin significantly stimulated the accumulation of cGMP and cAMP in isolated tissue preparations of HCA and HCC. At the maximum concentration, the NO donor sodium nitroprusside more than doubled cGMP levels, whereas cAMP levels were increased 20-fold after exposure to 10 mikroM forskolin. No significant differences were recorded between the vascular and nonvascular tissue specimens. In the concentration range of 0.1 to 1 mikroM, we did not detect a significant effect of T and DHT on cAMP and cGMP levels compared to baseline in isolated HCA and HCC.

Conclusions: There is evidence that hypogonadism might be a component of the metabolic syndrome, which itself significantly increases the risk of diabetes mellitus, cardiovascular diseases, endothelial dysfunction and ED. There is still evidence for genomic effects of androgens on vascular and nonvascular smooth muscle physiology. Nongenomic effects of T and DHT have been discussed, but the in vitro influence of the compounds on the tonus regulation of smooth musculature in human erectile tissue seems to be limited. Our data could not confirm earlier in vivo (aortic coronary arteries) that nongenomic effects of T and DHT are mediated by changes in cAMP or cGMP tissue levels. It has been suggested that nongenomic effects of androgens are endothelium-independent and might involve potassium channel stimulation in single myocytes.