Assessment of sexual function and orgasmic capacity of women with spinal cord injury

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Discussion/conclusion. – The multicenter randomized placebo controlled trial of Botox injection 200 or 300 IU conducted in neurological patients identified an identical efficiency for two doses of Botox. Our prospective study showed efficacy, duration of action identical for 200 IU or 300 IU Botox and a reproducibility of clinical and urodynamic results.

References


Ejaculation with penile vibratory stimulation: 202 spinal cord injury patients

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Introduction. – The aim of our prospective study was to evaluate the prevalence of ejaculation in SCI patients by penile vibratory stimulation, depending on level of injury, the Asia score, pharmacological treatment, voiding mode and disease duration since injury.

Patients and methods. – Our study focused on 202 SCI patients hospitalized from January 2007 to 2009 all with anejaculation. All patients underwent a neurological evaluation, an Asia score, a collection of pharmacological treatments associated with their voiding mode. They all had one or more vibratory sessions with sperm collection and systematic search of sperm in the urine.

Results. – 202 hospitalized SCI patients: 87 cervical lesions, 87 thoracic lesions and 28 lumbosacral lesions. 158 have an Asia score A, 28 a peripheral perineum operation, 125 are making intermittent catheterizations. 99 patients treated with anti-cholinergic and 70 with alpha-blocker treatment. 88 patients had at least 48 months of evolution since trauma and 114 over 60 months (60 to 240 months). 78 patients or 39% achieved an ejaculation by penile vibratory stimulation (31 antegrade, 53 antegrade and retrograde, 17% retrograde). The prevalence of ejaculation triggered by penile vibratory stimulation was better for high spinal cord damage (47% cervical, thoracic 35%, 25% lumbosacral). The results were better for patients with incomplete versus complete lesion (52% versus 35%) and for patients who urinated by percussion versus self-catheterization (50% vs. 33%) (S). The disease duration did not influence ejaculation (NS).

Discussion and conclusion. – Penile vibratory stimulation improves the possibilities of ejaculation for SCI patients. Our results are dependent on the level of the injury, the nature of complete or incomplete lesion, independent of disease duration since trauma, although in the literature, these notions are controversial. Treatments associated with voiding mode seem to play a significant role in ejaculation.

References


Sexual disorders in 83 patients with systemic sclerosis

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