

TRAITEMENTS CHIRURGICAUX DES DYSFONCTIONS SEXUELLES

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INTRODUCTION

- Les troubles de l'éjaculation
 - l'anéjaculation
 - l'azoospermie
- Les troubles de l'érection

ANEJACULATION / HYPOSPERMIE

- Soit sténose urétrale :
urétrotomie ou urétroplastie
- soit sténose des canaux éjaculateurs
résection des canaux éjaculateurs



■ Sténose



■ Urétrotomie



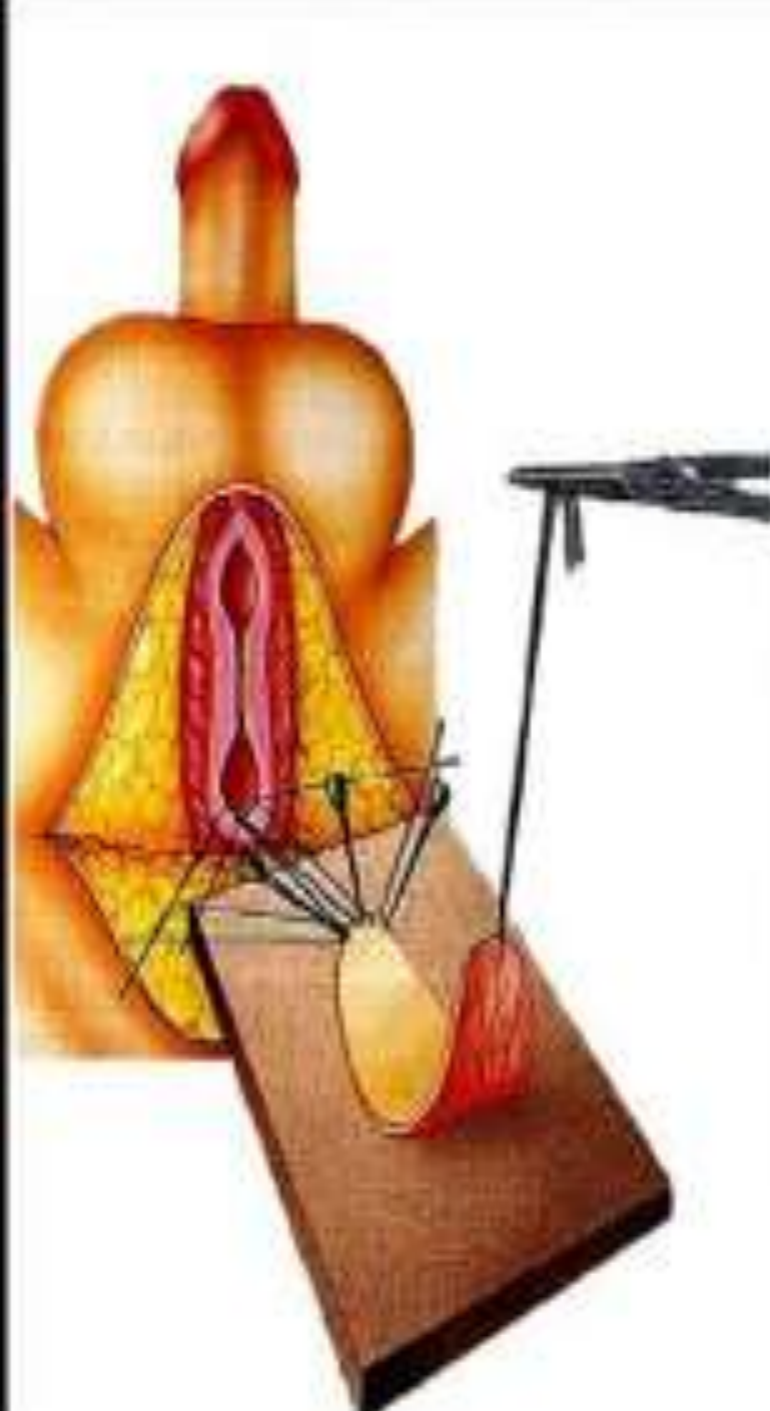


Table 3. Repair and success by patient age in Italy

Repair	No. Pts (%)	No. Success (%)	Median Followup (mos)	1–12 Yrs		13–18 Yrs		19–78 Yrs	
				No. Pts (%)	No. Success (%)	No. Pts (%)	No. Success (%)	No. Pts (%)	No. Success (%)
Cold knife urethrotomy	12 (6.7)	11 (92.3)	61					12 (100)	11 (92.3)
Holmium laser urethrotomy	29 (21.1)	28 (96.5)	57					29 (100)	28 (96.5)
Perineal bulboprostatic anastomosis									
Simple:	21 (15.2)	19 (90.4)	82	1 (4.7)	1 (100)	2 (9.5)	2 (100)	16 (86.6)	16 (88.9)
With crural separation	32 (23.2)	29 (90.6)	76	1 (3.1)	0	6 (18.7)	5 (83.3)	25 (78.2)	24 (96)
With inferior pubectomy	24 (17.4)	21 (87.5)	49					24 (100)	21 (87.5)
With retrocrural urethra rerouting	1 (0.7)	1 (100)	84					1 (100)	1 (100)
Badenoch pull-through	9 (6.5)	3 (33.3)	126			1 (11.1)	0	6 (86.9)	3 (37.5)
Abdominal transpubic bulboprostatic anastomosis	1 (0.7)	1 (100)						1 (100)	1 (100)
2-Stage urethroplasty	6 (4.3)	5 (83.3)	88					6 (100)	5 (83.3)
Definitive perineal urethrostomy	3 (2.2)	2 (66.7)	125					3 (100)	2 (66.7)
Totals	138	120 (86.9)	74	2 (1.4)	1 (50)	9 (6.6)	7 (77.8)	127 (92)	112 (88.2)

TABLE 1 The semen analysis results after posterior urethroplasty

Patient	Volume, mL	pH	Motility, %	Total count, millions, nl > 40	Count/mL, millions, nl > 20
1	1.5	8.5	76	47.5	31.7
2	2	8	54	130	65.0
3	5	8.3	60	187	37.4
4	2.8	7.8	64	77.5	27.7
5	3.2	8.3	50	163	50.9
6	3.1	8	70	91.1	29.4
7	0.5	7.5	68	39.7	79.4
8	2	7.8	72	64	32.0
9	1.5	7.4	40	935	623.3
10	2	8.3	40	35.4	17.7
11	2.5	8	23	2.8	1.1
12	1.0	8.3	7	0.3	0.3
13	M			A/P	*
14	+				
15	+				
16					P5
17					P5
18					P5
19					P5

RESECTION DES CANAUX EJACULATEURS

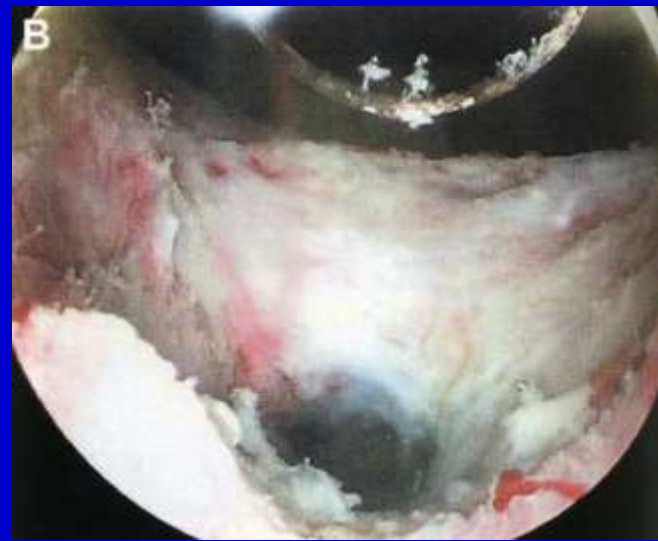
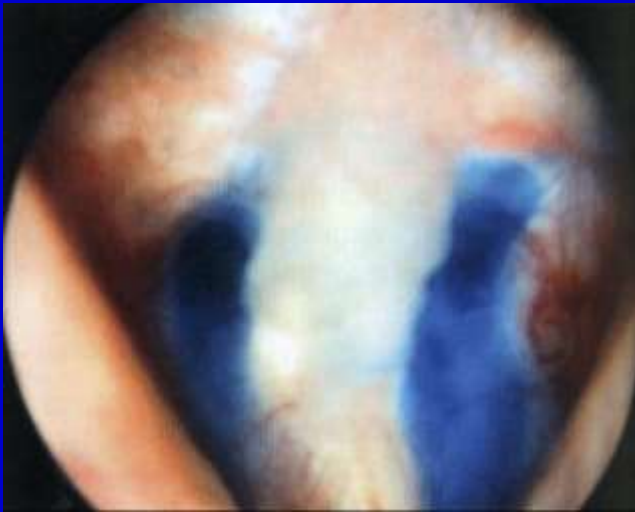
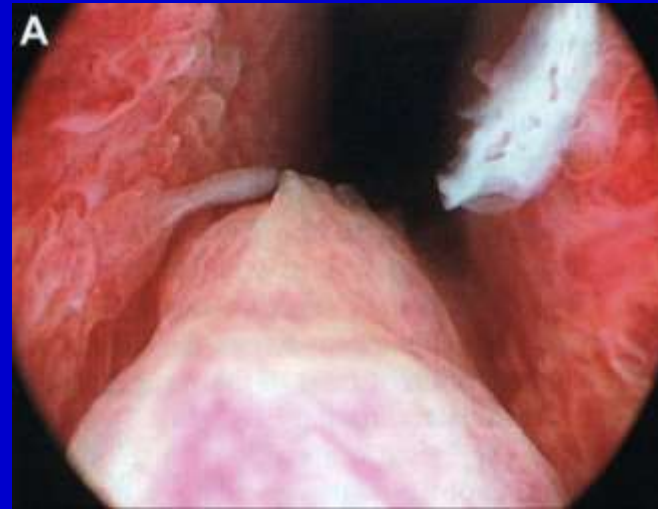
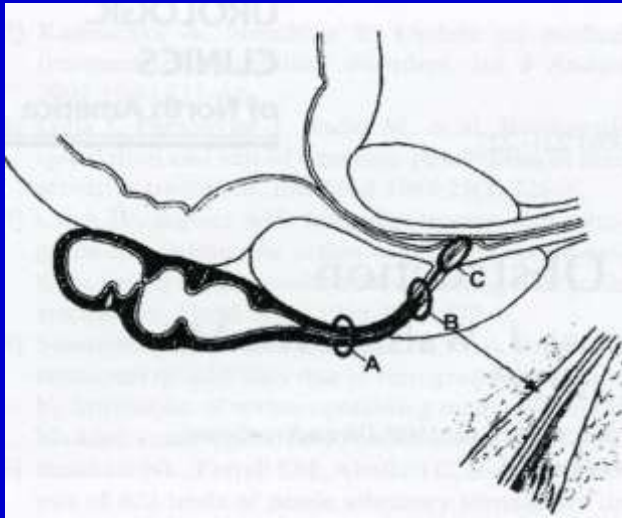


TABLE 1

Preoperative and postoperative seminal variables after transurethral resection of ejaculatory ducts in patients with partial complete ejaculatory duct obstruction.

Semen variable	Before surgery	After surgery	P value
Patients with complete ejaculatory duct obstruction (n = 22)			
Ejaculate volume (mL)	0.8 ± 0.2	2 ± 1.2	.000
Sperm concentration ($\times 10^6$ sperm/mL of semen)	0	12 ± 11	.000
Sperm motility (%)	0	25 ± 15	.000

TABLE 2

Outcomes of transurethral resection of ejaculatory ducts pathologic findings on transrectal ultrasonography (TRUS) or magnetic resonance imaging.

Pathology	Patients with complete ejaculatory duct obstruction	Patients with partial ejaculatory duct obstruction	Total
No. with midline cyst	7	4	11
No. with improvement (%) ^a	5 (71)	4 (100)	9 (82)
No. with midline cyst and dilated seminal vesicle	4	4	8
No. with improvement (%) ^a	3 (75)	4 (100)	7 (88)
No. with calcification along ejaculatory duct	8	3	11
No. with improvement (%) ^a	3 (38)	2 (66)	5 (45)
No. with eccentric cyst	3	5	8
No. with improvement (%) ^a	2 (67)	5 (100)	7 (88)
Total	22	16	38
No. with improvement (%) ^a	13 (59)	15 (94)	28 (74)

^a At least 50% increase in postoperative sperm concentration or motility.

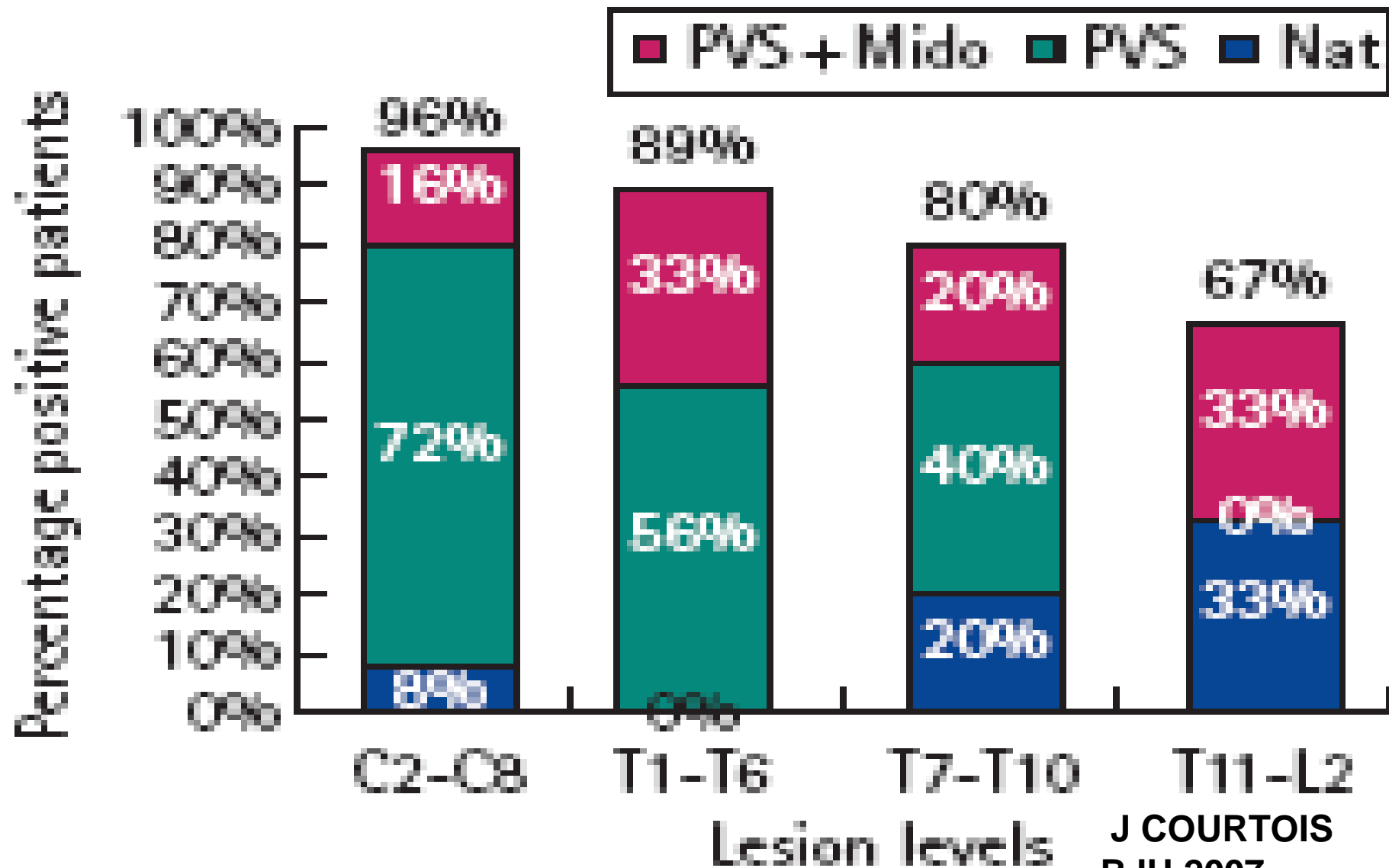
Kadioglu. Treatment of ejaculatory duct obstruction. *Fertil Steril* 2001.

LE VIBROMASSEUR

- Fréquence 100hz/Amplitude 2,5mm
- Seul ou associé à la midodrine(Gutron)
- Adapter en fonction des infections, de la spasticité, de l'âge ,de la période de vie



PERCENTAGE SCI PATIENTS REACHING EJACULATION



Vibratory ejaculation in 140 spinal cord injured men and home insemination of their partners

J Sønksen¹, M Fode¹, D Löchner-Ernst² and DA Ohl³

Study design: Retrospective cohort study.

Objectives: Anejaculation is commonly found in spinal cord injured (SCI) men. Clinical treatments and assisted reproductive techniques allow SCI men to father children but few home pregnancies have been reported. The objective of this paper is to evaluate the results from the last 20 years' of treatment with penile vibratory stimulation (PVS) and vaginal self-insemination at home in SCI men and their partners.

Setting: The data originate from two European centers and one American center.

Methods: A total of 140 SCI men with anejaculation and their healthy partners were available for this analysis. Men who obtained antegrade ejaculation by PVS and had motile sperm in the ejaculate were offered the possibility of PVS combined with vaginal self-insemination at home. Couples were instructed to perform PVS and to instill the ejaculate intravaginally. Outcome measures were pregnancy rate per couple, number of live births, total motile sperm count and time to pregnancies.

Results: Median total motile sperm count was 29 million (range, 1–92 million). In all, 60 of the 140 couples (43% pregnancy rate) achieved 82 pregnancies. Seventy-two of the pregnancies resulted in live births with the delivery of 73 healthy babies. Median time to first pregnancy was 22.8 months (6.0–98.4). No complications were reported.

Conclusion: PVS combined with vaginal self-insemination may be performed as a viable, inexpensive option for assisted conception in couples in whom the SCI male partner has an adequate total motile sperm count and the female partner is healthy.

Spinal Cord (2012) 50, 63–66; doi:10.1038/sc.2011.101; published online 13 September 2011

ETIOLOGIE	Patients N= 99	Orgasme N = 41
LILLE 2012		
Atteinte Médullaire	68 (69%)	26 (63%)
Traumatisme	50	19
Vasculaire	5	2
Tumoral	4	1
Compression	5	3
Intoxication	1	0
Infection	3	1
Atteinte périphérique	29	15
Diabète Insulino Dépendant	10	7
Spina Bifida	2	0
Sclérose en plaque	7	2
Chirurgie néoplasie testiculaire	6	4
Chirurgie néoplasie colo rectal	3	1
Chirurgie néoplasie prostatique	1	1
Iatrogène	1	0
Psychogène	1	0

LILLE 2012

	Patients	Éjaculation	Antérograde	Rétrograde	Mixte	Anéjaculation
TOTAL	N=99	N=72	N=29	N=34	N=9	N=27
Atteinte Médullaire	N=68	N=51	N=22	N=23	N=6	N=17
Traumatisme	50	37	20	12	5	13
Vasculaire	5	3	0	3	0	2
Tumoral	4	4	1	3		0
Compression	5	3	0	2	1	2
Intoxication	1	1		1		0
Infection	3	3	1	2	0	0
Atteinte périphérique	N=29	N=21	N=7	N=11	N=3	N=8
DID	10	8	2	5	1	2
Spina Bifida	2	0				2
Sclérose en plaque	7	5	3	1	1	2
Chirurgie néoplasie testiculaire	6	4	1	2	1	2
Chirurgie néoplasie colorectale	3	3	1	2		0
Chirurgie néoplasie prostatique	1	1		1		0
Iatrogène	N=1					N=1
Psychogène	N=1					N=1

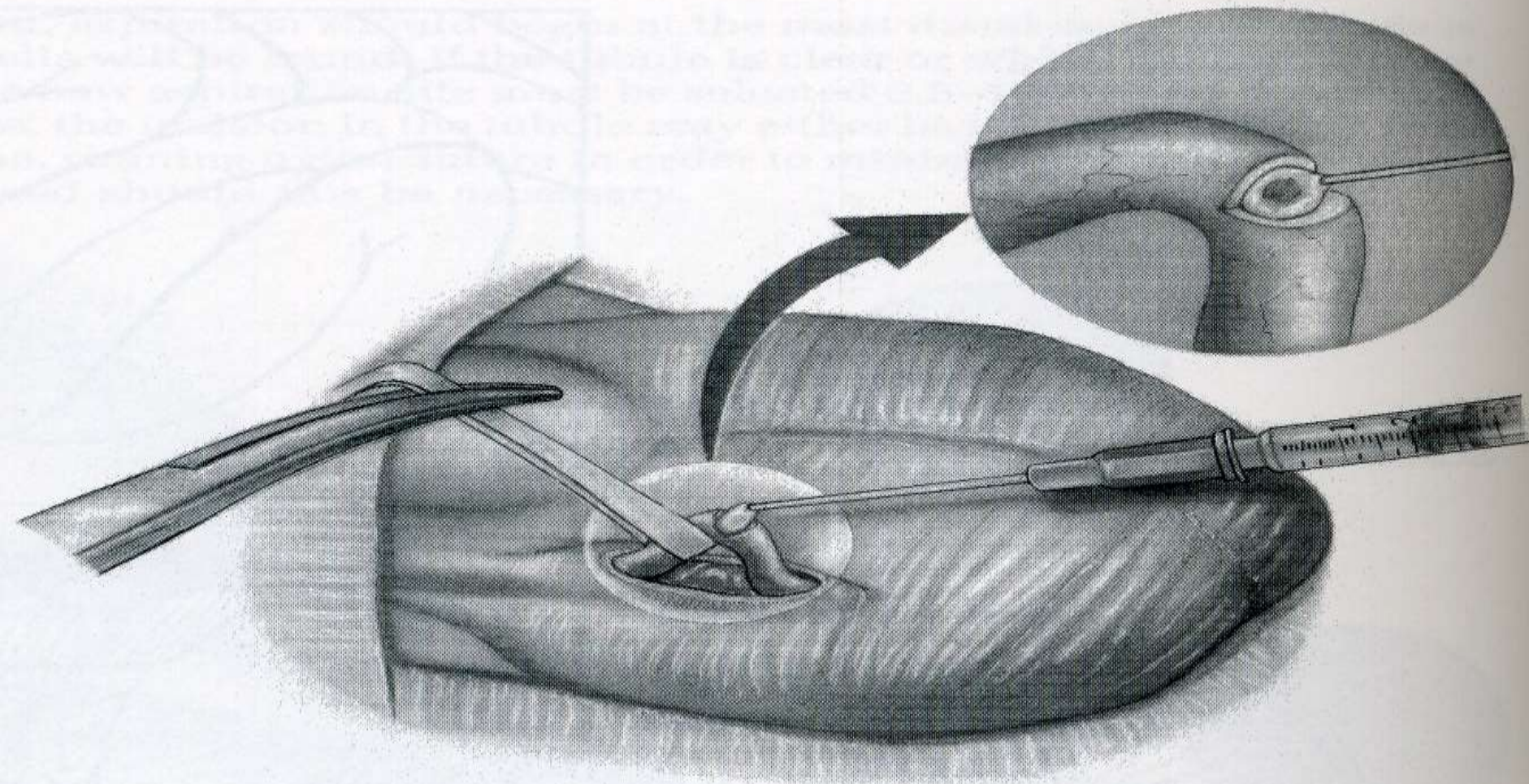
MODALITES / RESULTATS

LILLE 2012	VIBREUR SCI	GUTRON SENSIBILITE +
NOMBRE PATIENTS	37	77
NOMBRE EJACULATIONS	23	61
TAUX EJACULATION	62%	79%
NOMBRE ESSAIS	112	325
NOMBRE RECEUILS	91	240
TAUX RECEUIL	81%	74%

LE PRELEVEMENT CHIRURGICAL

- En dernier recours CAD après toutes les autres techniques
- Nécessite un agrément du site
- Impose le recours à l'ICSI pour l'utilisation du sperme auto-conservé

PRELEVEMENT DEFERENTIEL



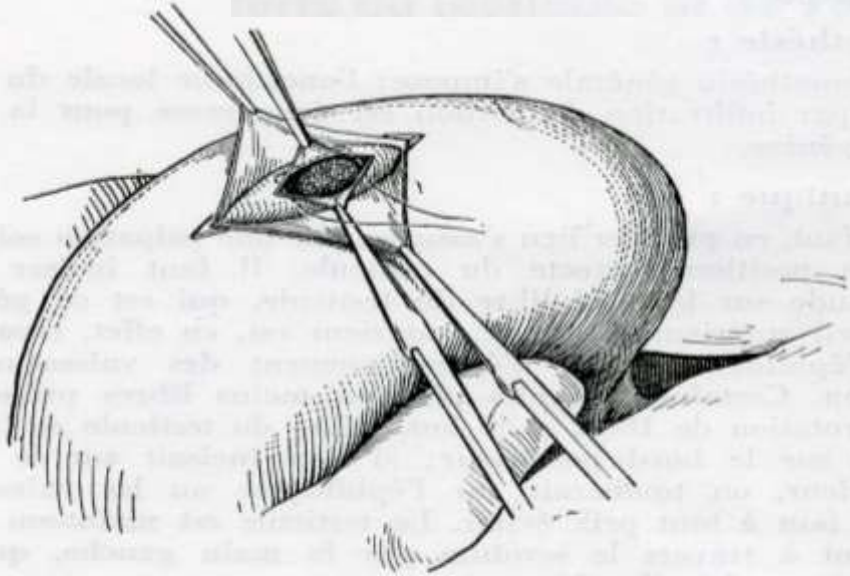
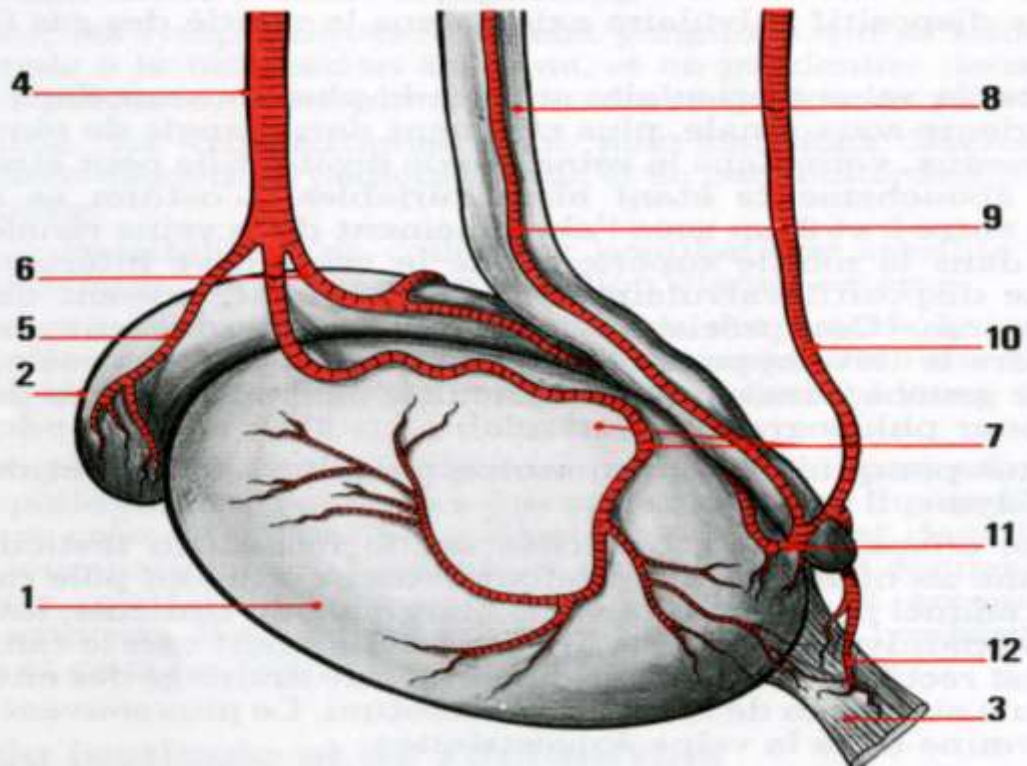


Fig. 4.

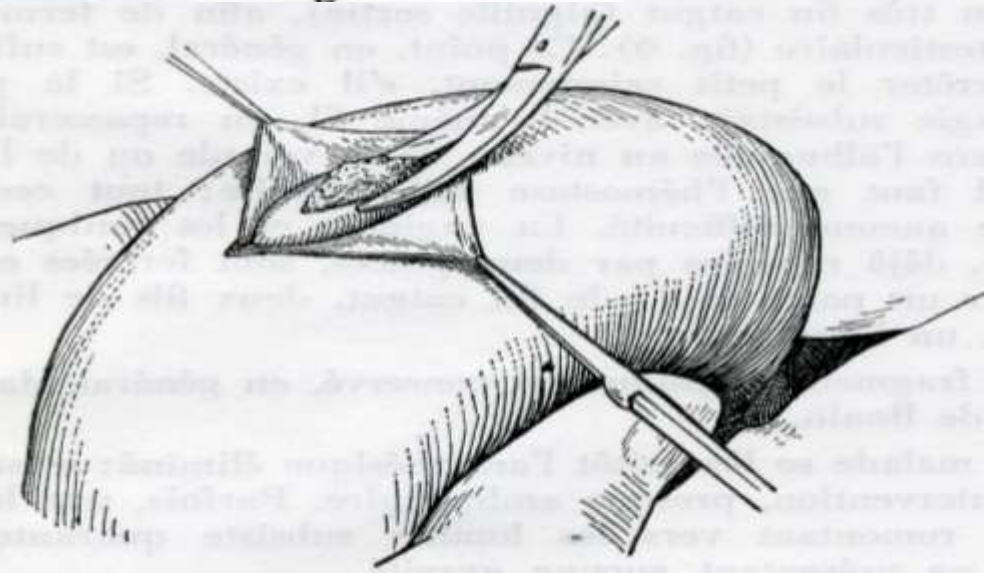


Fig. 3.

RESULTATS ICSI / CHIR

Azoospermie excrétoire / Anéjaculation

	ABCD	FSH normale
	99 / 260	115 / 249
Fécondance	52 %	50 %
G./cycle	25 %	25 %
G./couple	66 %	54 %
Achmt/couple	55%	50%

Pour 2.6 cycles en moyenne par couple

TABLE 3

Comparison of semen quality and pregnancy outcomes in various groups.

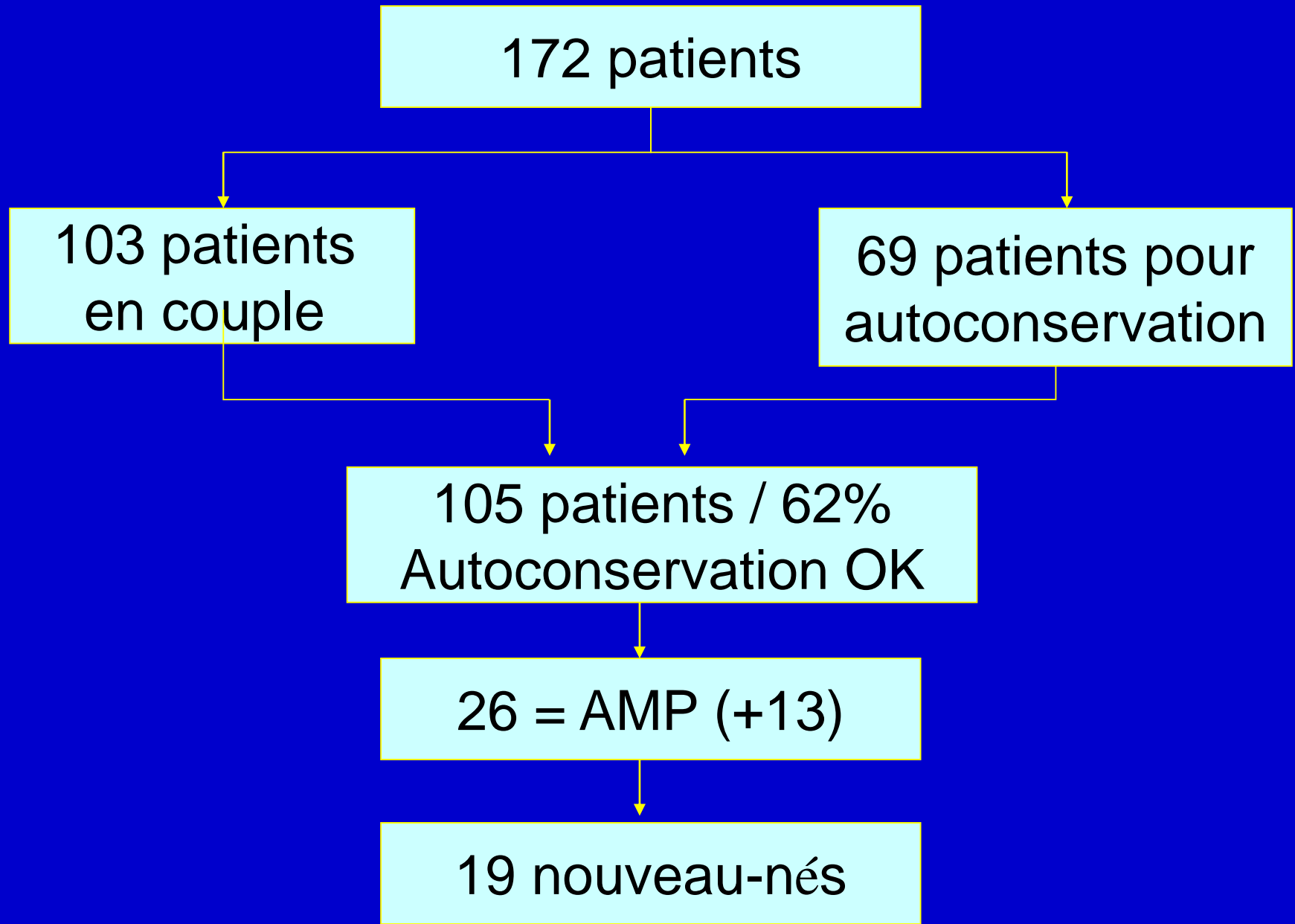
	PVS	EEJ	Non-SCI
No. of men	12	16	297
Semen volume (mL)			
Mean	1.9 ± 0.5	2.1 ± 0.5	2.2 ± 0.1
Range	0.1–8.5	0.1–6.0	0.2–13.0
Median	1.4	1.0	2.0
Sperm concentration (10 ⁶ /mL)			
Mean	77.3 ± 28.1	43.4 ± 15.6	50.2 ± 4.1
Range	0.0–400.0	0.0–304.8	0.1–532.0
Median	30.0	9.5	18.0
Sperm motility (%)			
Mean	12.1 ± 3.6 ^a	6.1 ± 2.1 ^b	37.1 ± 1.2 ^{a,b}
Range	0.0–48.0	0.0–36.0	0.0–85.0
Median	5.0	2.3	40.0
TMSC (10 ⁶)			
Mean	14.8 ± 4.8	12.1 ± 4.8	33.6 ± 3.0
Range	0.0–62.0	0.0–79.0	0.0–561.0
Median	4.5	1.8	7.2
No. of IVF/ICSI cycles	21	24	443
Fertilization rate per cycle (%)	61.9	55.8 ^b	71.4 ^b
Pregnancy rate per cycle (%)	42.9	37.5	42.2
Pregnancy rate per couple (%)	58.3	50.0	57.9
Live birth rate per cycle (%)	42.9	33.3	37.6
Live birth rate per couple (%)	58.3	43.8	53.5

Note: All means are given with SEM. Mean semen volume, mean sperm concentration, and mean sperm motility are shown in antegrade fractions. Mean total motile sperm count (TMSC) is shown in the combined antegrade and retrograde fractions. Mann-Whitney *U* test was performed to compare means. Chi-square test was performed to compare rates. *P* ≤ .05 was considered to be statistically significant. EEJ = electroejaculation; IVF/ICSI = in vitro fertilization with intracytoplasmic sperm injection; PVS = penile vibratory stimulation; SCI = spinal cord injury.

^a Significant difference between the PVS group and the non-SCI group.

^b Significant difference between EEJ group and non-SCI group.

Notre expérience entre 2001 /07 /2012



26 COUPLES

DEMARCHE DE PARENTALITE

	Spontanée	Vibreur	Gutron	Gutron + Vibreur	TOTAL Sans chirurgie	Chirurgie	TOTAL avec chirurgie
Fécondation AMP		5	7	3	15	2	17
GIU unique	2	4	5	1	12	2	14
GG			1	1	2		2
GEU			1	1	2		2
FC		1			1		1
Total Fécondation		5	7	3	17	2	19

Tableau 12 : Nombre de fécondation par cycle et de grossesses ayant abouti en fonction du type de prise en charge

LA DYSERECTION

- Après la prise en charge médicale++++
- Après une prise en charge de la partenaire
- Après au moins délais de 24 à 36 mois
- Après la prise en charge des autres handicap en particulier de la continence, des escarres périnéaux

LA CHIRURGIE

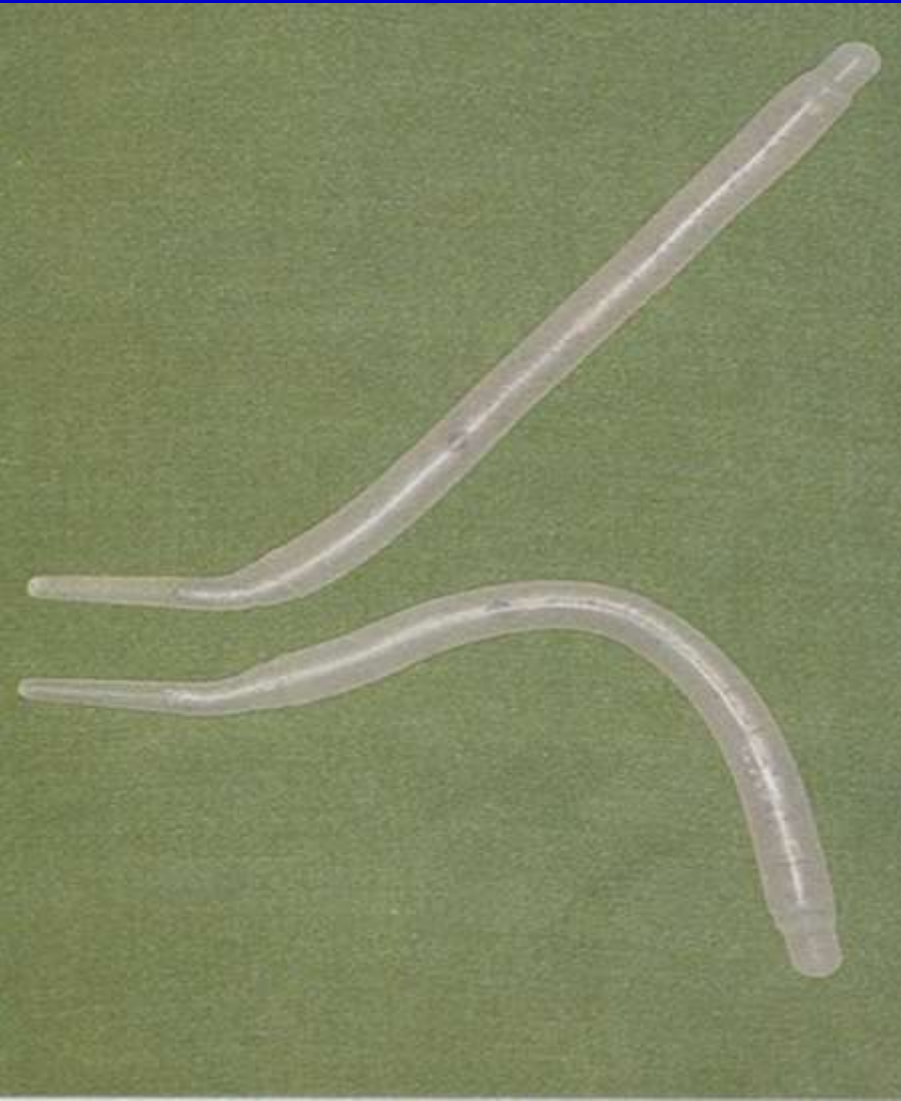


TABLE 3. Comparative success rates for first choice goal directed therapy in 460 patients with erectile dysfunction

Treatment	Total No. Pts. (%)	No. Success (%)
Pharmacological	322 (70)	131 (41)
Intracavernous injections	69 (15)	59 (85)
Vacuum constriction device	38 (8)	24 (63)
Prostheses	14 (3)	12 (85)
Vascular surgery	9 (2)	3 (30)
Noncoital techniques	8 (2)	5 (62)
Total No. (%)	460 (100)	239 (60)

**COMPARATIVE RESULTS OF GOAL ORIENTED THERAPY FOR
 ERECTILE DYSFUNCTION**

KAMAL A. HANASHI*

From the Urology and Impotence Center of Northern Virginia, McLean, Virginia

TABLE 1

Types of Treatment Options Tried for Erectile Dysfunction, Success Rates, Treatment Adherence, and Desire to Try in the Future ($n = 1188$ Men with Erectile Dysfunction)

Treatment option	Men who tried the option		Men who tried the option (%) ^a		
	No.	%	Somewhat improved	Greatly improved	Still using treatment
Sexual counseling	145	14	29	7	29
Sildenafil	549	52	33	16	39
Testosterone replacement	48	5	26	12	31
Other oral medication	21	2	44	11	47
Penile injections	179	18	43	29	34
Intraurethral prostaglandin	103	10	41	6	21
Vacuum device	197	19	44	19	41
Penile prosthesis	16	2	38	44	81
Herbs or vitamins	60	6	34	0	42

SCHOVER CANCER 2002

^aPercentages may be based on a somewhat lower number of men in some instances because of missing data.

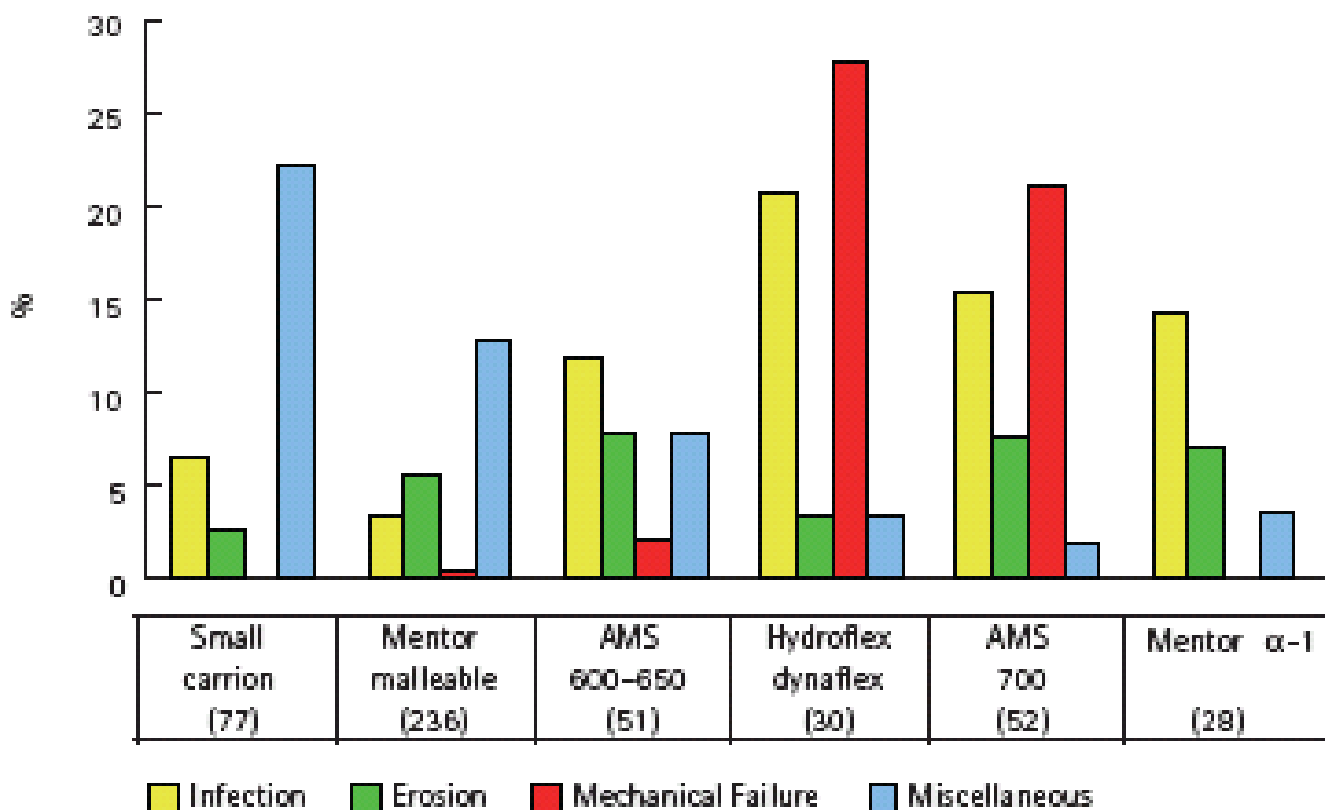
TABLE 1 Primary causes of ED in the 447 men with penile prostheses

Cause	N (%)
Diabetes mellitus	122 (27.3)
Other vasculogenic	115 (25.7)
Peyronie's disease	52 (11.6)
Priapism	30 (6.7)
Radical pelvic surgery	46 (10.3)
Pelvic trauma	28 (6.3)
Spinal cord injury	13 (2.9)
Other neurological disorders	19 (4.3)
Miscellaneous	22 (4.9)
Total	447 (100)

TABLE 4 The postoperative complications in 482 prostheses implanted

Variable	Malleable	Self-contained inflatable	Three-piece inflatable	Total
Prostheses implanted, n	372	30	80	482
Mechanical failure, n (%)	2 (0.5)	8 (26.7)	11 (13.7)	21 (4.4)
Prosthesis infection, n (%)	19 (5.1)	6 (20)	12 (15)	37 (7.7)
Erosion, n (%)	19 (5.1)	1 (3.3)	6 (7.5)	26 (5.4)

FIG. 1. Specific long-term satisfaction rates and causes for dissatisfaction for different types of prostheses (implant removed and not replaced in 26 men and 22 men lost to follow-up immediately after surgery).



P PRYOR 2005

Penile Implantation in Europe: Successes and Complications with 253 Implants in Italy and Germany

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DOI: 10.1111/j.1743-6109.2008.00819.x

Table 1 The number and types of prostheses implanted, implant characteristics and the surgical approach used in the 200 implants

Implant type	Implant characteristics	Surgical approach	Number implanted
AMS 700GX Three-piece inflatable prostheses	Diameter: 9.5–18 mm (mean 11 mm) Rear tip extender: 0–4.5 cm (mean 2 cm) Length of the implanted cylinders: 13–24 cm (mean 19 cm)	Penoscrotal plus infrapubic	62
AMS Ambicor Two-piece inflatable prostheses	Diameter: 11–15 mm (mean 13 mm) Rear tip extender: 0–4.5 cm (mean 2 cm) Length of the implanted cylinders: 14–22 cm (mean 18.4 cm)	Penoscrotal	98
AMS 600-650 Malleable prostheses	Diameter: 11.5 and 13 mm Rear tip extenders: 0–3 cm (mean 1.5 cm) Length of the implanted cylinders: 12–18 cm (mean 17.4 cm)	Penoscrotal	40
Total			200

AMS = American Medical Systems.

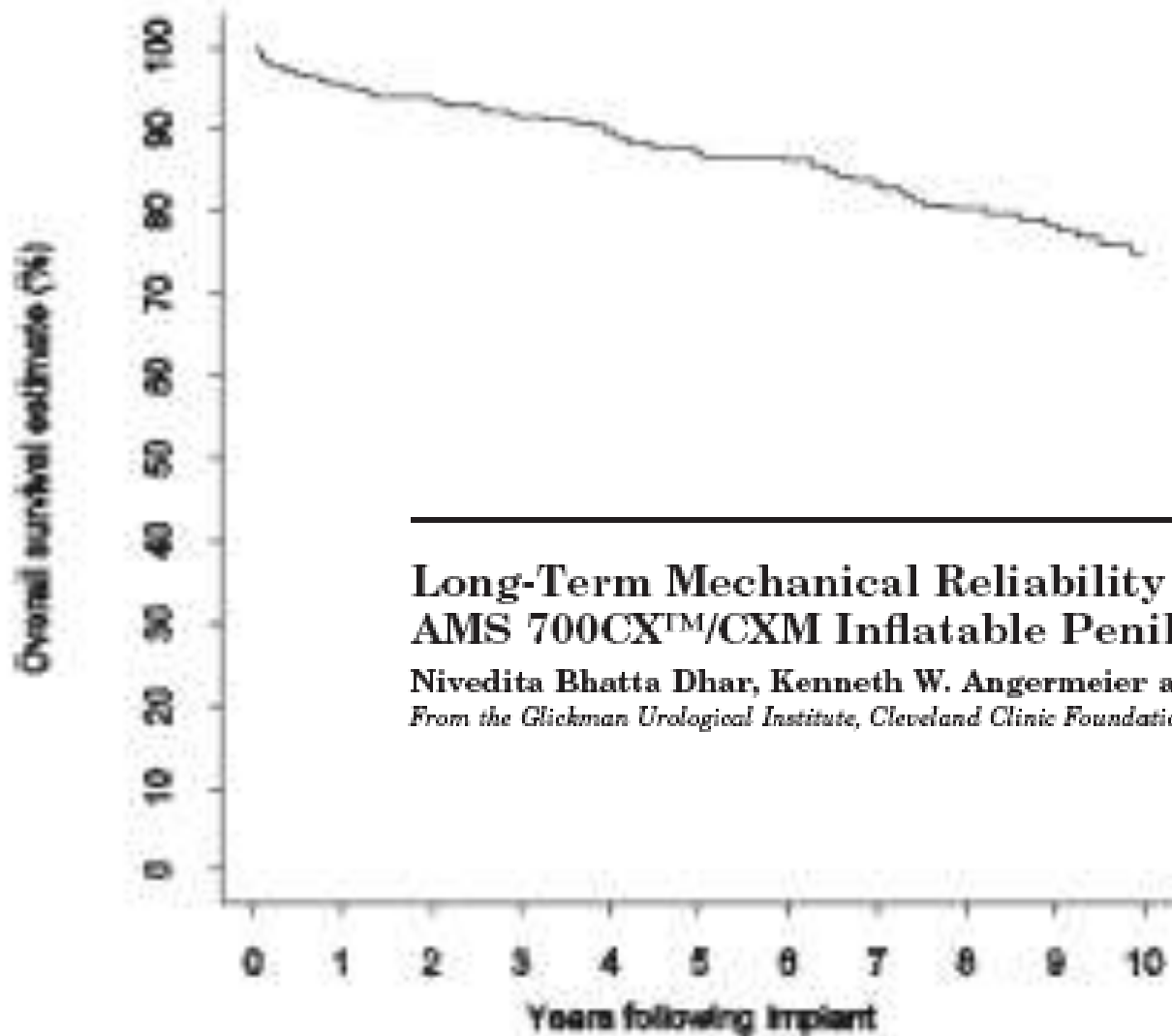
Table 2 Major postoperative complications reported during the study

Type of complication	Type of prosthesis affected			Total number (%)
	AMS 700CX number (%)	AMS Ambicor number (%)	AMS 600-650 number (%)	
Prosthesis infection	5 (12.5)	3 (7.5)	1 (2.5)	9 (22.5)
Mechanical failure	10 (25)	6 (15)	2 (5)	18 (45)
Erosion	4 (10)	2 (5)	7 (17.5)	13 (32.5)
All major postoperative				40 (100)

AMS = American Medical Systems.

Table 5 Recent publications of IPP satisfaction data

Author	Year	Satisfaction	Comment
Natali et al. [48]	2008	97%/81%/75%	AMS 700CX/Ambicor/600-650
Xuan et al. [49]	2007	97.6%	Percent achieving coitus
Lux et al. [41]	2007	85%	Ambicor modified two-piece
Kava et al. [54]	2007	77%	Only post-revision patients evaluated
Akin-Olugbade et al. [50]	2006	60–86% (15 out of 20)	RP, obesity, and PD were negative predictors of satisfaction
Mulhall et al. [51]	2003	IIEF 15 at one year (baseline 7 out of 20)	IIEF satisfaction domain at 1 year doubled from baseline



Long-Term Mechanical Reliability of AMS 700CX™/CXM Inflatable Penile Prosthesis

Nivedita Bhatta Dhar, Kenneth W. Angermeier and Drogo K. Montague*
From the Glickman Urological Institute, Cleveland Clinic Foundation, Cleveland, Ohio

360 352 313 288 258 229 202 169 140 106 72
 Number at risk of overall failure

FIG. 1. Overall failure

TABLE 2. *First implant surgery risk analysis*

Predisposing Factors	Total No.	No. Infections (%)
Diabetes	125	4 (3)
Spinal cord injury	66	6 (9)
Steroid use (chronic lymphocytic leukemia, lupus, chronic obstructive pulmonary disease, rheumatoid)*	10	5 (50)
All other pts.†	622	9 (1)
Totals	823	24 (3)

* No infection in 3 transplant patients on steroids.

† Patient age, obesity, incision location, radiation and malignancy history are not risk factors.

CONCLUSIONS

- Chirurgie difficile
- Dans un contexte difficile
- Nécessité d'une information++++