

# SLAMS2015

MONTEVIDEO - URUGUAY

XIII CONGRESO DE LA SOCIEDAD LATINOAMERICANA DE MEDICINA SEXUAL

XIII CONGRESSO DA SOCIEDADE LATINOAMERICANA DE MEDICINA SEXUAL

XIII CONGRESS OF THE LATIN AMERICAN SOCIETY FOR SEXUAL MEDICINE

13 AL 16 DE AGOSTO DE 2015 - MONTEVIDEO - URUGUAY

## RESUMENES / RESUMOS / ABSTRACTS



0-03

### Are sleep-related erections sentinel of vascular health?

Bechara, A<sup>(1,2)</sup>; Bertolino, MV<sup>(3)</sup>; Casabe, A<sup>(1,2)</sup>

<sup>(1)</sup>División Urología, Hospital Durand, Buenos Aires, Argentina <sup>(2)</sup>Instituto Médico Especializado (IME) Buenos Aires Argentina <sup>(3)</sup>División Ginecología, Hospital Durand, Buenos Aires, Argentina

**Introduction:** Erectile dysfunction (ED) is highly prevalent in men older than 50 yrs old and it has been related to endothelial health. Diabetes, hypertension, obesity and metabolic syndrome may be associated with vascular ED.

**Objective:** To describe the prevalence of vascular risk factors (VRF) in ED patients with and without sleep-related erections (SREs).

**Material and Method:** Retrospective, transversal study. 580 clinical records of eugonadic ED patients who underwent home-SREs-Rigiscan® monitoring between 1998-2014 were analyzed. Rigiscan® results were considered adequate when the event had at least  $\geq 70\%$  rigidity at both the tip and base with an increase in tip and base tumescence  $\geq 2$  cm and  $\geq 3$  cm, respectively and maintained for at least 10 min. VRF, namely, diabetes, hypertension, dyslipidemia and cardiovascular disease were properly assessed. Patients with abdominal or pelvic surgery, neurologic comorbidities, hypogonadism, men younger than 50 years of age and incomplete clinical records were excluded. Statistical analysis was performed using SPSS v 11.0.

**Results:** 389 clinical records were apt for analysis. Mean age, sd and range were  $60 \pm 6.6$  (50-78) yrs old. Amongst all, 50.9% (198/389), mean age 59.4 had a normal Rigiscan® and 50,1% (191/389), mean age 60.7 yrs old, an abnormal one ( $p=0.097$ ). Only 29.3% of the patients with adequate Rigiscan® had VRF compared to 75.9% of patients with an abnormal register ( $p<0.0001$ ). Moreover, 53, 8% of non-SREs patients had VRF association ( $\geq 2$ ) while 63.8% of SREs men had only one VRF.

**Conclusion:** The prevalence of VRF is higher in ED patients without SREs. Men with one VRF had more adequate SREs compared to those with two or more risk factors.

Financiamiento: No