

## INTRODUCTION

Impotence is one of the most common sexual Dysfunction that in many people has a profound effect on their well being. (Muller & Lue, 1988).

It is defined as the constant inability to achieve or maintain an erection of sufficient rigidity for sexual intercourse.

Today, it is believed that vasculogenic erectile failure is one of the most frequent causes of organic impotence, vasculogenic impotence may be due either to poor arterial inflow into the penis (Arteriogenic impotence) or to excessive venous leakage (venegenic impotence) (James, 1991).

The evaluation of these vasculogenic factors depends on dynamic infusion cavernosometry and cavernosography (DICC), duplex sonography with pulsed Doppler analysis and internal iliac arteriography, scintigraphy studies may provide additional or complementary informations.

Evaluation of patients with suspected vasculogenic impotence should begin with assessment of corporal veno - occlusive mechanism and measurement of the perfusion pressure of the cavernosal arteries during erection. Angiography is necessary to assess the anatomy, patency and distribution of arterial lesions in-patients who are candidates for penile vascular reconstruction (Rosen et al; 1991-B).

Recently duplex sonography has been shown to be a useful non invasive method to evaluate men with suspected vasculogenic impotence, particularly to select patients who would benefit from further evaluation with more invasive studies (Benson & Vickers, 1989).

Arteriography accompanied by selective internal iliac injection is considered the standard for reference for the evaluation of arteriogenic impotence. The technique, however is invasive, expensive and uncomfortable for patients, it is not suitable as a screening method.

The aim of this work is to evaluate the role of duplex sonography and pulsed Doppler analysis, cavernosometry and pharmaco-cavernosography and angiography in the evaluation of vasculogenic impotence in 50 selected cases.

.

only for our ? How to evaluate?