INTRODUCTION AND AIM OF THE WORK

Aim of the work

This study is set up to ascertain the consistency of results obtained from assessing impotence by colour duplex sonography and cavernosometry / cavernosography when each is carried out in a separate department and by different investigators.

We are aiming at evaluating the colour duplex sonography as a non-invasive technique in comparison to the invasive and discomfort cavernosometry / cavernosography in diagnosing venogenic impotence.

Introduction

A vascular aetiology of erectile dysfunction may be suspected in patients with repeated negative reactions after intracavernous injection of vasoactive substances e.g. papaverine.

Significant venous Leakage could be detected by pharmacocavernosometry / cavernosography, but it gives only indirect information about the arterial inflow of the penis. *(Boolstein et al., 1987)*

The use of duplex sonography in the diagnosis of vasculogenic impotence was first described by *Lue et al., (1985)*. currently, it is generally accepted that patients with erectile dysfunction who have a peak systolic velocity less than 25-30 cm/sec. after intracavernous pharmacological stimulation have arterial disease

(Paushter, 1989). Recently, duplex sonography has been described as a possible new tool to detect venous leakage; *Schwartz et al., (1989a)* stated that end diastolic flow appears to be indicator of adequacy of the veno-occlusive mechanism with in the penis. *Quam et al., (1989),* found that patients with venous leakage during cavernosometry frequently also had elevated end diastolic velocities in the cavernous arteries shown by duplex sonography. They suggested that a mean end diastolic velocity of greater than 5 cm/sec. should be considered abnormal. *Hampson et al., (1992)* concluded that colour Doppler imaging allows selection of patients for cavernosography.