

Summary

Impotence is defined as the inability to obtain or sustain a penile erection for the purpose of coitus.

Impotence is categorized into organic, psychogenic and mixed types based upon the etiology of erectile disability.

The history of the impotent patient must be taken as an initial step for diagnosis of his impotence. History includes sexual history and medical history. Sexual history includes the onset, the course and the events that occur in the patient's life at the time of occurrence of his sexual problem. Sexual history includes also detailed assessment of the current level of the patient's sexual function and the sexual problems other than the dysfunction that is initially described by the patient. Medical history includes history of any chronic illness which might affect his sexual functioning and the history of any medications or surgical operations.

After thorough evaluation of the patient history ,

examination of the patient is performed, generally and locally. Local examination includes examination of the penis, the scrotum is palpated and transilluminated for any swelling, the testes are carefully and gently palpated for size as well as consistency, and the epididymides are examined for evidence of inflammation. Rectal examination should be done to evaluate the prostate and for evaluation of the anal sphincter tone.

History and examination may help detecting an organic or psychogenic cause of impotence. There are also two recommended techniques performed for differentiation between organic and psychogenic impotence. They are the recording of nocturnal penile tumescence (N.P.T) and the analysis of the patient profile as determined by Minnesota Multiphasic Personality Inventory (MMPI).

The evaluation of the neurological aspect of impotence includes examination of the motor strength in the lower extremities, deep tendon reflexes and Babinski sign. The sacral spinal segment are tested by examining

the perineal sensations (s2-5) , the small muscles of the foot(s1-5) , anal sphincter tone(s2-4),and bulbocavernosus reflex (s2-4).

The assessment of hormonal dysfunction in impotent patient depends on screening of serum testosterone level. If this level is low, then further studies of pituitary function are warranted. Elevated serum testosterone level suggests the possibility of occult hyperthyroidism.

Diabetes Millitus is one of the most common causes of impotence. Routine two-hour postprandial blood sugar should be determined for every impotent patient.

For the assessment of vascular aspect of impotence, penile circulation has been evaluated by invasive methods (selective pudendal arteriography) and by various noninvasive methods which include Doppler ultrasound examination of the penile arteries, penile body temperature measurement and volume plethysmography.

Treatment of impotence includes treatment of

reversible organic causes, penile prosthesis for
irreversible cases of organic impotence, psychoth-
erapy and sex therapy.