Extended Abstract
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Management of Impotence Along with Complicated Idiopathic Stuttering Priapism and Painful Nocturnal Erections with Post Finasteride Syndrome

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Abstract:

Painful nocturnal erections and idiopathic stuttering priapism are two known unique distinct entities in the physiopathology of erectile disorders. Since the latter in prolonged form or recurrent form can end up in the person developing irreversible erectile dysfunction we tried to conduct systematic review on these 2 rare disorders to update the etiopathophysiology to better manage the 2 conditions. Although lot of work is being done in animal models as far as sickle cell disease induced disorder is concerned still we await to know the proper etiopathophysiology of the idiopathic form and till we understand beyond the nitric oxide(NO)/cyclic guanosine monophosphate(cGMP)/ phosphodiesterase 5(PDE5) role we can only do relieving therapy using different drugs like hormonal drugs that cause hypogonadism, use of beta 2 mimetics like salbutamol or terbutaline surgical aspiration and injection of sympathomimetics like phenyl ephrine and detumuscence remains the only approach till we get some more evidence based therapies with future work on etiopathology

Introduction:

There are 2 phenomena of the male erection response which is different from the normal penile erection function namely, Painfulnocturnal erections; Idiopathic stuttering priapism.
The 1st points to pain that is only correlated with sleep-associated erections, the 2nd is a variant of repeated continued penile erection which takesplace with or without pain at wakefulness, involuntarily and without any sexual excitement or stimulation. Both are special presentations of penile erection and though a little alike, they actually are quiet separate. They are agreed upon to be proper clinic pathological conditions although theyare not scientifically easily defined. Since they are rare along with poor insight in the biomedical causes, they may appear as minor matters and asfigment of imagination. But those men who experience them acknowledge that they are very troublesome and actually present .Hence we decidedto conduct a systematic review.

Methods:

A pubmed search was done for this systematic review utilizing MeSH terms painful nocturnal erections and idiopathic stuttering priapismwith regards to definition, etiology, pathophysiology clinical presentation as well as management of the 2 conditions from 1950 to current time in mar 2020.

Results:

A total of 2951 articles were found out of which we selected 58 articles for this review. No meta-analysis was carried out.

Keywords:

Painful Nocturnal Erections; Idiopathic Stuttering Priapism; Salbutamol; PDE5 Inhibitors; EJD; RE; IVEJD; Premature ejaculation; PD E 5 inhibitors

Ejaculatory dysfunction (EJD) is a complicated pathological problem in contrast to erectile dysfunction(ED).A proper Classification has not been formed and thereby often treatment gets delayed.In view of correlation with infertility EJD represents an important problem ,in men of reproductive age especially.Thus we carried out a Pubmed and Google Search for the latest articles related to EJD using the MeSH terms like EJD,Premature ejaculation,delayed ejaculation Intravaginal Ejaculatory dysfunction(IVEJD),Retrograde ejaculation(RE),drugs responsible for all these ejaculatory disorders, anhedonic ejaculation, treatment modalities.We found 2000 articles out of which we selected 65 articles for our review.
1st line drug .Behavioral therapy is supplemented with Pharmacotherapy based on individualization of the case. Penile Vibratory stimulation or Electro ejaculation is utilized in some men presenting with retrograde ejaculation and an ejaculation. Further inretrograde ejaculation (RE) collection of urine from the bladder after emptying it and changing urinary pH is utilized collection of semen in media enriched fluid like HTF,HTM etc. and ART like Intrauterine insemination(IUI)/intracytoplasmic injection(ICSI) utilized bases on the motility and numbers of sperms collected.In cases who desire a baby ,assisted reproductive technology needs to be considered simultaneously without wasting any time.

SSRI’s Finasteride is a 5 alpha reductase inhibitor (5-α RI) that has been used for the treatment of benign prostatic hyperplasia (BPH) as well as androgenic alopecia for relatively young men for long. That a group of side effects not only develop following its use but persist following cessation of the drug with the syndrome coined as ‘’Post Finasteride Syndrome ‘’ (PFS) has been realized for long. What is the reason that we as physicians refuse to appreciate this despite serious adverse effects like persistent sexual dysfunctions, suicidal ideation, and other metabolic effects like risk of developing type 2 diabetes mellitus (DM), lacrimal dysfunction, renal abnormalities we refuse to appreciate these drug induced syndrome. Infact when rimonabant (a CB1 receptor agonist)was being studied as an antiobesity syndrome and was shown to cause suicidal ideation immediately it was withdrawn from trials. What pushes us not to use the same criteria for these 5-α RI including Finasteride and dutasteride knowing that how important they are in human physiology and how severe harm we might cause to then poor unknowing man who is not even told that he might develop erectile dysfunction, loss of pleasure in life a prize he has to pay to get his hair back. This comprehensive review has been done with an effort for our medical community who took Hippocratic Oath to serve the humanity why they cannot get up and protest against

the side effects that in a subgroup of men irreversible side effects rather than label the poor men as psychotic or delusional. These symptoms have been emphasized by Traish along with other groups as men who have epigenetic susceptibility. Time has come that not only we start actually looking deep down into the pathophysiology and get an insight into this mysterious, elusive diagnosis that refuses to get accepted