The Lost Meetings

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Early Latin American Meetings on Sexual Medicine

- 4th World Meeting of ISIR. Rio de Janeiro, 1990

Acknowledgement: O. Mazza, S. Glina, M. Rivero
1st. International Symposium on Male Sexual Impotence.
Mar del Plata, Argentina Oct 19-23 1981

Enrique Crespo (Meeting Chair)
ABSTRACT — Interposition of autologous vein between the femoral artery and the cavernous and dorsal penile arteries has been done in 45 impotent patients with demonstrable vasculogenic impotence. In all, 92 bypasses were performed. Excellent results with return of potency and disappearance of premature ejaculation were obtained. Twenty-two patients had more than six months of follow-up.
1st. International Symposium on Male Sexual Impotence.
Mar del Plata, Argentina Oct 19-23 1981

Adrian Zorgniotti
1st. International Symposium on Male Sexual Impotence.
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Valclav Michal
1st. International Symposium on Male Sexual Impotence.
Mar del Plata, Argentina Oct 19-23 1981

AMB Goldstein
NEW OBSERVATIONS ON MICROARCHITECTURE OF CORPORA CAVERNOSA IN MAN AND POSSIBLE RELATIONSHIP TO MECHANISM OF ERECTION

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ABSTRACT — Controversies and insufficient anatomic information on the microarchitecture of the corpora cavernosa and their role in the mechanism of erection still persist. A total of 2,690 serial cross sections of the corpora cavernosa of ten men were studied. The observations made seem to support the hypothesis of an intrinsic-mechanism of erection rather than a pure vascular one. Unpublished preliminary physiologic studies also support the existence of such a mechanism.
Penile cushions “polsters”
ANATOMY AND HISTOLOGY OF PENILE DEEP DORSAL VEIN: VENOUS CUSHIONS AND PROXIMAL “SPHINCTER”

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ABSTRACT — A sphincter-like structure was found at the base of the penis at the division of the crura surrounding the deep dorsal vein and, in instances of paired veins, around both veins. The deep dorsal vein in this anatomic region does not have a clear-cut adventitia or external wall. The venous lumen is stellate in cross sections, with much surrounding smooth muscle, nerve fibers, and connective tissue blending into the penile tissue external to the tunica albuginea. Further microscopic and gross studies of the deep dorsal vein in 10 specimens revealed consistently smooth muscle “polsters” the entire length of the vein, with the fibers directed in a longitudinal fashion. Photomicrographs of this structure are shown, and some theoretical notions about the function of this peculiar-appearing anatomic structure are described.
**Figure 1.** (A) Deep dorsal vein in distal one third of penis. Longitudinal smooth muscle (cushions or “polsters”) in lumen, and external circular smooth muscle. (B) Cross section of penile deep dorsal vein in middle third of penis. No external circular smooth muscle, no definite vein wall, and what may be vascular clefts surrounding vein.
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Milorad J Jevitch
IMPORTANCE OF PENILE ARTERIAL PULSE SOUND EXAMINATION IN IMPOTENCE

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ABSTRACT

Experience with the Doppler ultrasound examination of penile arteries in 93 impotent men is presented. The technique for this examination is a simple, reliable, inexpensive office procedure for the detection of penile arterial obstruction in patients with impotence. With this test 44 per cent of impotent men were found to have obstructive blood flow in the penis as the cause of impotence. A 95 per cent accuracy rate with this technique was confirmed by penile angiography in 22 patients.

Since impotence is a common problem facing the clinicians it is important to detect penile arterial disease—a major causal agent of many impotent men.
EDITORIAL COMMENT

This article is a valuable contribution to an area of diagnosis that has not been fully explored as yet, nor has methodology been standardized. Before angiography is advised some form of penile blood pressure study or plethysmography should be attempted. Conversely, the penile studies will give a clue as to whether angiography is indicated.

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VASCULAR FACTOR IN ERECTILE FAILURE AMONG DIABETICS

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ABSTRACT — Forty-seven impotent diabetics were evaluated by Doppler examination of penile arteries and by bulbocavernosus reflex latency and/or cystometrogram. Contrary to past suggestions, penile neuropathy in impotent diabetics was an infrequent finding. However, over 60 per cent of the patients did have vascular obstructive changes without penile neuropathy. This study suggests that obstruction of penile arteries is the primary factor responsible for impotence in diabetics.
1st. International Symposium on Male Sexual Impotence.
Mar del Plata, Argentina Oct 19-23 1981

Ismet (John) Karacan
Nocturnal Penile Tumescence and Sleep of Convicted Rapists and Other Prisoners

Ismet Karacan, M.D., (Med.) D.Sc., Robert L. Williams, M.D., Manuel W. Guerrero, M.D., Patricia J. Salis, M.A., John I. Thornby, Ph.D., and Carolyn J. Hursch, Ph.D.

Sexuality and Disability, Vol. 12, No. 1, 1994

Nocturnal Penile Tumescence (NPT) and Rigidity Monitoring in Neurogenic Impotence: Interpretations and Limitations

Ismet Karacan, M.D., D.Sc. (Med.), Connie A. Moore, M.D., and Nilgun Gokcebay, M.D.
1st. H. Hellis International Symposium. Guaruja, Brazil Nov 1987

Herbert Newman
ERECTILE DYSFUNCTION IN DIABETES
AND HYPERTENSION

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ABSTRACT—By direct interrogation and specific questions, the erectile function of 1,128 male adults, aged sixteen to eighty years and over, was elicited. The erectile function was based on ability to develop an erect angle of 90° and more, and this was used for classification purposes. Three hundred seventeen consecutive, unselected male diabetics and 117 nondiabetic male hypertensives were compared with 635 consecutive adult males with neither diabetes nor hypertension. Our results indicate that erectile dysfunction, partial or complete, is more prevalent in diabetics compared with nondiabetics of the same age groups. An unexpected finding was a meager relationship between hypertension and erectile disability. Antihypertensive drugs were responsible for only 2 cases of erectile dysfunction in our male hypertensive patients. The negative impact of age was noted in all age groups and in those with or without diabetes or hypertension.
ARTIFICIAL ERECTION BY PERFUSION
OF PENILE ARTERIES

HARRY F. REISS, M.D
HERBERT F. NEWMAN, M.D.
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ABSTRACT — The dorsal and cavernous arteries of the penis in 14 cadavers and 4 surgical specimens were studied, and the role of these vessels in producing erection was evaluated. For the first time, erection was produced in a cadaver by the perfusion of the cavernous artery. Perfusing the dorsal artery resulted in distention but not erection, and the dorsal artery showed extensive anastomoses between all six arteries of the penis. The cavernous artery appears to be very important for erection, with the dorsal artery playing a relatively smaller role. Surgically, however, both vessels may lend themselves to vascular shunts in the treatment of vascuogenic impotence.
1st. H. Hellis International Symposium. Guaruja, Brazil Nov 1987

Adrian Zorgniotti
1st. H. Hellis International Symposium. Guarujá, Brazil Nov 1987

Karl Montague
3rd World Meeting of ISIR
Boston, USA 1988
3rd World Meeting of ISIR. Boston, USA 1988
Presentations for the 4th World Meeting
IV World Meeting of ISIR
Rio de Janeiro, Brazil. 1990
IV World Meeting of ISIR. Rio de Janeiro, Brazil. 1990

SLAI is born
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1st International Symposium on Neuro-myxo-vasculogenic ED

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