

B shot and BP shot for Erectile Dysfunction Management

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Objectives

The prevalence of ED, underlying causes and comorbidities, why diagnosis of ED is important, ED could be the first sign of cardiovascular diseases, major risk factors, diagnostic tools and evaluation, recent management guidelines for ED, future and experimental treatments and rule of Botox (B shot) in ED as well as combined BOTOX and PRP injection (BP shot).

Introduction

Erectile dysfunction a major Male sexual Disorder, prevalence in some studies 52% of male above 40 years old, causes underlying could be psychogenic or organic mainly mixed, may be signal of underlying diseases, or cardiovascular disease, EHS used for diagnosis, recent and future management guidelines are available with significant result including intra corporal injection of Botox

Materials / Method

Review of update researches in causes, recent management, future management, theories for erectile dysfunction management including Botox (B shot), P shot, Botox combined PRP (BP shot), and Stem cells. 48 candidas scheduled for penile implant surgery to evaluate the effective rule of Botox injection intra corporal injection in sever erectile dysfunction, group A 24 control received IC 1 ml saline, group B 24 received IC single injection BTX-A 50 units (B shot). Second session done after 6 months to evaluate rule of combined Botox and PRP injection (BP shot) intra corporal for the 48 candidas with group switching group A 24 received IC single injection BTX-A 50 units combined with PRP followed with immediate pumping, group B 24 control received IC 1 ml saline.

Results

Significant results in the Sexual Encounter Profile, Global Assessment Questions (GAQ), and the erection hardness score

(EHS) of the group B received IC BTX-A-50 units compared by the controlled group A received IC 1ml saline.

- 14 (58%) candidate injected by BTX-A 50 units after been scheduled for penile implant surgery are satisfied from 24 treated compared by 2 candidate from placebo group, the 10 non responded treated cases when added PRP (BP shot) treatment one month after Botox 3 cases satisfied and significantly improve by EHS evaluation. Using vacuum as p shot after B shot and PRP IC injection.
- Second session result of combined BOTOX and PRP (BP shot) for the 24 candidate scheduled for penile implant, 19 (79%) candidate satisfied from 24 treated compared by 1 candidate from placebo group, and significantly improve by EHS evaluation if compared by the group with BOTOX alone, 5 patients feedback (we are more than 10 years younger, I didn't have that feeling and power from many years ago).

Conclusion

Botox (B shot) and combined BOTOX and PRP (BP shot) could be a future treatment for sexual disorders, The results suggest the possibility of intra- cavernosal BTX-A in treatment of patients with sever erectile dysfunction, and may lead to a reduction in the number of patients requiring penile implant surgery, results more significant if combined with immediate pumping.

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