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SUCCESSFUL TREATMENT OF HARD FLACCID SYNDROME: A CASE REPORT

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Introduction: Hard flaccid syndrome (HFS) is a chronic, painful condition cited in several patient online forums but poorly defined in literature. Gul and Towe were the first to report on cases of HFS with symptoms including a semi-rigid penis in the flaccid state, erectile dysfunction, penile sensory changes of numbness and coldness, and incomplete voiding. These symptoms have a rapid onset, typically following a traumatic event during sexual intercourse or masturbation. The leading hypothesis regarding the pathophysiology of HFS involves physical or psychological stress which injures the pelvic floor neurovasculature leading to prolonged contraction of the pelvic floor muscles and subsequent pelvic floor dysfunction. Though there is no standardized treatment for HFS, patients have been treated, largely unsuccessfully, with analgesics for the neuropathic pain, phosphodiesterase 5 inhibitors for the erectile dysfunction, and pelvic floor relaxation exercises for the overactive pelvic floor muscles.

Objective: We present a case of a patient diagnosed and successfully treated for HFS.

Methods: A 16-year-old male patient presented to the emergency room with penile and testicular pain and numbness after masturbation and other associated HFS symptoms. Laboratory and imaging tests were normal. He underwent a circumcision for phimosis which did not relieve his symptoms. His symptoms persisted for several months until seeking a sexual medicine trained urologist. The patient was referred to pelvic floor physical therapy and through a series of exercises targeting abdominal and gluteal muscles he became symptom free.

Results: We found that specialized pelvic floor physical therapy can relieve the overactive pelvic floor and entrapped penile neurovasculature, supporting and supplementing the leading theory on the pathophysiology of HFS. The patient, like many of the others cited in forums and case reports, also had an inciting traumatic stressor, masturbation, for his HFS. This physical trauma to the pelvic neurovasculature partially explains the contraction of pelvic and penile musculature and resultant erectile and ejaculatory dysfunction; however, it does not provide a full picture of the pathophysiology of HFS. In this case study, physical activity level, social factors, changes in muscle strength and coordination, and postural changes may have all played a role in the development of this chronic condition.

Conclusions: HFS is a rare condition that requires further research. A multidisciplinary approach including individualized pelvic floor physical therapy that addresses impairments beyond the pelvic floor may be a key in treatment.

Disclosure: No

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GROWTH FACTOR CONCENTRATION CAN VARY IN PLATELET-RICH PLASMA FROM MEN WITH ERECTILE DYSFUNCTION

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Introduction: Erectile Dysfunction (ED) affects 40% of men over 40 and every decade after increases the likelihood by 10% (1). Platelet Rich Plasma (PRP) is a restorative therapy rich in cytokines and growth factors that may reverse the underlying pathology of ED (2). Before PRP can be used effectively in clinic, it is necessary to understand if its components are similar among men with ED.

Objective: To determine whether growth factors vary among PRP of men with ED

Methods: Blood was obtained from three men with ED and one healthy man as a control. The Arthrex Angel system was used to extract their PRP. The sample was immediately stored in ice and kept in -80 C. Bradford assay was ran to ensure equal protein concentrations were used. The Abcam Human Growth Factor Antibody Array kit (ab134002) was used to simultaneously detect 41 human growth factors.

Results: Subject 1 was 43 years old with ED only. Subject 2 was 43 years old with obstructive sleep apnea, hyperlipidemia, and delayed sleep phase syndrome, and BMI 27.1. Subject 3 was 49 years old with hypertension, diabetes mellitus (not on insulin), asthma, high cholesterol, and BMI 32.4. The results of evaluating the 41 growth factor array showed that several growth factors had a fold change greater than 1.5 compared to the control. In PRP of adults with ED, PDGF-AA, PDGF-AB, and PDGF-BB had a greater than 1.5-fold change in at least 2 out of the 3 samples when compared to control. In FGF-6, GM-CSF, NT-3, TGF- α , TGF- β , and TGF- β 2, there was a negative fold change of greater than 1.5 in at least 2 out of the 3 samples when compared to control.

Conclusions: Based on these results, the use of PRP as a therapeutic agent may need to be personalized based on individuals' age, comorbidities, or growth factor content. Individuals with underlying comorbidities may need different volumes of PRP. Our future ongoing research is focusing on particular growth factors within PRP that are responsible for improvement in erectile function, thus being able to personalize PRP therapy for men with ED.

Citations: 1. Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB. Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. *J Urol.* 1994;151(1):54-61. 2. Liu MC, Chang ML, Wang YC, Chen WH, Wu CC, Yeh SD. Revisiting the Regenerative Therapeutic Advances Towards Erectile Dysfunction. *Cells.* 2020;9(5). 3. Fang J, Huang X, Han X, Zheng Z, Hu C, Chen T, et al. Endothelial progenitor cells promote viability and nerve regenerative ability of mesenchymal stem cells through PDGF-BB/PDGFR-beta signaling. *Aging (Albany NY).* 2020;12(1):106-21.

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PRELIMINARY RESULTS FROM A MULTICENTER STUDY ON THE USE OF A NEW DEVICE FOR THE TREATMENT OF GENITO PELVIC PAIN DISORDERS

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Introduction: Genito-pelvic pain/penetration disorder (GPPPD) causes painful sex, emotional distress, depression, as well as feelings of inadequacy and sexual frustration, which may gradually trigger problems with other domains of sexual functioning in the majority of diagnosed women. One in ten women suffers from GPPPD according to recent studies of prevalence with a wide range of psychosocial consequences. Treatment options in health care are limited. The majority of women with GPPPD do not receive appropriate treatment.

Objective: In this study, we will investigate the safety and preliminary evidence of the effectiveness of Crescendo Therapy System Kit (CTS) for the treatment of GPPPD.

Methods: A one-group pretest-posttest multicenter design was used in the current research. Main outcome measures were assessed using the Female Sexual Function Index (FSFI) domain for Sexual Pain at baseline and after 12 weeks. The collected data were tabulated and analyzed using the Statistical Package for the Social Sciences version 22 (SPSS). Quantitative data are expressed as means \pm standard deviations (SDs). For the comparison of paired variables the Wilcoxon test was used. A total of 21 subjects, aged

between 20 and 59 years of age (mean = 36.21 years, standard deviation (SD) = 12.29) were recruited, 11 patients completed CTS individually over 12 weeks. The inclusion criteria were as follows: Heterosexual woman aged 18 years or older, with a diagnosis of lifelong GPPPD, living in a relationship of at least 3 months, general health as evidenced by medical history. Exclusion criteria were: Absence of medical illness or use of other drugs known to interfere with sexual functioning, having received medication or psychological treatment for GPPPD in the last 6 months, medical cause, currently diagnosis post-traumatic stress disorder or psychosis/dissociative symptoms or depression or bipolar disorder. The CTS consists of 7 different exercises and an educational session online. Once the subjects finished each activity they were contacted for the next exercise with Crescendo device. Its objective is to provide patients with greater knowledge, awareness, and control of the excitation reflex and pelvic floor muscle activity using a bendable vibrator called Crescendo®.

Results: In the present study, there was a significant improvement score in domain of FSFI questionnaire Sexual Pain (mean pre = 0.40 (SD) = 0.61, mean post = 2.32 (SD) = 2.35, Wilcoxon test pre vs post p-value = 0.02).

Conclusions: In this study, we demonstrated that CTS was associated with a significant increase in the sexual pain domain score of the FSFI, with no adverse effects related to the treatment. We can conclude that CTS may have the potential to become an effective and safe treatment for patients suffering from GPPPD. Future studies with, larger group of patients, with larger follow-up and group control are needed.

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Clarification: Industry funding only - investigator initiated and executed study



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UNEXPECTED THERAPEUTIC RESPONSES IN SEXUAL FUNCTION IN WOMEN PRESCRIBED FLIBANSERIN FOR HYPOACTIVE SEXUAL DESIRE DISORDER

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Introduction: Flibanserin is a multifunctional serotonin agonist and antagonist for the treatment of acquired, generalized hypoactive sexual desire disorder (HSDD). Flibanserin is approved for use in premenopausal women in the US and in both premenopausal and postmenopausal women ≤60 years old in Canada. A post-hoc analysis of Female Sexual Function Index (FSFI) scores from pivotal trials in premenopausal women with HSDD indicated significant improvements in total and individual domain scores after treatment initiation with flibanserin compared to placebo.

Objective: The purpose of this case report study is to examine the postmarketing database to determine whether improvements in other aspects of sexual function have also been reported by women who were prescribed flibanserin in real world use outside of clinical trials.

Methods: A search was performed in the global safety database to identify postmarketing case reports from August 2015 to March 2021. “Therapeutic response unexpected” was the Medical Dictionary for Regulatory Affairs (MedDRA 23.1) preferred term used in this search strategy. Study results include only case reports with narratives containing verbatim terms relevant to the domains on the FSFI (arousal, lubrication, orgasm, pain, satisfaction), excluding desire as this is an expected response.

Results: Thirty-two postmarketing case reports, including 13 patient testimonials of “therapeutic response unexpected”, were identified during this period. Of these 32 case reports, 12 (38%) contained terms related to unexpected improvements in sexual function. Among the 12 reports of improved sexual function, 10 (83%) included terms related to increases in frequency, intensity, or duration of orgasms, one of which also mentioned improvement in arousal. The remaining 2 cases included 1 report of improvement in lubrication and 1 report of improvement in pain.

Conclusions: These postmarketing case reports are consistent with the post-hoc analyses of the data from the flibanserin clinical trials and provide further support that flibanserin therapy can lead to improvement in multiple aspects of sexual function in addition to sexual desire.

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MISREPRESENTATION OF FEMALE SEXUAL BEHAVIOR IN PORNOGRAPHY

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Introduction: Female sexual wellness is a highly complex condition that builds not only on biological factors, but also on social norms, background, religion, education, and social media. One source where both women and men learn about sexual behavior, interactions, and expectations is pornography. This resource has become widely available to anyone with access to the internet. While pornography is a way of expanding sexual horizons, like any media it may misrepresent more common behaviors and expectations for both genders. The impact of pornography on male attitudes towards sex and