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Covid-19 induced Sildenafil lack efficacy is optimally improved by intra-urethral Alprostadil.

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Objectives: To find pharmacological options in post-Covid-19 Sildenafil therapy failure in men with before-Covid-19 onset and treated ED, starting from the fact that published studies proves Covid-19 as a risk factor for ED, as well as for Sildenafil loss efficacy in before Covid-19 started ED treatment. Methods: From prior to 2020 Sildenafil treated ED’s we selected 78 ED cases, recently claiming Sildenafil lack efficacy after a Covid-19 episode. According to optional recommendations, 42 cases (gr. A) have chose Avana instead to continue the ED therapy, whereas 36 cases (gr. B) preferred intra-urethral Alprostadil. The ED domain of International Index of Erectile Function (ED-IIEF), the erectile hardness score (EHS) and the Sexual Encounter Profile questions 2 (SEP2) and 3 (SEP3) were applied in 4 steps: V1=gr.A1/gr.B1 (first visit, presentation before Covid-19); V2=gr.A2/gr.B2 (second visit, before Covid-19 for Sildenafil benefit assessment); V3 gr.A3/grB3 (third visit, post-Covid-19, medical request for Sildenafil failure); V4=gr.A4/gr.B4 (forth visit, the assessment of the replacing Sildenafil new therapy). Results: ED-IIEF: gr.A1/gr.B1 = 17.32/18.07 (P < 0.22); gr.A2/gr.B2 = 25.33/24.54 (P < 0.15); gr.A3/grB3 = 14.67/14.22 (P < 0.1); gr.A4/gr.B4 = 20.78/26.33 (P < 0.065). EHS: gr.A1/gr.B1 = 1.12/1.7 (P < 0.15); gr.A2/gr.B2 = 25.33/24.54 (P < 0.15); gr.A3/grB3 = 14.67/14.22 (P < 0.1); gr.A4/gr.B4 = 2.4/3.67 (P < 0.05). SEP 2: gr.A1/gr.B1 = 22.1/1.7 (P < 0.3); gr.A2/gr.B2 = 4.53/4.54 (P < 0.9); gr.A3/grB3 = 1.67/1.33 (P < 0.2); gr.A4/gr.B4 = 3.12/4.33 (P < 0.05). SEP 3: gr.A1/gr.B1 = 1.8/2.3 (P < 0.35); gr.A2/gr.B2 = 4.33/4.87 (P < 0.75); gr.A3/grB3 = 1.45/1.54 (P < 0.15); gr.A4/gr.B4 = 3.22/4.66 (P < 0.001). Conclusions: Sildenafil, as well as other PDE5I’s, were already confirmed, as proper for treating ED. However, to correct Covid-19 induced Sildenafil failure, even Avana could represent another PDE5I option, the intra-urethral Alprostadil turned out to be a significantly better opportunity.

Conflicts of Interest: none

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ERECTILE DYSFUNCTION AND COVID-19: QUANTITATIVE PILOT STUDY IN GEORGIA

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Objectives: Erectile Dysfunction (ED) as the most frequent type of male sexual disorder, can be caused by many organic (cardiovascular disease, diabetes mellitus, and other metabolic disorders, hypogonadism, and e.t.) or psychogenic diseases. Covid-19 pandemic has risen an important question: Could the Covid infection affect erectile function? Given the extremely high incidence of covid infection in Georgia, we could collect for a very short time (July – September 2021) the number of patients that was enough for the first evidence based pilot study in Georgia in which we tried to examine this problem.

Methods: 33 patients of different ages (18-60) were included in this study. All patients had undergone covid-19 infectious and had begun complaining to primarily ED or to exacerbation of ED in remission after previous ED treatment immediately after recovery from covid-19. We studied lab tests and provided psychodiagnostic examinations. Data were processed according to multivariate statistical analysis.