AB59. Can sexual health contribute to longevity?

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Abstract: Sexual health is an integral part of general health that influences wellbeing and overall quality of life in men and women. Numerous internet articles provide ‘factual information’ claiming that sex can do wonders for the wellbeing of men: sex can reduce anxiety; sex can make you happy; sex can soothe your immunity; sex can decrease neuroticism and sex can reduce prostate cancer risk. Some of these comments are based on evidence. It is also said that sexual activity in the marital setting has more benefits than in other forms of sexual activity such as commercial sex or an illicit sex. Sexual activity and orgasm releases an assortment of beneficial chemicals in the body and help us to bond and strengthen relationships as well as increasing our self-worth. Therefore frequent sex can improve sexual performance, our general quality of life and may even extend our life by years.

Many surveys indicate that men tend to have more sex in his life time compared to women. Laumann reports that majority of adult men under 60 think about sex at least once a day whereas only about one-quarter of women say they think about it that frequently. However, as for longevity, it is a well-known fact that women in general live 5 to 8 years more than the men in most countries of the world. In practice, many aging men and women may not be engaging in sex for various reasons. As a result of decline in the levels of estrogen, women may experience vaginal dryness, atrophy and difficulty in lubrication; this can lead to dyspareunia and avoidance of sexual activity. However those women who remain sexually active before and after menopause may not feel these side effects as the vascularity of vaginal tissues could be fairly maintained. During this period, men may also experience slower, less firm erections, decreased likelihood of orgasms and ejaculation and longer refractory period as a result of age-related decrease in testosterone. Therefore, based on the existing literature evidence, it is difficult to ascertain whether sexual health per se is a contributing factor for longevity as against the General Health and availability of better health care system.

Keywords: Sexual health; longevity; General Health

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AB60. Effect of WuziYanzong Pill on Cox7a2 gene and Claudin-11 expression in Rats with kidney essence deficiency syndrome

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Objective: To observe the effects of WuziYanzong Pill (WYP) on Cox7a2 gene, Claudin-11 expression and to investigate extracellular signal-regulated kinase (ERK) phosphorylation in rat with kidney essence deficiency syndrome.

Methods: Five groups of Sprague-Dawley male rats (5 in each group) were given vehicle, multiglycosides of Tripterygium Wilfordii Hook f (GTW) alone (20mg/kg), or GTW followed by WYP (0.5, 1.0, or 2.0 g/kg daily) respectively for 30 days. Cox7a2 mRNA expression in testis was determined by real-time reverse transcriptase polymerase chain reaction. The extracellular signal-regulated kinase1/2 (ERK1/2) phosphorylation level and Claudin-11 expression were assessed by western blot analysis.

Results: GTW induced increased cox7a2 mRNA expression and an activation of ERK as well as a decline of Claudin-11 expression. Compared with GTW group, ERK phosphorylation level in high-dose WYP group decreased greatly with upregulated Claudin-11 expression. Furthermore, high-dose and mid-dose WYP downregulated cox7a2 mRNA levels.

Conclusions: WYP protected the impaired spermatogenesis possibly through mediating mitochondrial energy metabolism and blood test is barrier function via ERK
AB61. Advances of surgical treatment in male infertility

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Approximately 15% of couples cannot conceive a child after 1 year of regular, unprotected intercourse. Male factor infertility is contributory in another 30% to 40%. Most causes of male infertility are treatable and the goal of many treatments is to restore the ability to conceive naturally. The dramatic recent improvements in the management of male infertility are largely contributable to improved surgical techniques and assisted reproductive technology (ART). Specifically in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) allow us to overcome even the most severe defects in spermatogenesis in which only a few are available.

Varicocele repair may be considered as the primary treatment option when a man with a varicocele has suboptimal semen quality and the female partner is normal. Varicocele repair can reverse a pathologic condition and halt further damage to testicular function, and improve spermatogenesis. Preferred approaches of most experts are microsurgical inguinal and subinguinal operations. Studies have shown that varicocele repair can improve semen parameters, testicular function and pregnancy rates in couples with male-factor infertility associated with varicocele. Also varicocele repair can result in sperm in the ejaculate of azoospermic men when severe hypospermatogenesis or maturation arrest spermatid stage is present.

Obstructive azoospermia may result from epididymal, vasal or ejaculatory duct abnormalities. Microsurgical reconstruction remains the safest and most cost-effective treatment option for these patients (vasovasostomy, vasoepididymostomy). It is controversial that the technique of sperm retrieval (open or percutaneous) or the source of sperm (testicular, epididymal, vasal or seminal vesicular) affects pregnancy rate. Sperm extraction or aspiration for IVF via ICSI is needed in case of surgically uncorrectable azoospermia or failed microsurgical reconstruction and the majority of patients with congenital bilateral absence of the vas deferens (CBAVD). Also sperm retrieval with IVF/ICSI is preferred to surgical treatment when the advanced female partner age, female infertility requiring IVF.

Nonobstructive azoospermia (NOA) is the most challenging type, but no specific treatment was available previously. With advent of ICSI in conjunction with sperm retrieval via testicular sperm extraction (TESE), many of nonobstructive azoospermic patients are able to father own babies. However, 20-50% of NOA patients are not able to have sperm retrieved for ART. Microsurgical TESE is an advanced type of TESE that applies microsurgical techniques. This microsurgical TESE is an effective sperm retrieval from men with NOA for ICSI. The advantages of this technique are minimally invasive technique, removal of minimal amount of testicular tissue and minimalizing negative impact on testicular function. Microsurgical TESE is more effective in men with NOA than conventional TESE.

Treatment strategies for male infertility have changed as dramatically over the past decade. These advances are largely contributable to microsurgical varicocele repair, microsurgical reconstructive techniques, and microsurgical techniques for surgical sperm retrieval and ART specifically ICSI. Keywords: Male infertility; surgical treatment; congenital bilateral absence of the vas deferens (CBAVD)

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