

Nº de abstracts = 11

Modificado em 23 Fevereiro 2012

Physical activity and PDE5 inhibitors in the treatment of erectile dysfunction: results of a randomized controlled study.

Maio G, Saraeb S, Marchiori A.: The journal of sexual medicine, 2010 7(6):2201-8. Policlinico Abano Terme, Andrological Unit, Padova, Italy.

INTRODUCTION: Physical activity (PhA) has proven to be a protective factor for normal erectile function in numerous epidemiological studies. **AIM:** The aim of this study was to establish if PhA could have a therapeutic role in the treatment of erectile dysfunction (ED). **METHODS:** This was a randomized, open-label study. A total of 60 patients complaining of ED were studied. Patients were assessed at baseline and after 3 months of study treatment. At baseline, patients were randomized to receive phosphodiesterase type 5 inhibitor (PDE5i) alone (group A) or PDE5i plus regular (=3 hours/week), aerobic, non-agonistic PhA (group B). **MAIN OUTCOME MEASURES:** All subjects completed the International Index of Erectile Function (IIEF-15) questionnaire and performed total testosterone (TT). **RESULTS:** Mean PhA was 3.4 hours/week in group B vs. 0.43 in group A; mean energy expenditure in group B was 1,868 kcal/ week or 22.8 metabolic equivalent (MET)/week. IIEF restoration of ED occurred in 77.8% (intervention group) vs. 39.3% (control) (P

Kidney trauma with underlying renal pathology: Is conservative management sufficient? El-Atat R, Derouiche A, Slama MR, Chebil M

Saudi journal of kidney diseases and transplantation : an official publication of the Saudi Center for C

22(6):1175-80, 2012 To evaluate the pre-existing renal lesions (PERL) found incidentally during evaluation for blunt renal trauma, determine their importance, and suggest guidelines for effective management, including conservative treatment, we reviewed 180 patients who were hospitalized with blunt renal trauma between 1992 and 2008. Thirty of the 180 (16.6%) patients had PERL, which had been undiagnosed. The mean follow-up was 5 years (range 1-9 years). There were 24 men and 6 women with a mean age of 30 years (range 14-80 years). The most common cause of blunt renal injuries was falls and sports. Renal stones were present in 14 patients, pelvi-ureteric junction obstruction in 12, ectopic kidney in two, and megaureter and renal cyst in one case each. Ureteral stenting was used in four cases, and early nephrectomy was required in the other four. Fourteen patients underwent surgery for the PERL and not trauma, with a pyeloplasty in eight cases, partial nephrectomy in three cases, percutaneous nephrololithotomy in two cases, and ureteroneocystostomy in one case. In our study, the conservative treatment was possible in 73% of cases. We believe the published data support increasing conservative attempts in the hemodynamically stable patient.

Objectively assessed physical activity, sedentary time and waist circumference among prostate cancer survivors: findings from the National Health and Nutrition Examination Survey (2003-2006). Lynch BM, Dunstan DW, Winkler E, Healy GN, Eakin E, Owen N

∴ European Journal Cancer Care, 2011, 07 - 20(4):514-9. Physical activity is well-established on the cancer survivorship research agenda, but prostate cancer survivors remain an

understudied population. Additionally, the unique relationships between sedentary time and health outcomes have not yet been considered in this group. We examined the associations of accelerometer-assessed physical activity and sedentary time with waist circumference in 103 prostate cancer survivors from the National Health and Nutrition Examination Survey 2003-2004 and 2005-2006. Participants wore an Actigraph accelerometer for 7 days, and activity levels were summarised as moderate-to-vigorous intensity activity (accelerometer counts/minute = 1952), light-intensity activity (counts/minute 100-1951) and sedentary time (counts/minute

Saddle-horn injury of the pelvis. The injury, its outcomes, and associated male sexual dysfunction.

ollinge CA, Archdeacon MT, LeBus G.: The Journal of bone and joint surgery. American volume, 2009, 91(7):1630-6. Department of Orthopedic Trauma, Harris Methodist Fort Worth Hospital, 1301 Pennsylvania Avenue, Fort Worth, TX 76104, USA.

BACKGROUND: A saddle-horn injury of the pelvis occurs when a horse rider is thrown into the air and then falls back, with the perineum coming into contact with the saddle or saddle horn. The purpose of this study was to evaluate the characteristics and clinical outcomes, including sexual dysfunction, of this injury. **METHODS:** We conducted a retrospective review of a consecutive series of male patients who had a saddle-horn injury of the pelvis after being bucked from a horse. Clinical and radiographic results were assessed more than eighteen months after the injury. Functional outcome measures were evaluated at the time of the latest follow-up with use of visual analog pain scales, a questionnaire addressing occupational and recreational function, the International Index of Erectile Function instrument, the Iowa pelvic score, and the Short Form-36. **RESULTS:** Twenty patients were assessed at an average of thirty-three months after the injury. Seventeen patients had returned to riding horses, and ten felt that they had returned to their previous level of recreation, which had been "heavy" in nine cases and "moderate" in one. Eighteen patients had returned to their previous employment. Eighteen patients were found to have sexual dysfunction at the time of the latest follow-up. The mean Iowa pelvic score was 84 points (range, 56 to 99 points). The Short Form-36 outcomes

scores were diminished in two subsections, role physical and role emotional, compared with population norms. CONCLUSIONS: Mild pain can be expected after saddle-horn injury despite successful surgical treatment, and the injury does not preclude a return to previous employment or riding horses. A high proportion of men experience erectile dysfunction, which is unlikely to respond well to pharmacologic therapy.

Are former female elite athletes more likely to experience urinary incontinence later in life than non-athletes?

Bø K, Sundgot-Borgen J.: Scandinavian Journal of Medicine & Science in Sports, 2010, 20(1):100-4

Department of Sports Medicine, Norwegian School of Sport Sciences, Oslo, Norway.

The aim of the present study was to investigate whether former female elite athletes are more likely to experience urinary incontinence (UI) later in life than non-athletes and to assess possible risk factors for UI in athletes. Three hundred and thirty-one former elite athletes (response rate 81%) and 640 controls replied to a postal questionnaire including validated questions on UI. While competing in sport, 10.9% and 2.7% of the former elite athletes reported stress urinary incontinence (SUI) and urge incontinence, respectively. Presently, 36.5% of the former elite athletes and 36.9% of the controls reported SUI. 9.1% and 9.4% reported urge incontinence. Among former elite athletes, those with two or three children were more likely than nulliparous women to have UI now. Also, among former athletes, UI was more common in women with vs those without UI while competing (odds ratio 8.57, 95% confidence interval: 3.55-20.71). Age, menopause and being regularly physically active now were not associated with UI in either group. Based on this study, the prevalence of UI does not seem to be higher in former athletes than in controls. However, the results indicate that UI early in life, as reported during elite sport, is a strong predictor of UI later in life.

Spontaneous hydrocele resolution after hyperbaric oxygen treatment: a

clinical case report.

Dellis AE, Skolarikos A, Vavasis P, Spyropoulos E, Kalentzos VN.: Undersea & Hyperbaric Medicine,

2010, 37(4):199-201 . Department of Urology, Athens Naval and Veterans' Hospital, Athens, Greece.

Hyperbaric oxygen is considered an adjunctive treatment to medical and surgical care. We present a unique case in which a male patient with decompression illness affecting inner ear and spinal cord presented a worsened unilateral hydrocele synchronously with the neurological pathology. At the Diving and Hyperbaric Medicine Department, the patient was initially recompressed using a modified United States Navy Treatment Table 6A; on the following days he was treated for decompression illness using hyperbaric oxygen. Hyperbaric oxygen treatment has not been used for the treatment of hydrocele, but disappearance of the hydrocele occurred during the time he was treated with hyperbaric oxygen for decompression illness. He was discharged on Day 8, free of symptoms, having a normal neurological examination.

Urinary incontinence and sport: first and preliminary experience with a combined pelvic floor rehabilitation program in three female athletes.

Rivalta M, Sighinolfi MC, Micali S, De Stefani S, Torcasio F, Bianchi G.: Health Care for Women International, 2010-05

31(5):435-43.

Department of Urology, University of Modena, Via del Pozzo 71, Modena, Italy.

A relationship between sport or fitness activities and urinary incontinence (UI) previously has been described in women. We report our preliminary experience with the use of a complete

pelvic floor rehabilitation program in three female athletes affected by UI. The athletes were submitted to a combined pelvic floor rehabilitation program, including biofeedback, functional electrical stimulation, pelvic floor muscle exercises, and vaginal cones. After the scheduled rehabilitation scheme, none of the patients reported incontinence, nor referred to urine leakage during sport or during daily life. We therefore conclude that UI that affects female agonistic athletes may be effectively treated with this combined approach.

Urologic sports injuries in children.

Styn NR, Wan J .: Current Urology Reports, 2010-03 11(2):114-21. Division of Pediatric Urology, Department of Urology, University of Michigan, 3875 Taubman Center, 1500 East Medical Center Drive, Ann Arbor, MI, 48109, USA.

Sports participation is an important part of the lives of many children and adolescents. The risk of sustaining a genitourinary injury during sports is low. The published literature suggests that the specific risk to those patients with only one healthy kidney, ovary, or testicle is very low but not zero. Physicians who counsel patients and families about sports participation need to consider many factors: the type of sport, the level of play, the local sports culture, and the relative degree of risk. The published data suggest that major injuries to an ovary during sports are exceedingly rare. Major injuries to a testicle are also unusual. Significant kidney injuries, while uncommon, do occur and not necessarily only in the well-known collision sports.

The impact of urinary stress incontinence in young and middle-age women practising recreational sports activity: an epidemiological study

[S Salvatore](#) , [M Serati](#) , [R Laterza](#) , [S Uccella](#) , [M Torella](#) , [P-F Bolis](#) : Br J Sports Med 2009; 43

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1115-

Objectives:

To evaluate the prevalence of urinary stress incontinence (USI) in menstruating women practising recreational sports activity, to detect specific sports with a stronger association with urinary incontinence (UI) and to evaluate risk factors possibly related to this condition.

Design:

Epidemiological study.

Setting:

Non-competitive sports organisations in the province of Varese, Italy.

Participants:

679 women of fertile age, practising recreational sports activity.

Intervention:

Anonymous questionnaire on UI.

Main outcome measurements:

The questionnaire included questions about patients' general characteristics, occurrence of UI in relation to sport or daily general activities, time of onset of this condition, frequency of leakage episodes, correlation of incontinence with types of movements or sports, subjective impression of being limited on such occasions and/or necessity to modify the type of sport.

Results:

UI was reported by 101 women (14.9%). Of these, 32 (31.7%) complained of UI only during sports activity, 48 (47.5%) only during daily life and 21 (20.8%) in both circumstances. Body mass index and parity were significantly associated with the risk of UI. Looking at the different sports activities, a higher rate of incontinence was found in women participating in basketball (16.6%), athletics (15%), and tennis or squash (11%). 10.4% of women abandoned their favourite sport, because of USI, and a further 20% limited the way they practised their favourite sport to reduce leakage episodes.

Conclusions:

Female UI affects a significant proportion of young women practising non-competitive sports activity; it can cause abandonment of the sport or limitation of its practice.

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Chronic kidney disease, exercise, and sports in children, adolescents, and adults.

Patel DR, Raj VM, Torres A.:

The Physician and Sportsmedicine, 37(3):11-9, 2009. Michigan State University Kalamazoo, Center for Medical Studies, 1000 Oakland Dr., Kalamazoo, MI 49008, USA.

Individuals with chronic kidney disease have poor exercise tolerance and are easily fatigued compared with their healthy peers. The primary reasons for poor exercise tolerance include anemia, effects of chronic uremia and metabolic acidosis on the heart and skeletal muscles, and lower levels of physical activity. Studies suggest that regular and early implementation of both aerobic and resistance exercise programs in persons with chronic kidney disease have positive effects on muscle function, exercise tolerance, and quality of life. Before starting any exercise program, a medical assessment and exercise testing are generally recommended. No consensus exists regarding allowing young athletes with a solitary kidney who want to participate in contact or collision sports. Decisions to allow participation in different sports and leisure activities should be made on an individual basis, considering multiple factors. This article reviews factors that affect exercise tolerance in persons with chronic kidney disease, the effects of exercise, and exercise recommendations.

Rigorous bicycling does not increase serum levels of total and free prostate-specific antigen (PSA), the free/total PSA ratio, gonadotropin levels, or uroflowmetric parameters.

Saka, T., Sofikerim, M. et al: Department of Sports Medicine, Erciyes University, Kayseri, Turkey.

Urology, 74(6):1325-30, 2009. OBJECTIVES: To determine whether cycling has an effect on serum PSA, gonadotropins, and uroflowmetric parameters.

METHODS

: A total of 34 healthy male athletes from the National Cycling Team and 24 healthy male student volunteers from University and medical staff were prospectively enrolled in the study. Blood samples for serum total prostate-specific antigen (tPSA), free PSA (fPSA, fPSA/tPSA, follicle-stimulating hormone (FSH), luteinizing hormone (LH), and testosterone determinations were obtained before and after cyclists completed 300 km bicycle ride and with each cyclist seated without changing posture and with minimal movement for 10 minutes before blood collection. The cyclists also performed uroflowmetric and postvoid residual urine volume analysis before, and 1 hour after cycling course. Blood samples from the control group were drawn for serum hormones. They also underwent uroflowmetric and postvoid residual analysis.

RESULTS

: The athletes and the control group were well matched by age. There was no significant difference between the 2 groups in terms of serum tPSA, fPSA, f/t PSA values, FSH, LH, and testosterone levels and uroflowmetric parameters ($P > .05$). The differences between pre- and postcycling values for tPSA, fPSA, f/t PSA, FSH, LH, and uroflowmetric parameters were not statistically significant. The postcycling serum testosterone level was significantly lower than precycling levels (mean, 603.6 ng/dL [range, 300-949] vs 424.8 ng/dL [range, 193-723], $P = .001$). There was no correlation between body mass index values, postcycling serum FSH, LH levels, age, and testosterone levels.

CONCLUSIONS

: There is no effect of professional bicycle riding on serum total and fPSA levels and uroflowmetric parameters.