شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومـــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قَسَـــم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

Pudendal Canal Decompression in the Treatment Of Erectile Dysfunction Due to Pudendal Canal Syndrome

Thesis

Submitted For Partial Fulfillment Of Master Degree

In General Surgery

By

Emad Eldeen Ebrahim Elezzawy

(M.B.,B.Ch.)

Supervised By

Prof. Dr. Olfat El Sibai

Prof. And Chairman Of Department Of Surgery
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Contents

INTRODUCTION

Introduction

Erection involves neurologic, hormonal, arterial, venous, sinusoidal and psychologic factors. Erectile dysfunction (E.D.) can be caused by derangement of any one of these factors (Shafik, 1995).

The erectile mechanism involves a chain of events resulting in increased arterial flow, intracorporeal pressure and venous out flow resistance **(Ritchie, 1994).**

The neurological mechanism of erection operates at spinal and central levels, the spinal reflex becomes obvious after spinal injury; however central regulation plays the major role **(Ritchie, 1994).**

Pudendal canal syndrome (P.C.S.) is characterized by anal pain which did not respond to analgesics and was not related to defecation, perianal numbness and tingling were present (Shafik, 1995).

Erectile dysfunction results from involvement of the penile and perineal branches of the pudendal nerve (Shafik, 1994). The pudendal nerve is an important motor and sensory nerve to the pelvic organs and perineum. It supplies the anal and urethral sphincters as well as the penile and clitoreal musculature. Pudendal

neuropathy or nerve injury leads to pathologic affection of these structures (Kiff and Swash 1984).

The anatomical study of the pudendal nerve (p.n.) helps to understand the clinical symptoms of the anorectal pathology and choose the technique of nerve localization or block most appropriate in the diagnosis of pudendal nerve compression and possible pudendal nerve decompression **(Shafik, 1995).**

Pudendal artery compression was suspected as being responsible for the arteriogenic erectile dysfunction. Pudendal artery compression in the pudendal canal seems to be a part of pudendal canal syndrome **(Shafik, 1995).**

There is dense fascia on the obturator internus called obturator fascia. Here lies a fibrous canal containing internal pudendal artery, vein and nerve **(Last, 1986).**

Pudendal canal decompression releases the pudendal artery & nerve from canal entrapment. Pudendal nerve and artery were freed by slitting open the pudendal canal and dividing the sacrospinous ligament and coccygeus muscle (Shafik, 1995).

Aim Of the Work

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The aim of this work is to study the role of pudendal canal decompression in the treatment of erectile dysfunction caused by pudendal canal syndrome.

Review Of Literature