Erectile dysfunction (ED) (the recurrent inability to achieve and maintain an erection satisfactory for sexual intercourse) is an important and growing health issue. Successful treatment has a substantial impact on a man’s quality of life. It is estimated worldwide over 200 million men suffer from ED; in the United States, 50% of men between the ages of 40 and 70 years old report some degree of ED. Notably, many experts believe ED is both under reported and under treated.

Causes of Erectile Dysfunction

- Etiology
  - 80% Vasculogenic
  - Traumatic
  - Post-surgical
  - Hormonal
  - Chronic disease - DM, CKD
  - Medication
  - Psychological

Arterial Inflow
Venous Leak
Cavernosal Smooth Muscle Relaxation

Arteriography

- Arteriography is a third-line study reserved for the evaluation of complex ED.
- Selective internal pudendal arteriography has been considered by many to be the gold standard for evaluating penile arterial anatomy.
- The study is performed by ICI of a vasodilating agent (papaverine, papaverine + phentolamine, or alprostadil) followed by selective cannulation of the internal pudendal artery.
- Mr VK a 55 yr old non diabetic govt servant presented with:
  - Complex Erectile Dysfunction. (He was on Viagra 50 mg BID)
  - Coronary Artery Disease – LAD (90%)

**OUR EXPERIENCE**

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CONCLUSIONS

STENTING OF FOCAL STENOSIS OF INTERNAL PUDENDAL ARTERY IS SAFE, FEASIBLE AND LEADS TO SUSTAINED IMPROVEMENT OF MALE ERECTILE DYSFUNCTION IN ABOUT 75% OF CAREFULLY SELECTED CASES.

HOWEVER STILL MANY CASES ARE INELIGIBLE FOR PAS OR HAVE MULTIFACTORIAL ETIOLOGIES FOR ED (NON RESPONDERS)

SOME OF THEM HAVE GOOD POST PROCEDURE ERECTIONS BUT SUFFER FROM PREMATURE EJACULATION

LARGER STUDIES ARE REQUIRED TO BE ABLE TO ACCEPT IT AS AN ACCEPTABLE THERAPY TO TREAT MALE ED.