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ANDROLOGICAL CHARACTERIZATION OF THE DIABETIC PATIENTS

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DESIGN AND AIM OF THE STUDY: Analysis of the integrated laboratoristic (sperm, microbiological and hormonal analysis) and ultrasonographic (US) data was performed on a diabetic population to examine their potential andrological disorders in relation to duration of disease, glicometabolic compensation and the serum levels of Total Testosterone (TT).

MATERIALS AND METHODS: 110 diabetic male patients (average age 51.8 years old); investigated for andrological complications, underwent IIEF5 Questionnaire, sperm analysis, including quantitative bacteriospermia; TT, LH, FSH, Prolactin, Estradiol as well as HbA1C assessment; ultrasound of the scrotal region and transrectal prostatic-vesicular region; eco-color-doppler penile dynamic after drug infusion of PGE1.

CONCLUSIONS: The 16.36% out of patients showed severe erectile dysfunction, (50% of them had vascular arterial form); a condition of hypogonadism characterizes the 10% of the population. A high prevalence of subfertility, mainly in terms of teratozoospermia were found in 51.82% out of the patients. The US characterization shows reduced testicular size in the 16.36% of the cases, increase of the prostatic glandular volume in the 45.45% of the cases, altered thickness of the seminal vesicles in the 24.45%. The microbiologic characterization evidences the contemporary positivity of spermiocolture, urinocolture and leukocytospermia in the 34.55%. The diabetic patients with duration of disease from over 10 years showed worse parameters in relation to: glicometabolic compensation, IIEF scores, parameters of the penile doppler, bioavailable androgenic fraction (BAF), spermatic morphology. The patients with abnormal (HbA1C>7%) glicometabolic compensation showed worse parameters in relation to: IIEF scores, peak systolic velocity of the penile doppler, BAF. A condition of hypogonadism (LOH) was mainly represented in the wrap of duration of disease > 10 years; In particular LOH combined with diabetes mellitus showed worse parameters in relation to: glicometabolic compensation, IIEF scores, parameters of the penile doppler.