

Bölüm 7

EREKTİL DİSFONKSİYON

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GİRİŞ

Erektıl disfonksiyon (ED), cinsel ilişki için yeterli sertliğe ulaşmada veya sürdürmede yetersizlik olarak tanımlanır. Cerrahi olarak indüklenen veya travmatik ED hariç olmak üzere, en az 3 ay devam etmelidir (1,2).

EPİDEMİYOLOJİ

ED, her yaştan erkeği etkileyebilen bir durum olmakla birlikte, prevalansı yaşla birlikte artar. 1995 yılında 152 milyon olan ED prevalansının 2025 yılında 322 milyona ulaşacağı tahmin edilmektedir (3). Uluslararası Cinsel Tıp Komitesi (ICSM), 40 yaşından genç erkeklerde ED prevalansını %1-9 arasında belirtmektedir. ED prevalansının 40-59 yaş arası erkeklerde %2-30 olduğu, 60-69 yaşları arasında %20-40 arasında olduğu ayrıca 70-80'li yaşlardaki erkeklerde %75'e ulaştığı düşünülmektedir (1).

EREKSİYON MEKANİZMASI

Penil ereksiyonun gelişmesinde hormonlar, psikolojik ve nörovasküler faktörler rol oynar. Penis flask durumdayken kavernozaal düz kas tonusu artar ve bu da yüksek bir periferik vasküler direnç ile sonuçlanır. Bu durum kavernozaal damarlara düşük hacimde kan girmesiyle sonuçlanır ve sempatik sinir sistemi, nörotransmitter ve noradrenalin tarafından kontrol edilir. Cinsel uyarılma ve nöronal aktivasyon, kavernozaal düz kasta vazodilatasyon ve gevşeme ile sonuçlanır. Ereksiyonun ortaya çıkmasında birkaç nörotransmitter görev alır ancak nitrik oksit (NO) kilit rol oynar. NO, kavernozaal düz kastaki parasempatik ve adrenerjik olmayan nonkolinerjik (NANC) nöronlardan salınır (4). Bu nörovasküler olay, arterlerin dilatasyonuna, sinüzoidal boşlukların genişlemesine ve periferik vasküler direncin genel olarak azalmasına neden olur. Bu durum penise net bir

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