

FIGURE 2

Variables	Exp(B)	CI 95%	P value	Exp (B)	CI 95%	P value
Age	0,129	0,002-0,013	0,146	0,176	0,091-0,014	0,033
Underwear composition	0,029	0,071-0,108	0,737			
Type of hair removal	0,266	0,166-0,037	0,002	0,309	0,179-0,056	0,000
Sunlight exposure	0,156	0,013-0,309	0,071			
Facial melasma	0,128	0,062-0,392	0,153			

Table 2 – Univariate and multivariate logistic regression of the characteristics of women with genital hyperchromia.

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525 | www.ics.org/2021/abstract/525

NON-ABLATIVE RADIOFREQUENCY IMPROVES HEMODYNAMIC PARAMETERS IN PATIENTS WITH ERECTILE DYSFUNCTION: PRELIMINARY DATA.

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HYPOTHESIS / AIMS OF STUDY

Radiofrequency can raise penile blood flow, improving hemodynamic parameters enhancing erection quality./ To observe the effect of radiofrequency on hemodynamic parameters in men with erectile dysfunction

STUDY DESIGN, MATERIALS AND METHODS

This shows preliminary data from two patients. Inclusion criteria were age between 30 and 80 years and the presence of erectile dysfunction complaints. Exclusion criteria were history of neurological disease, diabetes mellitus, Peyronie's disease, psychiatric diseases, patients with anatomical mal-

formations in the genital region and premature ejaculation. The patients underwent 8 sessions of non-ablative radiofrequency at 41 C for two minutes using the Ibramed Neartek  equipment. To assess the erection function of patients, the International Index of Erectile Function 5 (IIEF-5) was applied. In addition, hemodynamic data such as systolic velocity peak and end diastolic velocity were collected in the right cavernous artery (RCA) and left cavernous artery (LCA) by doppler ultrasound of the penis.

RESULTS

The patient M.A.O.V. scored 11 before the application of eight sessions of non-ablative radiofrequency, and 25 at the end of it, in the IIEF-5 questionnaire. He reached an initial systolic velocity peak of 41 cm/s on the RCA, and 37 cm/s on the LCA, before the intervention; and 43 cm/s on the RCA and 35 cm/s on LCA, after the intervention. The end diastolic velocity of this patient reached 15 cm/s on the RCA, and 10 cm/s on the LCA before the intervention; and an end diastolic velocity of 8 cm/s on the RCA and 0 cm/s on the LCA, after the intervention.

The patient M.A.O.V. scored 7 before the intervention and 8 at the end, in the IIEF-5 questionnaire. He reached an initial peak systolic velocity of 31 cm/s on the RCA, and 62 cm/s on the LCA, before the intervention; and 25 cm/s on the RCA, and 61 cm/s on the LCA, after the intervention. Regarding the end diastolic velocity, the same patient reached 10 cm/s on the RCA, and 17 cm/s on the LCA before the intervention; and 0 cm/s on the RCA and 15 cm/s on the LCA, after the intervention.

INTERPRETATION OF RESULTS

As observed in the results, both patients showed improvement in hemodynamic values after the application of eight sessions of non-ablative radiofrequency, mainly in the end diastolic velocity, where values below 5 cm/s were reached, considered the cutoff point to exclude the veno-occlusive disease. This suggests that the formation of collagen provided by ionic movement seems to work better in patients who have occlusive venous erectile dysfunction, values confirmed by an increase in the IIEF-5 score.

CONCLUDING MESSAGE

Radiofrequency treatment suggested an improvement in hemodynamic parameters of the erectile dysfunction, based on the results evidenced in the patients included in the study. Thus, there are few data in the literature on such treatment in cases of erectile dysfunction, requiring a better scientific basis for the adequation of treatment for these patients. Therefore, radiofrequency treatment can be a therapeutic alternative for this population.

FIGURE 1

Patient Variable	M.A.O.V.		W.R.P.F.	
	Before	After	Before	After
Peak Systolic Velocity (in cm/s)				
- Right Artery	41	43	31	25
- Left Artery	37	35	62	61
End Diastolic Velocity (in cm/s)				
- Right Artery	15	8	10	0
- Left Artery	10	0	17	15
IIEF-5	11	25	7	8

Source: Research data

Table 1 - Hemodynamic parameters and IIEF-5 in the two research patients.

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526 | www.ics.org/2021/abstract/526

EFFECT OF PELVIC FLOOR EXERCISES ON PELVIC FLOOR MUSCLE STRENGTH AND POSTERIOR URETHRO VESICAL ANGLE IN THE PUERPERAL PERIOD.

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HYPOTHESIS / AIMS OF STUDY

To study the effects of pelvic floor exercises on pelvic floor muscle strength and posterior urethro vesical angle in the puerperal period.

STUDY DESIGN, MATERIALS AND METHODS

Methodology: The study was started after ethical clearance from the Institutional Research Committee. The trial was registered in Clinical trial of India. **Study design:** The study design was a single group pre test post test experimental design. **Inclusion criteria:** Primiparous women irrespective of mode of delivery (Vaginal labor or C section), Women between the age group 20 to 35years, mothers with less than one week puerperal status and before getting the discharge

from the hospital. Those who gave consent to attend postnatal physiotherapy clinic for follow up at their 6th and 12th postpartum week. **Exclusion criteria:** Mothers with any history of major abdomino – pelvic surgery except “C section” and/or episiotomy. Those who were medically unfit to travel long distances (if any) during follow up. 142 postnatal primiparous women after consenting to the study were enrolled and assessed in the 6th week of the postpartum period. A detailed history taking and clinical examination was done including pelvic floor muscle strength on the modified oxford scale by a trained physiotherapist. The retrovesical angle was then measured by a radiologist specialised in urogynaecological diagnostic imaging. The retrovesical angle (beta angle) was measured at rest, maximum pelvic contraction and on valsalva on ultrasound imaging. The participant was then taught pelvic floor exercises along with breathing exercises, lumbopelvic stabilising exercises and counselled about the do's and don't's. special emphasis was given about the ill effects of increased intra-abdominal pressure. The dosimetry of the pelvic floor exercises were given according to the strength and subjective assessment of each patient. The patient were called for re-assessment on the 12th week postpartum. The pelvic floor muscle strength and retrovesical angle were measured by the same therapist and radiologist.

RESULTS

Results: On comparison of mean difference of pelvic floor muscle strength at 6 week (Pretest) & 12 week (Posttest) by using paired t test showed significant difference ($P < 0.0001$). The comparison of mean difference of beta angle on rest and maximum pelvic contraction at pre test and post test showed significant difference ($P < 0.0001$). However, the comparison of mean difference of beta angle on rest and valsalva at pre test and post test showed no significant difference ($P > 0.05$).

INTERPRETATION OF RESULTS

The results showed significant improvement in post test on both modified oxford scale as well as on posterior urethro vesical angle during maximum contraction. However, negative impact of IIAP found on comparison of the mean difference of the beta angle at rest tested with valsalva, this suggested need of further extension (after 12 weeks) of postnatal physiotherapy program. The effect of pelvic floor physical therapy proved beneficial in terms of strength, endurance and repetitions. Significant difference was seen in post test on the modified oxford scale.

CONCLUDING MESSAGE

Conclusion: Pelvic floor exercises proved beneficial in improving strength of the pelvic floor muscles as measured by modified oxford scale and posterior urethrovesical angle.