

**TADJEDDINE Abdelaziz - Algeria**

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Title : Jeunes et sexualité : expérience d'Oran

Un projet a été mis en place à Oran. Il concerne les jeunes des 2 sexes âgés de 15- 24 ans. Il a pour objectifs : d'identifier avec les jeunes leurs problèmes de santé sexuelle, de définir avec eux les stratégies appropriées pour tenter de résoudre ces problèmes et de mettre en place avec les jeunes ces stratégies. L'approche méthodologique a comporté plusieurs étapes :

1ère étape : Analyse de la perception des adultes (parents, responsables de jeunes, éducateurs, artistes) par des interviews individuels et des groupes focalisés.

2ème étape : Enquête connaissance attitudes et pratique (CAP) auprès des jeunes : interview sur questionnaire normalisé

3ème étape : Analyse de la perception des jeunes par la collecte des questions anonymes liés à la sexualité dans différents lycées, maisons de jeunes, associations, centre d'information et d'animation de la jeunesse (CIAJ), organisation de focus groupes discussion (FGD) autour des problèmes identifier avec (jeunes leaders, jeunes prostitués, jeunes toxicomanes...). Les jeunes d'Oran se posent beaucoup de questions autour de la sexualité : maturation sexuelle, impuissance, virginité, masturbation, MST-SIDA, avortement, toxicomanie, contraception, homosexualité. Ils ont peu d'information celles qu'ils ont c'est d'autres jeunes (78%) eux même mal informés. Ils ont une activité sexuelle de plus en plus précoce en dehors du mariage (50%) à 20 ans pour les garçons, à 22 ans pour les filles ils n'utilisent le préservatif que dans 10 à 15 % des cas rarement de façon systématique (1%).

**TAKAHASHI Miyako - Japan**[Email: miyako@m.u-tokyo.ac.jp](mailto:miyako@m.u-tokyo.ac.jp)

Title: Barriers to research and clinical practice on sexuality after cancer: a japanese perspective

Cancer has been the leading cause of death among the Japanese since 1981. Although people have come to recognize the importance of psychosocial care, sexual impact of cancer has long been neglected in both research and clinical setting. Sexuality after cancer was rarely discussed in the context of having pleasure or post-treatment rehabilitation. In this presentation, current situation of research and clinical practice on sexuality after cancer will be examined in Japanese context. Topics will include barriers to raise sexual issues in clinical setting, researchers' tendency to focus on the specific organs and gender, and medical professionals' imposition of their own biased opinions upon patients. Implications for research and practice in the future will also be discussed.

**TEKAYA EL MANOUBI Leïla - Tunisia**[Email: sa84@excite.com](mailto:sa84@excite.com)

Title: Subcellular localization of gold in testicular glands

We have previously demonstrated that gold injected under soluble solutions, provokes as observed by electron microscope and probe X-Ray microanalysis, a deposit of cristalline micro-needles in different tissues like in kidney, liver and bone marrow. The mechanism responsible for this selective concentration involved enzymatic processus essentially arylsulphatase activity wich precipitated the element in an insoluble form associated with sulphur. The aim of this work is to study the testicular glands response of the Wistar male rat after subcutaneous injections of allochry sine. Ultrastructural and microanalytical studies showed that after gold injection, lysosomes of a number of Leydig cells contain aurosomes of various sizes. No significant alterations were observed in mitochondria, endoplasmic reticulum or other organelles studied. No aurosome was noticed at the apex of Sertoli or other seminal epithelial cells. The mechanism involved is a simple Gomori reaction. This in vitro reaction is proposed by Gomori for demonstrating and localizing intracellular arylsulphatase activities.

**TELLES Paulo - Brazil**

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Title: Preventing sexually transmitted diseases among injecting drug users (IDUs) and their sexual partners

In the last years, specially after the implementation of prevention programs based on a harm reduction approach, it has been observed among IDUs a relative success in preventing injecting risk behaviors (especially needles and syringes sharing). On the other hand, different surveys point out that changes in sexual risk behaviors in this population do not follow on the same extend the positive trend of the injecting risk behaviors, demanding the implementation of preventive strategies that take into account other social and cultural factors, specifically the gender subject and how the affective-sexual relationships happen between men and women. As most IDUs are male, their women sexual partners (IDUs or not) become a particularly vulnerable group, especially if we consider the unequal power relationships existent between men and women in our society - on one side the women, in general, meet in a subordinate position in relation to the men (situation that is also reflected in their sexual practices, hindering, for instance, the negotiation of condom use with their partners), on the other hand, the male identity demands that men expose themselves to risky and power situations (situation that is also reflected in their sexual practices). To face the challenges of STD/AIDS prevention among IDUs it was necessary to take into account not only the characteristics of the assisted population, but also the existent asymmetry in gender relationships and sexual practices. Encouraging results have been obtained with interventions that include, group meetings, workshops, counseling, clinical treatment, distribution of male and female condom with follow-up, larger participation of the target population in the construction process of the intervention, etc.

## TEPPER Mitchell - USA

[Email: mitch@sexualhealth.com](mailto:mitch@sexualhealth.com)

Title: Pleasure and orgasm in men and women with spinal cord injuries : implications for sexology  
Traditional definitions of orgasm have ruled out the possibility of “real” orgasm for people with SCI. However, recent neuropsychological studies confirm orgasm in women with SCI but do not explain why some people with SCI experience orgasm while others do not. A purposive sample of men (n=28) and women (=19) with SCI, half who experienced orgasm and half who did not, filled out sexual inventories and a subset of 22 also participated in interviews. Years since injury ( $p = .021$ ) and sexual-esteem ( $p=.015$ ) were significant in differentiating those who experienced orgasm from those who did not. A grounded theory approach lead to the substantive theory that the ability to experience orgasm in SCI is the culmination of a process of sexual self-discovery that is reflective of sexual self-discovery before injury within the larger sexual culture. Results from this study challenge medically based perspectives on sexual pleasure and orgasm that are focused solely on the sexual act and the moment of orgasm. Orgasm in people with SCI leaves limited conceptions of orgasm as a simple reflex up to question.

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## TEPPER Mitchell S. - USA

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Title: Access to pleasure : onramp to specific information on disability, illness, and other expected changes throughout the lifespan  
The internet is an important new forum for people with disabilities, illness and other expected changes throughout the lifespan to explore their sexual health. All too often sexual changes associated with overall health status are ignored in the relationship between health providers and patients. While more websites are including a sexual health channel, precious few are dedicated to providing specific information related to sexual health and disability, illness or aging. Two sites, sexualhealth.com and www.cvillewellness.com, have been dedicated to this population since their inception. This study provides a content analysis reveals the kinds of issues people with disabilities, illness, and other expected changes throughout the lifespan are struggling with on their own. The results can help sexologists and other health professionals to be prepared to provide appropriate information, education, and interventions while highlighting ways the internet is unique or raises special considerations.

## THOMPSON Wally - Cuba

[Email: cenesex@infomed.sld.cu](mailto:cenesex@infomed.sld.cu)

Title: the teaching of the sexual education and sexology in the Medical University of Havana.  
Objectives: To guarantee that the education of the sexuality is truly integrated to the curricular and extracurricular educational activities (CED). To foment in the students and workers of the health knowledge and attitudes preposition of the education of the sexuality developing a work of scientific upgrade and investigation in the study of the different areas of the sexuality.  
Development: In the year 1995 those were created (CASES-UMH)with the purpose of approaching in a novel way the interaction of the curricular and extracurricular projects for the University Students of Medicine, Stomatology and degree in based infirmary in the designed advances to inclination of our National System of Health (NSCH). Several projects of intervention were designed for the formation of promoters of sexual health of our twelve medicine faculties. Carrying out the intervention inside of the Medical University and Medical Universities, Technological, and Arts Universities High Schools, and with the population in general. Five years later these graduate doctors as specialists in Integral General Medicine carry out this work in the community they assist. The results of the past five years and the current situation will be presented.

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## THOMAS Henry

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Title: Convictions and chastity in the Greek Mythology  
“All our bliss and all our misery live only in a single point: in which sort of object sums we attached by the love?”  
SPINOZA's Baruch “the treaty of the reform of the understanding”  
INTRODUCTION  
The problem of the conviction of chastity does not seem the problem of the current adolescence while it seems to have to interrogate very seriously the Greeks if one investigates myths in the metamorphoses of OVIDE as curious one opposition in the every power of Greek warriors. Really myths investigate the reasons of the creation of convictions at the level of the unconscious by connecting with the premature confusions of parental relations on several generations. We shall take for examples two goddesses known well to illustrate this comment.

## TIEFER Leonore - USA

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Title: Women's sexual emancipation in the era of aggressive sexuopharmacology

Sexual emancipation and self-determination for women are slowly growing worldwide, although they remain restricted in many places by poverty, conservative religion, and cultural values. How will women pursue their increased sexual opportunities in the emerging era of global capitalism?

How will women understand and seek help for sexual problems and discontents? The global pharmaceutical industry is taking an aggressive role in promoting profit-driven answers to these questions. Increasingly, the industry controls research, professional education, and media. This paper will focus on methods used by the pharmaceutical industry to influence ideas of women's sexual satisfaction, and will introduce a feminist campaign to challenge this worldwide medicalization called "A New View of Women's Sexual Problems."

## TOBER Diane - U.S.A.

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Title: Reproductive Workers and the Market for Sex

Men who work as semen donors engage in a type of labor where one aspect of male sexuality—masturbation—produces a product which is bought and sold. This exchange of money for a product that is produced sexually leads to many parallels between "reproductive work" and "sex work." The similarities between these forms of work are further highlighted by eroticized representations of "reproductive workers" found on the Internet. However, in sperm banks the element of sexuality is suppressed. Masturbation is never discussed outright, but rather is disguised in a medicalized language of "collecting specimens" or "making deposits." This is an attempt to remove the element of sexuality and re-define it as a clinical process—to remove the commodity quality of semen and re-define it as gift. These discursive practices provide insight into the tensions donors and clinicians experience in regard to male sexuality and a moral problematization of pleasure (Foucault 1990). This paper draws on ethnographic fieldwork to explore how male sexuality is differentially perceived and regulated at sperm banks, how men experience and regulate their own sexuality in relation to their work, and how technologies have led to a re-invention of sex that is procreative, yet solitary.

## TIGNOL Jean - France

Title: The Mindset of the ED Patient and Partner: Building the Bridge

Relationship factors play a major role in erectile dysfunction (ED). Some of these will be part of the primary aetiology and others will be secondary to ED and as such may be implicated in all forms of ED - psychological, organic or ED of mixed origin. The advent of Viagra® (sildenafil citrate) has contributed to the therapeutic options for ED, but the psychosocial factors continue to be important even if there are clear organic causes for the dysfunction. Any patient "bothered" by their ED will have already encountered at least a loss of self esteem and self confidence. All the guidelines published on the management of ED stress that this common and troubling condition is not a problem restricted to the patient. Wherever and whenever possible, treatment should involve both patient and partner although it is important to be aware that the mindset or the expectations of each will have contributed to any underlying relationship problems. Exploring, understanding and resolving these often complex relationship issues can be facilitated by the use of pharmacotherapeutic agents such as Viagra® which can act as a bridge or as stepping stones over the hidden problems. Nevertheless, however effective the pharmacological bridge is, it must always be supported by improved or restored communication between the couple being treated - restoring potency does not always equate with rebuilding relationships.

## TOMASI Paolo - Italy

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Title: Treatment of retrograde ejaculation with the adrenergic agonist methoxamine

Retrograde ejaculation is an infrequent but treatable cause of infertility. Many therapies have been suggested, including antihistamines, tricyclic antidepressants, other drugs (anticholinergic, adrenergic) and more invasive approaches (pre-filling of the bladder with modified Ham medium, followed by masturbation and immediate recovery of the emptied bladder content, to be used in homologous artificial insemination; electroejaculation induced by a rectal probe). We report here of two cases of retrograde ejaculation, treated with the pure  $\alpha_1$ -adrenergic agonist methoxamine. Our first patient was a taxi driver, aged 28, affected by insulin-dependent diabetes mellitus (14 years) and infertility (4 years) due to retrograde ejaculation. We performed two trial administrations of methoxamine (Vasoxine, Wellcome, UK) 5 mg IM 30 minutes before masturbation and semen analysis on the semen sample and immediately voided urine. The fraction of ejaculated sperm increased from 5% to 57% and 49% in the two occasions, and the total ejaculated sperm increased from 22 millions to 488 and 419,5 millions with comparable motility (60% vs. 61% vs. 58% motility index). The patient was instructed to self-administration of the drug 30 min prior to each periovulatory intercourse. After 3 months, the patient's wife became pregnant, with a spontaneous abortion at 10 weeks. A second 4-month course of treatment induced another pregnancy, which allowed the delivery of a normal male infant at term. The second patient was a 23 year old clerical worker, affected by "primary" idiopathic retrograde ejaculation, possibly due to a localized neurological impairment (absence of skin sweating after local painful stimulation). The patient was not seeking treatment for infertility. Methoxamine induced a smaller improvement, in that it only allowed to collect a 0.2 to 0.5 ml quantity of ejaculate (compared to none), thus permitting a full semen analysis to be performed. However, most sperm was still being emitted in the bladder (85-93%). A trial with oral imipramine, 25 mg per os 2 hours prior to masturbation, yielded similar results. Retrograde ejaculation is a neglected cause of male infertility. Intramuscular therapy with methoxamine appears a safe and effective way to treat the infertility due to retrograde ejaculation in our first patient, probably through an increased tone of the bladder neck.

## TONIETTE Marcello - Brazil

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Title : CEPCoS: promoting sexual health

CEPCoS - Center of Studies and Researches on Human Behavior and Sexuality - appeared in 1992, along with "GOES - Group of Orientation and Information on Sexuality". In 1996, it was officially founded as a non-governmental and non-profitable organization. It is composed by psychologists, anthropologists, physicians, educators and other professionals interested in the study of sexuality. CEPCoS is affiliated to WAS (World Association for Sexology) and to FLASSES (Latin American Federation of Sexology and Sexual Education Societies).

Main objective: To promote sexual health in an biological, psychological and social point of view, CEPCoS develops and spreads knowledge on sexuality, through studies and researches; develops educative works with people of different ages; interacts with professionals interested in sexuality throughout Brazil and other countries; follows up actions of different areas of media and society in relation to sexuality. Actions: Courses - Sexual Therapy (addressed to psychologists and physicians interested in the area); Professional Updating in Attendance of Sexually Abused People (addressed to physicians, psychologists, social workers, lawyers etc.); Sexuality in the Classroom (addressed to teachers and other school personnel); Workshops for Adolescents; Courses and Workshops for adults; Conferences addressed to the community. Publications: "CEPCoS Information Bulletin" (printed, monthly); "CEPCoS On Line" (Internet Bulletin sent through e-mail and discussion list (weekly); journal "Terapia Sexual - clínica, pesquisa e aspectos psicossociais" (twice a year);. Services: Answering Questions on sexual doubts (by letter and e-mail); Consulting for newspapers, schools, magazines and groups; Counseling of families of homosexual boys and girls.

## TORDJEMANN Gilbert - France

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Title : New findings in feminine anorgasmia

The feminine neurogenic anorgasmia (FNA) deserve to be distinguished by their relatively high frequency.

The clinical and electrophysiological examination indicate the different clinical forms which confirm the existence of two types of orgasms on the spinal level, S2-S4 and T11-T12-L1.

Anorgasmia by peripheral neuropathia can be observed in diverse etiologies responsible for perineal drops :

- genital or vesical prolapsus ,
- pelvic surgery ,
- dysfocic delivery

Special mention : diabetic and alcoholic neuropathia

Anorgasmia by central neuropathia :

neurofibromatosis with thoracolumbar or sacro myelomers lesions, multiple sclerosis, spinal cord injuries

Treatment must involve, within a context of sexual therapy, a perineal reeducation and, in certain cases, a prescription of an alpha-adrenergic agonist which increases the muscles contractions of the pelvic diaphragm and permits a recovery of the orgasms.

## TORRES Luiz Otavio - Brazil

[Email: lotorres@uol.com.br](mailto:lotorres@uol.com.br)

Title: Penile prosthesis: malleable x Ambicor

Introduction: Penile implants are still a very good option for the treatment of selected cases of erectile dysfunction. The malleables are very well accepted in Brazil mainly due to their low cost. The inflatables, in other hand, are well known by their excellent aesthetic and functional results. According to previous studies, about 98% of the prosthesis implanted in Brazil are malleables and the main reasons for this are price, difficult surgical techniques of some devices and fear of malfunction of the inflatables.

Material and Methods: From January 1996 to December 2000 we implanted 69 penile prosthesis : 38 malleables (55%) and 31 Ambicor (45%). We could follow up 81% of them (56 patients).

Results: We had only 1 patient in each group with infection (malleables 2,6% and inflatables 3,2%). We had fracture of 2 rods (5,2%) and 1 malfunctioning Ambicor (3,2 %), all of them substituted with succes. The satisfaction rate with Ambicor was 96% and 80% with the malleables. This difference is due mainly to the lack of firmness and spontaneity of the malleables.

Conclusions: The satisfaction rate of the treatment of erectile dysfunction with penile prosthesis is high in general and more expressive in men with Ambicor when compared with malleables. There were no significant difference regarding infection rates or mechanic complications of the device in both groups.

## TORRES Luiz Otavio - Brazil

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Title: Incidence of low free testosterone (ft) and high prolactin (p) in normal men, men with loss of libido and with erectile dysfunction.

Introduction : The aim of this study is to evaluate the real incidence of abnormal testosterone and prolactin, in normal men and in men complaining of decreased libido and erectile dysfunction.

Material : In a prospective study 238 men were laboratorally evaluated regarding levels of free testosterone and prolactin. They were separated in three groups: group 1 : 102 men with no complaint; group 2: 76 men with loss of libido; group 3: 60 men with erectile dysfunction.

Results: Group 1: No complaint : 102 men ; Mean age : 47,07

	Both normal	Both abnormal	Normal FT/P	FT/Normal P
Total	79(77,4%)	0	2(1,9%)	21(20,7%)

Group 2: Loss of libido: 76 men; Mean age: 51,5

	Both normal	Both abnormal	Normal FT/P	FT/Normal P
Total	50 (65,8%)	4 (5,3%)	5 (6,6%)	17 (22,3%)

Group 3: Erectile dysfunction : 60 men ; Mean age : 57,3

	Both normal	Both abnormal	Normal FT/P	FT/Normal P
Total	55 (91,6%)	0	1(1,6%)	4(6,6%)

Conclusions: Overall we found 22,7% of the men with hormonal abnormalities: 77,7% of them with low testosterone showing that hypogonadism is much more common than hyperprolactinemia; 34,2% of men with loss of libido had abnormal parameters while only 8,2% in the erectile dysfunction group. Interestingly we found that 20,7% were asymptomatic hypogonadic men. Alterations in both prolactin and testosterone are extremely rare.

## TORRES Luiz Otavio - Brazil

[Email: lotorres@uol.com.br](mailto:lotorres@uol.com.br)

Title: Determination of the penile average length and circumference of Brazilian men in flaccidity and erection

Objective: Determine the mean penile length and circumference of the Brazilian men in flaccidity and erection.

Material and Methods: We made a retrospective analysis of the last 290 men submitted to the pharmaco-induced erection test positive result (full rigidity). There were no differentiation of race, age, height and weight. The length of the penis was established through the compression of a ruler against the pubis with the penis over it, with no traction. The circumference was measured around the middle of the penis, tight but not compressive.

Results :	Flaccidity:	Erection :
Smaller length	7,0 cm	10,5 cm
Bigger length	12,0 cm	18,5 cm
Smaller circumference	6,5 cm	9,0 cm
Bigger circumference	13,0 cm	15,5 cm

Conclusion : Our data suggests a circumference average of 9,4 cm and 12,7 cm in flaccidity and erection respectively and a length average of 9,5 cm and 14,3 cm in flaccidity and erection respectively of the penis of Brazilian men...

## TORRES Wal F. - Brazil

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Title : Pharmaco-induced erection test (PIET): analysis of 1.101 patients

Introduction: One of the most used tests for the erectile dysfunction is the pharmaco-induced erection test. We evaluated how often is this test positive among men with erectile dysfunction.

Material: From 6/90 to 3/2001 one thousand one hundred and one men with complaint of erectile dysfunction were submitted to the pharmaco-induced erection test in our clinic, using the association of Prostaglandin E 1 (10

to 20 mcg), Phentolamin (0.2 to 0.4 mg) and Pavaverine (50 mg), under visual sexual stimulation (except those who didn't want). All tests were performed by the same physician. It was defined as a positive test when a full erection (100% rigidity) was obtained and negative when the rigidity was not good enough for intercourse.

Results: The mean time between the beginning of the erectile dysfunction and the search for help was 3 years.

Positive PIET - 718 patients (65.2%)

Negative PIET - 383 patients (34.8%)

Conclusions: The mean time between the onset of the erectile dysfunction and the look for medical care is extremely high (3 years) certainly due to cultural barriers and sexual taboos in our country. Two third of the men had a positive pharmaco-induced erection test indicating that most of them had a probable psychogenic cause of the erectile dysfunction.

## TORRES Luiz Otavio - Brazil

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Title: Relative increase (RI) of the penis in flaccidity to erection

Introduction: For years we observed that small penis in flaccidity had a bigger increase in length than bigger ones after intracavernous vasoactive drugs injection and full erection. With this work we try to state the RI of the penis in length and circumference related to their measures in flaccidity (FL).

Methods: All measures were taken in 324 men submitted to the Pharmaco-Induced Erection Test who achieved a full erection. The RI (%) is defined as: Measure in erection (cm) - Measure in flaccidity (cm) Measure in flaccidity (c)

Results:Length (FL)	RI	Circumference (FL)	RIN %	N %
7,0	5 67%	6,5	1 46%	
7,5	5 69%	7,5	2 47%	
8,0	28 67%	8,0	11 44%	
8,5	44 60%	8,5	34 41%	
9,0	82 52%	9,0	58 39%	
9,5	55 53%	9,5	41 34%	
10,0	53 48%	0,0	40 30%	
10,5	30 41%	10,5	12 32%	
11,0	10 44%	11,0	19 26%	
11,5	5 27%	11,5	2 22 %	
12,0	6 27%	12,0	3 22%	
12,5	1 20%			

Total/Mean 324 52223 35% Conclusions: Smaller penis in flaccidity have a bigger increase in length and in circumference when in erection compared with bigger penis in flaccidity. The mean relative increase in length is 52% while in circumference is 35%.

## TORRES Wal F. - Brazil

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Title: A gender neural basal network and the dynamics of gender identity formation.

We define a Gender Neural Basal Network (Hypothalamus, Stria Terminallis, Amygdalas), gender differentiated in humans in a pre-natal way by the effective action of testosterone (T) as androgen receptor (AR) ligand and activator. What are the consequences of that neural gender differentiation in human psyché? We propose a dynamical process based in continuous autonomous answering to stimulus by that neural basal network, since the last stages of human fetus, in a non conscious way, as the psychic translation of the neural network operation. The human child may be psychologically gender differentiated since the pre-natal stages of development. Late, the human child will perceive if its natural autonomous gender differentiated answers are in harmony or in discord with its genital conformation and its social recognition. That continuous process, since the last fetus stages until the 2nd to 3rd year of age, determines and conforms the gender identity as a deep inner feeling and self-recognition to be a boy or a girl. In that dynamics the "sex of rearing" is not the determining factor but one modulator of child social and cultural conditions that may generate traumas if systematically in discord with the child's natural inner gender identity.

## **TORRES Wal F. - Brazil**

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Title: Androgen Insensitivity Syndromes (AIS) and Gender Dysphorias

AIS (androgen insensitivity syndromes); partial (PAIS) and mild (MAIS) may be related to the causality of gender dysphorias ("to have an uneasiness with its genitals"). Gender dysphoria syndrome may be the discord between neural gender organization and genital conformation. Examples are: Imperato McGinley syndromes( 5-alfa-reductase syndromes); gender neurodiscord syndromes (transsexuals); some PAIS syndromes; boys mutilated in childhood then reared as girls that later show to be boys (for example the John/ Joan case, reported by Money as a success of his "sex of rearing" reassignment procedure, but now reviewed by Diamond & Sigmundson and Reiner, who made the follow up of those cases, with totally different and unexpected results). Those situations our actual Gender Paradigm (gender defined by genitals and sex of rearing) don't explain. The androgen receptor (AR) ligand (sexual hormone) that determines genital external conformation surely is dihydrotestosterone-DHT. Testosterone (T) is the steroid hormone (AR-ligand) responsible by neural gender organization. It is important to study the androgen receptor ligand-selective binding characteristics and expression in patients with gender dysphorias to know if that ligand selective differential action may be related with its ethiology, mainly in transsexuals that may be MAIS ligand selective cases, without genital malformation, but with the neural organization in gender discord with the genitals.

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## **TORRES Wal F. - Brazil**

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Title: PAIS and MAIS ligand-selective and gender Dysphorias "AIS (androgen insensitivity syndrome); partial (PAIS) and mild (MAIS); may be related to gender dysphorias. Gender dysphoria means "to have an uneasiness with its genitals". Gender dysphoria syndrome is the discord between neural gender and genital conformation. Examples of dysphoria syndromes are: Imperato McGinley syndromes; gender neurodiscord syndromes (transsexuals); some cases of PAIS syndromes; children mutilated in childhood, reared as girls that later show to be boys, living a dysphoric situation; some mosaic situations; among other possibilities. In those situations, our actual Gender Paradigm (gender defined by genitals and sex of rearing as determining factors) don't work!! What may be a good criteria in those situations? The ligand that determines genital external conformation surely is DHT. T-AR is the main responsible in neural gender in humans as it surely is in other primates? In this case, to know AR cDNAmutations is not enough: it is also important to study the ligand-selective binding characteristics and expression (mainly T-AR). So now it is important to develop lab programs in molecular endocrinology to study ligand selective properties in AR action and gene expression, mainly in gender neurodiscords (transsexuals).

Nowadays, when we are not sure about gender difficult situations, the best criteria is: believe in the victims of dysphorias: if necessary wait the free gender identity manifestation of the victims. Never use "sex of rearing" as criteria for genital surgeries and/or civil legal gender recognition."

## **TORRES CUETO Maria Antonia - Cuba**

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Title: The impact of the Cuban project on sexual education at school sponsored by UNFPA

For more than two decades now, a National Program on Sexual Education is being developed in educational centers sponsored by the Cuban Ministry of Education. Projects on Sex Education for Secondary Schools began in 1996, being favored with UNFPA's financing and implemented by the Ministry of Education departing from a theoretic-methodological strategy that responds to the problems and needs of students as well as the context on which they are formed. Educational practices were carried out in six of the fourteen Cuban provinces until July 1998, bringing forth benefits to a population of 49 926 adolescents, 35 thousand parents, 3512 active teachers and school assistants and 4752 students from Pedagogical Universities. The effectiveness of this strategy has been shown in the practice of teaching through controlling methods of evaluation and follow up applied by Cuban and foreign experts. One of the achievements of the project is a decrease on the rate of school desertion due to marriage or pregnancy. Another major achievement is the decision of education authorities to extend the strategy of this project to schools at all levels, from Kindergarten to High School, based on the multiplying action of specialists and educational assistants trained in the Project over teachers of others centers that have incorporated lately. This work is intended to explain the strategy and results of the project on Sex Education for Cuban Schools

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Title: Ethical and methodological bases in Sexual Therapy from a Cuban perspective

The fundamental ethical and methodological bases in which the sexual therapy of sexual dysfunctions is developed from a Cuban perspective are presented, emphasizing the personalized principle, informed consent, the fusion of the clinical and the educational approaches and the comprehensive therapy. A report is presented on a supervision project in sexual therapy taking into account the characteristics of our health institutions.

## **TOUBOUL Maryse - France**

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Title: From "sexual" to "gendered" Or From the mind' s Jouisance to the body's Pleasur e

The sexual does not have a gender. Its master is the mind, always looking for jouissance from the other-object, human or not. By opposition, the gendered has a gender: male or female; its master is the body, which gives pleasure to another body-subject.

Freud inscribed the child's sexuality in a pre-oedipal, oedipal, post-oedipal logic, which became our Unconscious's engine, the place where stands the symbolic with its passionate and sexual language, and where rivalry between knowledge and non-knowledge is "normal," a rivalry that gives every dominator its dominated. This language of submission and of domination is what creates sexual jouissance. The sexual is a Language of no-life that will always produce jouissance: it obeys the Laws of the Other. But neither sexology nor psychoanalysis ever took into consideration the notion of gender, whose sex is only real: male or female, both determined by a real body and a language conscious of, aware of what the body experiences. Therefore the gendered is the place of love, of aliveness, and also of this relation that makes of each person who learns to build his or her own gendered identity a subject equal to the other because different from the other. This identity is not natural, it needs to be learnt through the action of making it, over and over. This is how the gendered is alive. It obeys the Laws of Life, which make of real time a friend and of symbolic time ("out-of-time") its worst enemy. To become a man or a woman demands for everyone to learn a language disassociating itself from the Sexual Pre-Determiners (Father/Mother-Son/Daughter) to create a real Gendered Determination (Man/Woman). This is the passage everyone has to make from the power (of domination) of the sexual to the puissance (strength of relation) of the gendered; the passage from the deadly hatred, obeying the fantasies' order, to the feeling of love, which obeys its own imagination and wants to make its dreams come true. The sexual is the mind's slave, thinking jouissance. The gendered loves its body and its pleasure.

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## **TRIPODI Francesca - Italy**

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Title: Diabetes and sexuality: an analysis of an intervention project carried out in two italian hospital wards

Sexual disorders are a frequent complaint in diabetes patients. Yet, this problem is still underestimated both because it is overlooked by many professionals and because patients are often unwilling to bring it up. A pilot study was carried out in 2000 that involved the start-up of a sexuality service in two diabetes hospital wards in order to offer counselling to patients wishing to deal with the problem. The service was established with a multidisciplinary approach to sexual dysfunctions in order to deal with the multifactor nature of the symptoms. This work examines the various stages of the counselling and therapeutic activity and offers operational guidelines for professionals working with diabetic patients.

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Title: Oral contraceptive and female sexuality

The decrease of sexual desire is considered one of contraceptive pill's risk. This study investigated the effects of a monophasic low dose oral contraceptive (Fedra) on women's sexual satisfaction with specific questionnaire, Golombok Rust Inventory of Sexual Satisfaction (GRISS). The research used a sample of 385 women, came from 12 Italian different gynaecological centres, that was tested 5 times during 13 months they underwent the treatment. The statistical analysis was taken on the 212 SS (55,06%) that had entirely completed 4 GRISS on 5. All questionnaire's scales didn't modify and only the variable NSF (not sensuality female) had a little but significant increase during the last test. In conclusion the women didn't have a decrease of sexual desire because their sexual life remained satisfactory during the treatment.

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## **TRIPODI Francesca - Italy**

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Title: Virtual communication: love and sexuality through the net

This article looks at computer mediated relations and particularly the development of on-line sentimental and sexual relationships. An examination of the literature shows that there are three psychological reinforcements underlying virtual communication: social support, sexual actualisation and the creation of an alternative personality. As regards sentimental relations, the main aspects of these relations (intimacy and fantasy projection on the partner) are discussed together with the genuineness of emotions transmitted through the net. As regards sexuality, the authors focus on the potential and risks of virtual communication as an instrument of information, comparison, experimentation and expression of problem aspects.

## TRITTO Joseph - France

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Title: Female-to-male gender reassignment.tissue expansion in radial forearm free flap for phallic reconstruction

Introduction: Tissue expansion begins to be applied in urological surgery with two methods: gradual expansion (6-8 weeks) and rapid expansion (7-10 days) for vaginoplasty in adrenogenital syndrome, for urethral and penile reconstruction in uro-genital malformations. In male-to-female gender reassignment tissue expansion is introduced on ambulatory basis to obtain a widely expansive and deep neovagina from the small, inverted penile skin tube in a 6 week period. In female-to-male gender reassignment a new technique of radial forearm free flap for phallic reconstruction is proposed using a three-step tissue expansion in multi-operated or at high-risk patients.

Technique: The radial forearm free flap with tissue expansion for phallic reconstruction in F-to-M gender reassignment is realized in three steps: 1. Implantation of a cylindrical expander under the skin of the volar surface of the forearm on ambulatory basis. Expansion is provided for 6 weeks. 2. Prefabricated urethra and phallus, using the radial forearm neurovascular fasciocutaneous free flap including the volar forearm skin, the underlying adipose tissue, the sensory medial and lateral antebrachial cutaneous nerves, the basilic and cephalic veins and part of the deep fascia. All of these are connected to the radial artery and its venae comitantes by a thin intermuscular septum that contains cutaneous perforating vessels. The neophallus remains in place for 6-8 weeks, re-using the expander to mould the pre-confected phallic tube. 3. Microsurgery free tissue transplantation on the femoral artery and vein, using interposed saphenous vein graft. The expander in place is substituted with an adapted penile implant.

Conclusion: The three stages total radial forearm free flap for phallic reconstruction, using the tissue expander as a moulder, permits to graduate the shape and the microvascular network distribution of the penile shaft during the biological phases of contraction and expansion of the tissue compartments and to adapt progressively the graft in multi-operated patients.

## TRITTO Joseph - France

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Title: Long-term follow-up of augmentation phalloplasty with dermal-fat gluteal free graft.

Introduction: Free dermal or fat or composite dermal-fat grafts are applied to obtain an augmentation phalloplasty with girth enhancement in the aesthetic and functional surgery of the male genitalia.

Technique: From 1994 to 1998 82 patients are submitted to augmentation phalloplasty with composite dermal-fat gluteal free graft. Indications and inclusion criteria are classified in three categories: 1.dysmorphophobia, 2.dysmorphisms of the penis, 3. Micropenis with hypogonadotropic hypogonadism. In 1/3 of cases incision release of the suspensory ligament and lengthening procedure using free fat grafts or vascular pedicled pubic fat flaps are realized. Follow-up: The long-term follow-up (from 1 to 5 years) is realized using MNR Spectroscopy of dermal-fat biopsies for the metabolic evaluation of the graft and angio-MNR with PGE1 tumescence test for vascular and microvascular analysis of the angioarchitecture of the graft. At three-months the graft is completely vascularized with a regular microvascular pattern organized in a proximo-distal direction. The analysis of the MNRS of the bioptic samples shows different degrees of fibrotic transformation, depending on the metabolic quality of the fat tissue. The distal retraction of the graft occurs in 1/4 of cases, requiring a secondary distal mini-graft. The presence of the prepuce contributes to the distal retraction, so that the secondary procedures are mandatory. The disproportion of the glans in front of the penile shaft imposes a special procedure of enlargement of the glans using mini-fat grafts inserted between the lateral tips of the corpora and the internal surface of the glans. The Antibiotics profilaxis minimizes the risks of infection and liquefaction of the fat tissue (2 cases only in the first series of 11 patients); if this occurs, the procedure can be repeated in 3 months.

Conclusions: The technique of augmentation phalloplasty with dermal-fat gluteal free graft gives a real increase of the girth and of the length of the penis: indications and inclusion criteria are mandatory to obtain functional, metabolic and cosmetic results. Complementary procedures can be applied in the same time or delayed to re-shape the length-girth proportions and the penile shaft-glans dimensions.

## TRITTO Joseph - France

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Title: Principles and foundations of male (and female) sexual surgery

New surgical strategies and procedures dedicated to the clinical problems of Male Sexuality and Male Sexual Organs, Gender Identity and Male Body Image are recently growing, responding to multi-disciplinary needs in the clinical (andrological and non-andrological) community and to a large demand in the social health-care system. Fundamentals and Principles of this new type of surgery begin to be described, codified and validated through international clinical trials, scientific societies' activities and dedicated meetings.

The International Association of Male Sexual Surgery (IAMSS) is devoted to promote the scientific and clinical activities of pioneering surgeons engaged in this new field in order to sustain medical education and clinical graduation of young surgeons who plan to apply these new surgical approaches in the world.

Sexual Surgery Principles are concerned with Esthetic, Cosmetic and Plastic Surgery, with Genital Reconstructive Surgery, with Male Sexual Dysfunctions and Surgical Andrology, with Female Sexual Dysfunctions and Female Sexual Surgery, with Microsurgery and Vascular Surgery, with Prosthetics, Neuroprosthetics and Rehabilitation Technologies, adapted to the biological transformations linked to the ageing process and to the psycho-sexual dynamic behaviour during the life.

The Foundations of Male (and Female) Sexuality supported by the new discoveries in the basic sciences permit to delineate clinical guidelines of the real limits and the logistic approaches of the surgical procedures, opening a new debate in medical and clinical ethics in order to regulate specific esthetic and functional surgeries dedicated to the human sexuality.

## TROMBETTA Carlo - Italy

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Title: Sex reassignment surgery for female-to-male transsexualism: one stage operation

Objectives: In theory, the ideal female-to-male sex reassignment surgery should be a one stage procedure, be cosmetically acceptable to both patient and partner, have a sufficient rigidity for vaginal penetration, have tactile sensitivity, have a minimal scarring in the donor area and construct a neo urethra to permit voiding in standing position. Herein we report a case of a young female-to-male transsexual in which mastectomy and chest contouring were carried out with oophorectomy and hysterectomy at the same time as the phalloplasty according to Pryor technique.

Methods: A 24 year old woman is diagnosed as transsexual and submitted to sex-reassignment surgery. Two operative teams are necessary. While the first team performs mastectomy and chest contouring, hysterophorectomy and phalloplasty are carried out by the second team. The phallus is fashioned from a flap of anterior abdominal wall skin, 10 cm in width and 11 cm in length measured from the base of the clitoris. Superficial inferior epigastric and external pudendal vessels are incorporated into the flap pedicle. Following mobilization of the flap any excess subcutaneous tissue is excised to give a better cosmetic fashion. Through the same incision hysterophorectomy can be easily performed. Hypogastric incision is laterally prolonged, and, after the umbilicus is incised and closed with separate stitches, abdominal skin and subcutaneous fat are widely dissected from the abdominal fascia. The donor area may be closed in a tension free manner. The flap is then tunneled towards the abdomen through the base of the abdominal flap. The neo urethra is not created because the patient does not wish to have the neo urethra fashioned. The phallus is fashioned from the subcutaneous pubic flap. Total operative time is 6 hours.

Results: Patient has been discharged home on the 12 postoperative day. No post-operative complications occurred. Three years after the intervention cosmetic outcome is considered excellent by both surgeon and patient.

Discussion: The creation of a phallus is usually associated with multiple surgical problems, and efforts are ongoing to improve function and appearance. In our opinion pubic phalloplasty is a simple and relative quick procedure, lead to minimal scarring or disfigurements in the donor area. Due to the high neourethral complication rate we prefer to perform urethroplasty only subsequently if patient wish a functional phallus to void while-standing.



## TROTTA Domenico - Italy

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Title: Andropause and sexuality

The existence of andropause has been or a long time questioned. Inappropriate comparison with menopause has sustained its denial. The importance and relevance of andropause has grown in modern society. Reasons for that are longer life, better health conditions, increased importance of non reproductive aspects of human sexuality, unwillingness of men to give up sex. Andropause is a physiologic process during which there is a regression of all aspects of masculinity. Andropause has a different onset and development, different clinical manifestations and impact in different men. Andropause can begin very early (from 40-45), can interest all aspects of sexuality even if men recognize it especially from modification in penile rigidity and capacity to penetrate. There can be important discrepancy between chronological age socio-economic, status and sexual capacity. There are three phases of the andropause. There is a beginning phase, a florid state and a late phase. Late andropause is the most known phase. It is usually confused with andropause as a whole. In late andropause penetration is not possible, desire is gone, sex a vague memory. The florid state is featured by inconstant erections, intermittent potency and ability to penetrate, high sensibility to stressors. The beginning phase is a phase where modifications are not always realized as such and not always are disturbing sexual activity. It is a phase where sexual abilities can overcome fading potency but sexual inability is difficult to comply with. In some people, andropause modifies their sexual desire; in others it shakes their male identity. In other people andropause has repercussions on their erection and penetrative capacity, in some it creates ejaculation problems. For most men andropause means difficulties in having sex, the way they would like to have, the way they used to have.

## TROTTA Domenico - Italy

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Title: Eros and aggressiveness

The role of aggressiveness in sexuality is under evaluated and often poorly understood. While "socially better accepted emotions and needs", like tenderness, affection, love, and fusion feelings are considered by most people, basic and essential components of sexuality and eroticism, aggressiveness is not. The interaction of aggressiveness with sexuality and its role in normal sexual life, needs to be better studied and clarified. Aggressiveness has to be separated from hostility. Aggressiveness testifies the interest of the person towards the other and relates to the intensity and strength of such interest and desire. It is an essential ingredient of eroticism and a fundamental motivator of sexuality. Hostility is a pathological sentiment. It is related to the desire to harm the other. It is present in sexual perversions and other pathological behaviors. Sexual aggressiveness can be easily observed in sexual behavior (e.g. carnal kisses, bites, bruises and other physical signs of passionate love) and especially in sexual imagery (sexual fantasies, sexual and wet dreams). Attitudes towards sexual aggressiveness are often ambivalent with mixed feelings of acceptance and rejection. For some people, sexuality is, and has to be, "pure" and "noble". These people often try to limit, control or also eliminate sexual aggressiveness. Not an easy task, when you consider that the same act of sexual penetration implies aggressiveness. The risk is asexualization. Others accept and live sexual aggressiveness more freely and directly, with minor inhibitions. For these people aggressiveness boosts sexual desire, potency, pleasure and orgasmic response.

## TROTTA Domenico - Italy

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Title: Sexual typologies of aging men

Little is known about male sexual function and dysfunctions in middle aged males. Sexuality changes with age and declines. Sexual decline age-related is not a linear and steady process and is different in different people. In some men sexual decline begins and gains clinical interest at 40, in others at 50, in others at 60 or even later. The progression of the decline is fast in some men, slow in others. While sexual decline has little importance for some males for others is a major issue. The repercussions of the decline on different areas of male sexuality are not homogenous and symmetric, Clinical manifestations are not always constant and irreversible. For the majority of men, aging causes modifications of their ability and capacity to have sex and intercourse. There are several sexual typologies of aging men. Among them males fully satisfied of their sexuality, males with sexual problems prone to sexual difficulties in sexual health and males with borderline disease, males under drug treatment, males with systemic diseases or genital diseases, males at sexual risk (smoke, obesity, dismetabolism, stress, etc), males with no sexual abilities, males with ejaculatory control, males with prolonged sexual inactivity (singles, divorced, widowers), males with previous sexual problems, males with "male only syndrome", males with partner "hard to comply with", males with advanced or terminal problems, and so on.

## TUDOSE Florin - Roumania

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Title: Sexologie - une nouvelle compétence dans la médecine roumaine

L'année 2000 a représenté une frontière dans la formation du médecin roumain : pour la première fois on a accepté une compétence en sexologie. Les catégories de médecins qui peuvent accéder à cette nouvelle spécialisation sont les endocrinologues, les psychiatres, les urologues et les gynécologues. On y présente le système de training en sexologie et on y discute les difficultés inhérentes dans un ancien pays communiste où les préjugés et l'idéologie font la règle. Sont aussi discutées les perspectives et la possibilité de récupérer le retard de formation en sexologie en Roumanie par rapport au reste de l'Europe. Les formateurs sont des spécialistes réputés dans leur domaine, qui ont eu une activité soutenue et des travaux publiés en sexologie. Nous avons ressenti le besoin de rajouter à cette nouvelle formation une approche psychologique plus liée à la vision psychanalytique, à une visée psychothérapeutique plus ciblée.

## **TUNON Y AUSTREBERTA NAZAR Esperanza - Mexico**

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**Title: Poverty and adolescent pregnancy in Chiapas, Mexico**  
The paper analyzes the relationship between poverty and adolescent pregnancy in Chiapas, Mexico, based on information obtained in the quantitative stage of the investigation on "Sexuality and adolescent pregnancy in southeast Mexico (Tabasco, Yucatán, Chiapas, Campeche and Quintana Roo)" developed by El Colegio de la Frontera Sur (Ecosur) during 1998-1999. This investigation collected quantitative information about the socio-demographic characteristics and reproductive health of pregnant adolescents and also investigated certain qualitative aspects of sexual and reproductive practices, response to pregnancy, perceptions of sexuality and social values that youths of the region have about maternity and paternity. Developed a home survey was carried out that contemplated three marginality levels and three community sizes with a sample size of 3,775 youths between 12 to 19 years of both sexes, we got a vast amount of information which constituted one of the analytic axes of the title of this paper. In this paper the main results of this topic are exposed and these suggest new points of views to discuss the thematic in question.

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## **TZVETKOVA Petia - Bulgaria**

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**Title: Sexual dysfunction and diabetes mellitus - optimal diagnosis and therapy**  
**Introduction:** In the course of diabetes the impotence is rather a symptom. It could sometimes appear as the very first manifestation of the disease.  
**Material & methods:** A total of 164 patients 25 to 55 years of age ( $36.91 \pm 19.74$ ) suffering from Diabetes mellitus. The patients were classified according to the degree and quality of sexual disturbances into groups: A- patients with decreased libido; B- patients with weak erection; C- patients with decreased libido and weak erection. In order to achieve an exact diagnosis we applied the diagnostic specific non- and invasive methods. Several methods of treatment were applied - androgen stimulation therapy, application of vacuum-erector systems, injection of Papaverinum hydrochloricum, implantation of flexible silicon penile prosthesis.  
**Results:** With androgen stimulation therapy good results were achieved in 60% of the patients, in 18 patients for correct of sexual dysfunction was used application of vacuum-erector systems. In 1% the treatment was complicated by appearance petechiasis on the penile skin, and 10% of them refused further application of this method. Injection of Papaverinum hydrochloricum into corpora cavernous penis was proposed to 115 patients. Only 35% of them accepted the method. The remaining 65% rejected it. About 97% of all treated patients reported good erection, implantation of flexible silicon penile prosthesis we used in 12 patients.