

007

LYSIS OF ADHESIONS FROM  
CLITORODYNIA CLOSED  
COMPARTMENT SYNDROME

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**Objectives:** 24.7-36.8% of women complain of pain during sexual activity. Clitorodynia, a localized form of vulvodynia, is an uncommon, distressing, often disabling sexual pain syndrome with burning, stinging, and/or sharp pain confined to the glans clitoridis, common clitoral shaft and/or prepuccial area. The pain may be constant, intermittent or occurring only when provoked. The clitoral pain commonly increases with sexual activity, and is generally chronic. Women with clitorodynia are usually managed ineffectively with the same treatments used for generalized vulvodynia.

**Materials and methods:** We retrospectively reviewed prevalence and clinical management experience of distressing clitorodynia in our multidisciplinary sexual medicine facility in the last 5 years.

**Results:** Of 430 women with vulvodynia we identified 23 with clitorodynia. The glans corona of 15 could not be identified on vulvoscopy, despite vigorous retraction maneuvers. Adjacent skin adhesions to the glans clitoridis were identified and an oily waxy sebum material exuded through breaks in adhesions. Under higher magnification, keratin or epithelial pearl structures forming concentric layers 0.5-2 mm in diameter were seen under squamous skin epithelial adhesions. These 15 women underwent exploration, and release of localized adjacent skin adhesions to the glans clitoridis. In all 15 more than 33% of the glans was involved, balanitis noted below the glans skin adhesions above the corona. Two also had lichen sclerosis concomitantly managed with clobetasol. Nine of 15 patients have significant improvement of clitoral pain at least 1 year postop. Of the 8 other women, 4 had clitoral priapism responding to adrenergic agonist treatment or shunt surgery, 2 had suffered blunt perineal trauma, suspected of having pudendal neuropathy, and 2 had blunt perineal trauma with clitoral neuromata on surgical exploration.

**Conclusions:** Clitorodynia, although rare, often appears to be caused by a closed compartment syndrome of adjacent skin adhesions to the glans clitoridis, leading to underlying unrecognized balanitis, keratin pearl formation and chronic pain. If the corona of the glans clitoridis cannot be visualized despite vigorous retraction, a closed compartment form of treatable chronic clitoral pain should be suspected.

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009

THE FERTILITY QUALITY OF LIFE  
(FERTIQOL) IN CHINESE INFERTILE  
WOMEN: THE FIRST VALIDATION STUDY  
OF MAINLAND CHINA FERTI-QOL

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**Objective:** Infertility is defined as the failure to achieve clinical pregnancy after twelve months of regular unprotected sexual

intercourse. In recent years, there is a rising trend of infertility in China, Data shows that every 8 couples have a pair of infertility infertility, and the number of Chinese infertility patients has more than 50 million. Female infertility has various negative impacts on quality of life. In the past, Various generic measurement tools were used for assessing Qol in infertile patients. Recently, a specifically Qol tool designed for infertile couples, has been developed and used internationally-The Fertility Quality of life(FertiQol)-questionnaire. To the best of our knowledge, there was no published data regarding the general Qol in infertile women in mainland china. Our goal of this study is to understand the preliminary level of Qol in infertile women in mainland china, secondary aims was to compare Qol in women with primary and secondary infertility.

**Material and Methods:** The FertiQol tool, a self-report questionnaire, was distributed to our department of Reproductive Center for infertile women who undergoing the treatment of in vitro fertilization from 2015.1 to 2015.4. Patients with primary and secondary infertility were compared for Qol subscales, and other confounding factors were investigated using multiple regression analysis.

**Results:** A total of 230 copies of eligible FertiQol questionnaires were collected, Among them, 162 cases for primary infertility and 68 cases for Secondary infertility. The mean age of participants was 32.6±3.3 years and years of marriage was 4.2±1.3. Scores of mind-body (55.4), relational (57.4), environment (54), and tolerability (45) subscales in chinese infertile women were lower than those (54.8, 68.7, 61.5 and 58.8) in western infertile women. According to the increase of infertility time, relational score (relation with husband) was decreased. Women with secondary infertility obtained higher scores in emotional,mind/body of the core subscale,and tolerability of the treatment subscale ( $P<0.05$ ). Multiple regression analysis showed that the status of educational and secondary infertility had a positive impact.

**Conclusions:** FertiQol scores were better in patients with secondary infertility and higher educational status. This is the first validation study of mainland chinese Ferti-QoL, and potentially used as a guide for clinical counseling and future works.

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010

NEW DRUG FOR TREATMENT OF FEMALE  
HYPOACTIVE SEXUAL DESIRE DISORDER -  
RESULTS OF PHASE I CLINICAL STUDY

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**Objectives:** BP101 is a novel small peptide molecule aiming to restore sexual desire and related functions in women suffering from Hypoactive Sexual Desire Disorder (HSDD) and related sexual dysfunctions. In the Phase I clinical study BP101 safety/tolerability was assessed first in human, as well as pilot assessment

of clinical effect on different aspects of female sexual function in healthy women was performed.

**Methods:** 15 adult premenopausal healthy women were treated in 3 sequential dose cohorts (5 subjects per cohort) with daily BP101 intranasal administrations during 2 weeks with subsequent 4-weeks follow-up. 3 doses of BP101 were evaluated: 0.84, 1.68 and 2.52 mg. Adverse events frequency and profile was evaluated using clinical examination, clinical safety laboratory tests (including sex hormones panel) and electrocardiogram assessment. Clinical effect endpoints included changes from baseline to end of study in Female Sexual Function Index (FSFI) total score and domain scores, Arizona Sexual Experience Scale (ASEX) and Female Sexual Function questionnaire (Russian).

**Results:** Data from all 15 enrolled female subjects was available for evaluation. BP101 demonstrated favorable safety profile. Only few mild adverse events were observed during this Phase I clinical study. These adverse effects showed no correlation with BP101 dose. No special safety concerns was identified.

At Baseline mean FSFI total score was 26.0, 21.8 and 19.2 for BP101 dose cohorts 0.84, 1.68 and 2.52 mg, respectively. The mean change during the study was 1.0, 6.0 and 8.1 after 2 weeks of treatment, and 4.6, 6.7 and 7.4 after subsequent 4 weeks of follow-up. For dose cohorts 1.68 and 2.52 mg the difference from baseline was statistically significant ( $p < 0.05$ , ANOVA, Fisher's test). Baseline ASEX mean score was 18.4, 17.4 and 21.0 for BP101 dose cohorts 0.84, 1.68 and 2.52 mg, respectively. The mean change during the study was -1.2, -1.2 and -6.0 after 2 weeks of treatment and -2.8, -4.0 and -3.6 after 4 weeks of follow-up.

**Conclusions:** BP101 showed favorable safety profile and exciting signs of clinical effect in the early stage of clinical development. Therefore BP101 shows high promise for further clinical evaluation in HSDD female patients.

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## O11

### HORMONAL AND PSYCHOSOCIAL FACTORS ASSOCIATED TO SEXUAL DYSFUNCTIONS IN PREMENOPAUSAL WOMEN

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**Objectives:** Sexual response in women is complex and influenced by several biological and psychological factors, and is interacting with social and cultural terms. Sex hormones are thought to modulate women's sexual response and desire. Low levels of testosterone (T) are seen as a risk factor of impaired

sexual function, but larger studies investigating the effect of T are missing. The aim of this study was to investigate how androgen levels and psychosocial factors are associated to female sexual dysfunction (FSD) including hypoactive sexual desire disorder (HSDD).

**Material and Methods:** A cross-sectional study including 428 premenopausal women aged 19-58 years. All women filled out a questionnaire including data on psychosocial factors and had a blood test taken at day 6-10 in their menstrual cycle. Five different sexual endpoints (impaired sexual function, sexual distress, FSD, low sexual desire and HSDD) were measured using the Female Sexual Function Index (FSFI) and Female Sexual Distress Scale (FSDS). Serum levels of total and free T, androstenedione, dehydroepiandrosterone sulphate (DHEAS) and androsterone glucuronide were analyzed using mass spectrometry. Logistic regression models were built to test the association between hormone levels, psychosocial factors, and the sexual endpoints. P values  $< 0.05$  were considered as statistically significant.

**Results:** Women with low sexual desire had significant lower mean levels of total T, androstenedione and DHEAS compared to women without low sexual desire. After adjustment for psychosocial factors, levels of free T and androstenedione were associated with low sexual desire. None of the androgens were associated to FSD or HSDD in either uni- or multivariate analyses. In contrast, length of relationship above two years and mild depressive symptoms increased the risk of FSD and HSDD in both uni- and multivariate analyses.

**Conclusion:** In this large cross-sectional study, low sexual desire was significantly associated with levels of free T and androstenedione, however HSDD and FSD was not associated to any androgen levels. Length of relationship and depression were associated with both FSD and HSDD.

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## O12

### META-ANALYSIS OF ORGASMIC AND OVERALL SEXUAL FUNCTION POST MID-URETHRAL SLING SURGERY

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**Objectives:** More than 200,000 mid-urethral slings are placed yearly for stress urinary incontinence. About 14-20% of women experience worsening sexual function after sling placement and about 30% report worsening orgasm frequency/intensity, with statistically significant lowering of pre-op vs post-op orgasm FSFI and PISQ scores. We postulate sling placement injures neural pathways regulating "female prostate" peri-urethral tissue lying adjacent to anterior vaginal wall. Meta-analysis for overall sexual function and orgasm was performed using FSFI and PISQ for

