Abstract

iMedPub Journals
www.imedpub.com

Journal of Clinical & Experimental Nephrology
ISSN 2472-5056

2021
Vol. 6 No.S7

Treatment different forms of postCovid hypogonadism

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Abstract

COVID-19 is the most common pandemic in human history. COVID-19 affects ACE receptors, causing autoimmune processes that damage testicular tissue, disrupting the processes of spermatogenesis and testosterone production. Recently, we have seen an increasing number of patients with erectile dysfunction ED appearing 3-6 months after COVID-19.

The aim of our study was to determine effectiveness of hormone stimulating and replacement therapy, possibility of restorative therapy with autologous stem cells (ASC) and Plasma rich Platelets (PRP) - therapy in patients with primary and secondary hypogonadism.

117 patients with ED, which appeared 3-6 months after COVID-19. All patients except ED had clinical signs of decreased testosterone: decreased libido, mental and cognitive functions, decreased performance, fatigue. Testosterone fractions (total and free), LH, Estradiol, FSH before, during and after rehabilitation therapy were studied. Patients were divided into 2 groups: 1st- 68 patients with primary hypogonadism (Tm = 7.43 + 2.1 below 12 nmol / l), and 2nd - 49 patients with secondary hypogonadism (Tm = 14.1 + 1.8 above 12 nmol / l). l), they were studied the sensitivity of tissue receptors to testosterone.

In the first group, patients were prescribed Tribulus terrestris extract 45% - 750 mg, Fenugreek extract 50% - 25 mg twice a day for 2 months. 37 patients (54.4%), group 1a (mean age 41.6 + 4.3) responded to therapy by normalizing the level of T (more than 12 nmol / l) and improving erectile function, 31 patients (45.6%), group 1b (average age 47.3 + 5.2) without the effect of herbal medicine prescribed testosterone drug Omnadren 250 1 time in 3 weeks. After 2 months of hormone replacement therapy, 28 patients were diagnosed with normal T levels, but only 19 patients (61.2%) in group 1b improved their erectile function.

Biography

Dr. Sandeep Dhindsa is working in St Louis University School of Medicine, St Louis, Missouri.