Taking Sexual History Should be Routine in All Patients

To the Editor: In their article entitled "The Princeton III Consensus Recommendations for the Management of Erectile Dysfunction and Cardiovascular Disease,"[1] the authors emphasize sexual inquiry of all men. Erectile dysfunction has emerged as a sentinel marker of cardiovascular disease.[2] However, the dearth of high-quality controlled studies hampers the development of sexual history-taking curricula for medical students and residents.[3] Only 35% of primary care physicians report that they often (75% of the time) or always obtain a sexual history.[4]

We recently treated an 89-year-old man with multiple comorbidities, including hypertension, coronary artery disease, and myelodysplastic syndrome, who had been admitted for evaluation of abdominal pain and melena. Computed tomography of the abdomen revealed an intriguing 5.3-cm cystic lesion in the pelvis (Figure, A). Coronal images revealed that the "cyst" was connected to a penile prosthesis (Figure, B). Had a sexual history been taken, we would have been aware of the possibility of a penile prosthesis reservoir in the patient's abdomen.

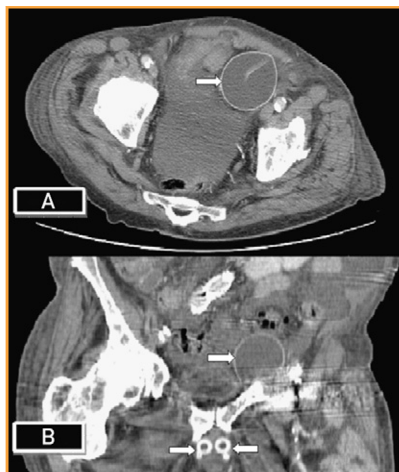

FIGURE. A, Transverse computed tomographic (CT) scan of the abdomen reveals a 5.3-cm cystic lesion (arrow). B, Coronal CT scan reveals a penile prosthesis (lower arrows) and abdominal reservoir (upper arrow).

Physicians are often reluctant to inquire about sexual health issues because of embarrassment, feeling ill-prepared, sexual history not relevant to the current problem, and time constraints. Routine assessment of sexual health would provide opportunities to recognize and treat sexually transmitted diseases and to initiate preventive care including counseling about sexual risk taking and in addition would provide insight about the status of cardiovascular health.

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Those With Erectile Dysfunction Should Also Be Tested for Serum 25-Hydroxyvitamin D Concentration

To the Editor: The recent report by the Princeton Consensus Conference recommended that men with a diagnosis of erectile dysfunction (ED) be evaluated for cardiovascular disease (CVD).[1] Vascular problems underlie most ED not associated with prostatectomy or psychological problems because erections are controlled by the spongy tissue, which can clamp down and restrict blood flow from the penis. We fully agree with the Consensus recommendations that men with ED should be evaluated for CVD.

However, we would like to add that they also be checked for vitamin D deficiency. In a recent article, the case was made that vitamin D deficiency may contribute to risk of ED on the basis of the link between ED and CVD.[2] A growing body of research reports that vitamin D deficiency is a risk factor for CVD.[3-5] In addition, vitamin D deficiency has been linked to 2 features of CVD: arterial stiffness[6,7] and elevated C-reactive protein concentration.[8]

There is no evidence yet that increasing serum 25-hydroxyvitamin D concentration will reduce the symptoms or progression of ED. However, it seems likely that many men with ED have vitamin D deficiency. In addition, there are many other health benefits of vitamin D.[9] For optimal nonskeletal benefits, serum 25-hydroxyvitamin D concentrations should be greater than 30 ng/mL (75 nmol/L).[9]

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CORRECTION

In the article, “Paradoxical Emboli in Children and Young Adults: Role of Atrial Septal Defect and Patent Foramen Ovale Device Closure,” published in the May 2006 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2006 May;81(5):615-618), the name of one of the co-authors was misspelled. The name should be Bertrand Tchana instead of Tachana.

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