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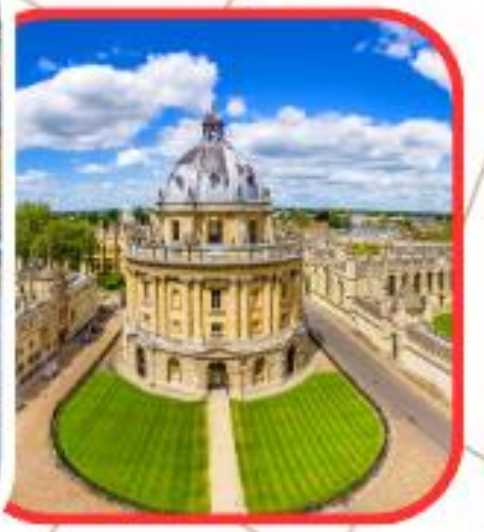

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UROGENITAL DIABETIC NEUROPATHY: CLINICAL FEATURES AND TREATMENT

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Relevance: Diabetic autonomic polyneuropathy (DAP) is a severe complication of diabetes, significantly reducing patients' quality of life. The urogenital form, marked by neurogenic bladder dysfunction, erectile dysfunction, and sexual disorders, causes substantial physical and psychological distress. Despite its prevalence, effective treatment strategies remain underexplored, warranting further research.

Materials and Methods: This retrospective study evaluated 80 patients over three years with confirmed diabetes and urogenital dysfunction due to autonomic neuropathy. Diagnostic methods included:

1. Clinical Neurological Examination: Assessment of sensory, motor, and autonomic functions.
2. Neurophysiological Tests: EMG, HRV, and NCS for autonomic nerve evaluation.
3. Urodynamic Studies: Bladder function testing.
4. Laboratory Analysis: HbA1c, renal function, and glucose monitoring.

Treatment outcomes were assessed using patient-reported measures, symptom scales, and clinical parameters.

Results: The mean patient age was 52.7 ± 8.4 years, with a male-to-female ratio of 55:45 and an average diabetes duration of 11.8 ± 6.1 years. Neurogenic bladder was observed in 70%, erectile dysfunction in 55% of males, and sensory impairment in 75%. Autonomic nerve dysfunction appeared in 80%, and motor response delays in 74%. Alpha-lipoic acid improved nerve conduction in 60%, anticholinergic agents reduced bladder overactivity in 56%, and PDE inhibitors addressed erectile dysfunction in 42%. Glycemic control (HbA1c <7.0%) improved symptoms in 78%. Pelvic floor training helped bladder function in 52%, while surgical interventions were rare but necessary in refractory cases.

Discussion: The complex challenges of urogenital DAP necessitate a multidisciplinary approach. Pharmacological treatments, particularly alpha-lipoic acid and anticholinergic agents, showed promising outcomes. Lifestyle interventions focused on glycemic control and weight management further enhanced results. Global comparisons emphasize the need for comprehensive care integrating medical, physical, and psychological strategies.

Conclusion: This study highlights the burden of urogenital DAP and demonstrates the effectiveness of a multifaceted treatment approach. Early diagnosis, pharmacological therapy, and lifestyle changes significantly

improved patient outcomes. Further research into advanced therapies is crucial to address unmet clinical needs and improve quality of life.

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