

# I DISTURBI DELLA EIJACULAZIONE

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# I. EJACULATION AND ORGASMIC DISORDERS

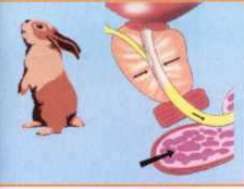
## VARIOUS TYPES OF EJACULATORY AND ORGASMIC DISORDERS

### DEFINITION

### CAUSES

1

#### Premature Ejaculation (PE) (or early, rapid)

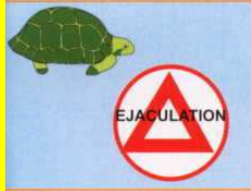


This term implies an inability of the man to **delay the time of ejaculation** to his and his partner's **satisfaction**.

This problem is most probably due to **psychosexual** rather than organic problems. Young men tend to ejaculate more rapidly than older men. Premature ejaculation may be due to **a failure to learn** how to delay ejaculation. **Worrying** about this problem makes ejaculation more rapid. The end result may be ejaculation without erection. **Penile hypersensitivity** and a **rapid ejaculatory reflex** arc may also be a cause of premature ejaculation. **Orgasm** is due to processing of **pudendal nerve** sensory stimuli by the **brain**. There is a strong **association** between premature ejaculation and **erectile dysfunction**.

2

#### Delayed Ejaculation and Anejaculation

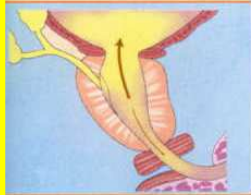


**Delayed ejaculation** is **undue** delay in **reaching a climax** during sexual activity. **Anejaculation** is the **absence** of **ejaculation** during orgasm.

Failure of ejaculation may occur due to **abnormalities** of **production** or **storage** of semen or conditions affecting the actual **expulsive process**. **Psychological causes** are common. The patient's history may include **diabetes**, **neurological disease** or spinal injury. **Surgery** is a common cause of damage to the sympathetic nerve trunks and ejaculatory failure, that may constitute a significant problem, can occur in young men undergoing retroperitoneal lymph node dissection. Lack of seminal fluid following **radical prostatectomy** invariably results in absent ejaculation.

3

#### Retrograde Ejaculation (RE)



**Retrograde ejaculation** occurs when the **bladder neck fails** to close and all or a large proportion of the ejaculate is **ejected into the bladder**.

The **differential diagnosis** between **anejaculation** and **retrograde ejaculation** can be done easily by assessing the presence of **fructose** and **spermatozooids** in urine after intercourse or masturbation. **Congenital** causes of RE are rare and are due to developmental anomalies of the ejaculatory ducts. **Outflow obstruction** or **iatrogenic** damage to the **bladder neck** following resection of urethral valves or the bladder neck in childhood can lead to RE. The risk is much higher after **bladder neck** or prostate **surgery** in adults (70% to 80% of men). Some **drugs**, such as alpha blockers, can induce RE in 5-15% of cases. **Diabetes** is also a cause of RE (by inducing peripheral neuropathy).

4

#### Anorgasmia and Orgasmic Dysfunction

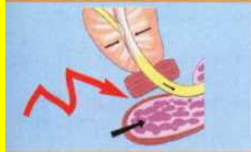


This implies the **inability** to achieve an orgasm, or a markedly **diminished intensity** of orgasmic sensation during conscious sexual activity with or without ejaculation.

It is rare and is most certainly due to **psychological disturbances**, but may also have a **neurogenic cause**.

5

#### Painful Ejaculation

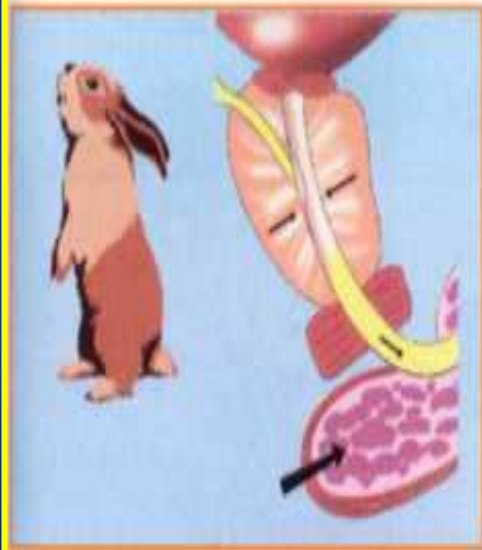


**Pain** can occur during or **shortly after** ejaculation and may persist for several hours.

Painful ejaculation is usually a symptom of **inflammation** of the **prostate**, **seminal vesicles** or **urethra** and should be investigated and treated accordingly.

1

## Premature Ejaculation (PE) (or early, rapid)



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# EIACULATIO PRAECOX E PDE5-Is

138 men (PE) (mean age 29 years)

- Decrease frequency PE
- Increase IVELT ( $p = <0,05$ )  
(IntraVaginal Ejaculatory Latency Time)

3 months

38 pts. Lidocaine applications

42 pts SSRI 20mg once daily

58 pts (60%)  
SSRI 20mg once daily +  
Sildenafil (25-100mg) 1h before sex

Chen J. et al. Efficacy of Sildenafil as adjuvant therapy to SSRI in PE Urology 2003

38 men (PE) (mean age 45 years)

- Decrease frequency PE
- Increase IVELT ( $p = <0,05$ )  
(IntraVaginal Ejaculatory Latency Time)

Sildenafil  
50-100 mg  
1h before  
sex

3 months

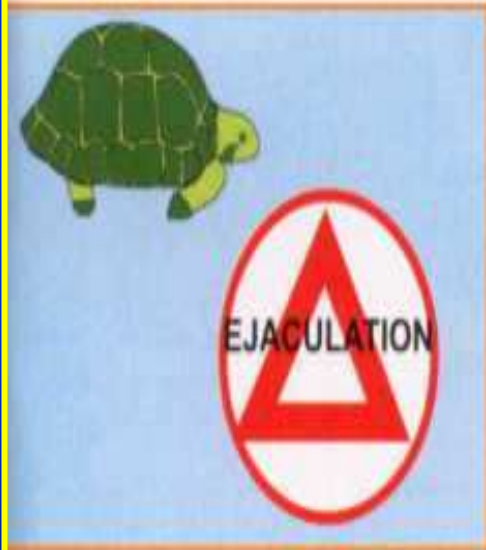
36 pts  
(95%)

Lobik L. et al. The effect of sildenafil in the treatment of PE J. Urol. 2003



2

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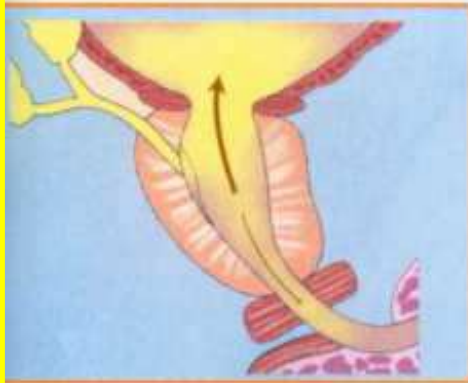


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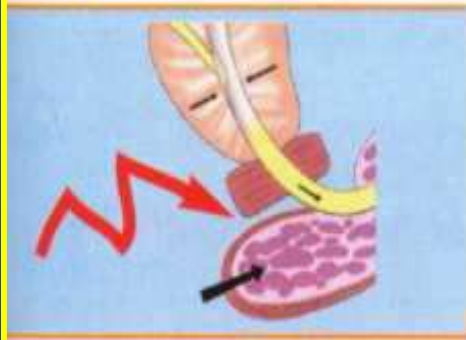


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