

Exploring the Causes and Risk factors of Retrograde Ejaculation

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ABOUT THE STUDY

When sperm that would normally be ejected through the urethra is diverted to the urinary bladder, it is known as retrograde ejaculation. The sphincter of the bladder normally contracts before ejaculation, closing the bladder and preventing seminal fluids from refluxing into the male bladder. The urethra is compelled to be the path of least resistance for the semen. Retrograde ejaculation can happen if the bladder sphincter is not really working properly. It can also be deliberately induced by a male as a primitive form of male birth control (known as coitus saxonicus) or as part of alternative medical practices. The retrograde ejaculated semen enters the bladder and is expelled with the next urine.

A "dry orgasm" is a term used to describe retrograde ejaculation. One sign of male infertility is retrograde ejaculation. During masturbation, a man may observe that despite the presence of climax, no ejaculation is generated. Ejaculatory duct occlusion might also be a contributing factor in this occurrence.

During a male orgasm, sperm are released from the epididymis and pass into the vas deferens, which are tiny tubes. Sperm combine with seminal fluid, prostate fluid from the prostate gland, and lubricants from the bulbourethral gland in the seminal vesicles. Muscles at the end of the bladder neck contract during climax to prevent retrograde semen flow. These bladder neck muscles are either exceedingly weak or the nerves controlling them have been destroyed in retrograde ejaculation.

Causes

Autonomic nervous system failure may cause a dysfunctional bladder sphincter, resulting in retrograde ejaculation (Dysautonomia). Prostate surgery is a procedure that involves removing the prostate gland. It's a typical side effect of transurethral prostate resection, which involves removing prostate tissue slice by slice with a resect scope passed down the urethra.

It can also be caused by nerve routes to the bladder sphincter being disrupted during a retroperitoneal lymph node dissection

for testicular cancer, resulting in either temporary or permanent retrograde ejaculation. Modern nerve-sparing procedures aim to reduce this danger, but it is possible that it will happen as a result of green light laser prostate surgery. In a literature study, surgery on the bladder neck was responsible for roughly 10 percent of the occurrences of retrograde ejaculation or an ejaculation.

Retrograde ejaculation is a typical adverse effect of drugs used to relax the muscles of the urinary system, such as tamsulosin, to treat disorders like benign prostatic hyperplasia. The chance of retrograde ejaculation is raised by relaxing the bladder sphincter muscle. Antidepressant and antipsychotic medicines, like atomoxetine, are the most common medications; patients who have this side effect usually stop using their prescription medications.

Retrograde ejaculation is a consequence of diabetes, especially in diabetics who have had poor blood sugar management for a long time. This is caused by bladder sphincter neuropathy. Post-pubertal boys (ages 17 to 20) who have repeated bouts of retrograde ejaculation are frequently diagnosed with urethral stricture illness shortly after the first symptom appears. It's unclear if a congenital deformity of the bulbous urethra is to blame, or whether pressure applied on the base of the penis or perineum just before ejaculatory inevitable injured the urethra inadvertently. The most common location for this injury is within 0.5 cm of the ejaculatory duct (usually distal to the duct).

High blood pressure medications, benign prostate hyperplasia medications, mood disorders medications, prostate surgery, and nerve injury medications (which may occur in multiple sclerosis, spinal cord injury or diabetes).

A urinalysis on a urine specimen taken immediately after ejaculation is frequently used to make the diagnosis. The samples will include an abnormal amount of sperm in situations of retrograde ejaculation. An ejaculation is sometimes mistaken with retrograde ejaculation, especially in cases of orgasmic an ejaculation, and the two share certain essential characteristics of the aetiology. Urinalysis is utilised to differentiate them.

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