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SURGICAL MANAGEMENT OF EJACULATORY DUCTS OBSTRUCTION

Thesis

Submitted for partial fulfillment of
MD Degree in
Andrology and sexually transmitted diseases

By

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2003

بسم الله الرحمن الرحيم

قالوا سُبحانك لا علم لنا إلا ما علمتنا
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(البقرة: ٣٢)

كلية الآداب – جامعة القاهرة

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محضر اجتماع لجنة الحكم على الرسالة

المقدمة من الطبيب/ عماد الدين كمال عبد الرحيم

(١) توطئة لنيل درجة امتحان الدكتوراه في: طب وجراحة [illegible] الدكتوراه ... [illegible]

(٢) كجزء من الجزء الثاني لامتحان الماجستير في: ....

اجتمعت لجنة الحكم على الرسالة المكونة من السادة :–

الأستاذ الدكتور/ أحمد عطية جواد – أستاذ طب وجراحة [illegible] (عضو المشرف)

الأستاذ الدكتور/ علي حسين علي – أستاذ ورئيس قسم [illegible] الدولية [illegible] (داخلي)

الأستاذ الدكتور/ سامي حنفي محمد – أستاذ [illegible] (ممتحن خارجي)

وذلك في يوم الثلاثاء ١٨/٢/٢٠٠٣ في الساعة ١١ صباحاً

في جلسة علنية بمبنى قاعة [illegible] مركز المؤتمرات [illegible]

واستهل الباحث المناقشة بعرض بنود الرسالة

ثم ناقشه السادة أعضاء لجنة الحكم في

وقررت اللجنة: قبول الرسالة

أستاذ دكتور	أستاذ دكتور	أستاذ دكتور
أحمد عطية جواد	علي حسين علي	سامي حنفي محمد

Abstract

Infertility secondary to ejaculatory ducts obstruction has previously been though to be uncommon. However the ability to make such diagnosis on the basis of transrectal ultrasonography has resulted in apparent increase in the incidence of the disease. Ejaculatory ducts obstructions are diagnosed in about 5% of azoospermic men. Also the incidence of infertile men presenting with partial ejaculatory ducts obstruction may exceed 4%. Transurethral resection of ejaculatory ducts (TURED) is an effective method of treatment of ejaculatory duct obstruction especially in cystic lesions. Thirty two patients with ejaculatory duct obstruction (EDO) (24 with complete EDO and 8 with partial EDO) were selected from infertile patients with low semen volume. The diagnosis of EDO made by TRUS and confirmed by seminal vesiculography or vasography in some patients. The patients were treated by TURED and followed up postoperatively for a period from 6-30 months with semen analysis and TRUS. Semen volume, total motile count and fructose content increased significantly after TURED, improvement in semen parameters occurred in 42% of patients with bilateral complete EDO, 63% of patients with partial EDO and the total percentage of improvement among all patients was 47%. Pregnancy was achieved in about 17% of patients with complete EDO, 25% of patients with partial EDO and 19% of all patients. Improvement in semen parameters and pregnancy was better in partial than complete and in cystic than non cystic EDO. Complications after TURED are rare (only 6% complicated with prolonged haematuria). So we conclude that TRUS is a non invasive and a good diagnostic tool for EDO, TURED is an effective line of treatment of EDO especially partial EDO and cystic EDO.

Key words: Ejaculatory duct obstruction; TRUS; infertility; TUR.

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Emad El Din Kamal.

Cairo, 2oo3.

I dedicate this work to:

My parents.

My wife Amany.

My professors and colleagues.

List of abbreviations

CT Scan	Computerized Tomographic scan.
dl	Deciliter.
DRE	Digital rectal examination.
ED	Ejaculatory duct.
EDs	Ejaculatory ducts.
EDO	Ejaculatory duct obstruction.
FSH	Follicle stimulating hormone.
ICSI	Intracytoplasmic sperm injection.
LH	Lutenizing hormone.
LS	Longitudinal section.
MESA	Microsurgical epididymal sperm aspiration.
MRI	Magnetic resonance imaging.
mIU	milli international unit.
mg	milligram.
ng	nanogram.
PR	Per rectal examination.
PRL	Prolactin hormone.
SV	Seminal vesicle.
SVA	Seminal vesicle aspiration.
SVG	Seminal vesiculography.
TESE	Testicular sperm extraction.
TRUS	Transrectal ultrasonography.
TS	Transverse section.
TUIED	Transurethral incision of ejaculatory ducts.
TUR	Transurethral resection.
TURED	Transurethral resection of ejaculatory ducts.
TURP	Transurethral resection of the prostate.
TURV	Transurethral resection of verumontanum.

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