SUMMARY

Aspermia is the absence of ejaculate during sexual act.

It is classified into:

I- True aspermia (Failure of emission).

II- False aspermia or retrograde ejaculation.

According to aetiological basis true aspermia could be classified into:

1- Aspermia following lymphadenectomy.
2- Chemical aspermia.
3- Aspermia secondary to the neuroendocrynial dysfunction.
4 - Obstructive aspermia.

Retrograde ejaculation or false aspermia differs from true aspermia where the ejaculation occurs but not in an antegrade manner; it regurgitate to the bladder; it is classified into the following:

1- Retrograde ejaculation after bladder neck resection.
2- Neurogenic retrograde ejaculation.
3- Retrograde ejaculation after diabetes mellitus.
4- Retrograde ejaculation after surgical sympathectomy.
5- Retrograde ejaculation after stricture urethra.
Retrograde ejaculation after drugs.

7- Idiopathic

On the other hand, it could be classified into:

1- Iatrogenic

2- Non iatrogenic

3- Idiopathic.

Recently it is classified into:

1- Congenital retrograde ejaculation.

2- Acquired retrograde ejaculation.

The diagnostic feature of true aspermia is the absence of ejaculate during sexual act. The urine delivered from urinary bladder after sexual act is devoid of ejaculate and clear.

On the contrary, in retrograde ejaculation, the ejaculate is detected in urine after sexual act and the urine is turbid.

The true type of aspermia is treated according to its causes as follows:

1- Aspermia following lymphadenectomy can be treated by doses of adrenergic drugs or sympathomimetic agents.

2- Aspermia following drugs i.e. chemical aspermia can be recovered after stoppage of the drugs.
3 - Aspermia secondary to the neuroendocrinal dysfunction:

can be treated by replacement therapy with gonadotrophin and androgen.

4 - Obstructive aspermia: is treated successfully by transurethral resection of prostatic gland in the area of ejaculatory duct.

Although retrograde ejaculation could be treated either by surgical means, or by drug therapy not all those patients regain normal antegrade ejaculation. Efforts have therefore been made to retrieve spermatozoa from the bladder for use in artificial insemination by husband (AIH), and different methods have been described.