INTRODUCTION

Aspermia is the absence of ejaculate during sexual act. In the past aspermia and azoospermia were used synonymously. Girgis et al. (1968) mentioned that aspermia and azoospermia could be differentiated by the absence of ejaculate in the former and the presence of an ejaculate that is devoid of sperm in the later. They classified aspermia into true and false types. In the true aspermia, the patient reaches the organic phase without ejaculation, but in the false type, the actual difficulty involves erectile impotence, i.e. an erection that is too weak for culmination with organ and ejaculation.

Geboes et al, (1975), reported a case of primary anejaculation where there is no ejaculate during coitus. Unlike aspermia this patient does not reach orgasm but he had nocturnal emission.

E1-Bayoumi et al., (1983) stated that nonejaculatory intercourse referrs to absence of ejaculate during intercourse. They classified this phenomenon into various disorders including anejaculation, retrograde ejaculation, non emission and aspermia.

According to Awad (1987) aspermia could be classified into a true and a false type.

I- True aspermia:

There is no ejaculate during sexual act, either in an antegrade or retrograde manner. This condition is due to failur of emission.

Types:

- 1- Aspermia following Lymph-adenectomy (Fraley et a1,1970).
- 2- Chemical aspermia (Singh, 1961).
- 3- Aspermia secondary to the neuroendocrinal dysfunction (Kjessler and Lundberg, 1974).
- 4- Obstructive aspermia (Porch, 1978).

II- False aspermia:

There is no antegrade ejaculation during orgasm but the ejaculate regurgitates to the bladder, and the urine after the sexual act becomes turbid and contains sperms.

Girgis et al., (1968) classified retrograde ejaculation into the following:

- 1- After bladder neck resection.
- 2- After diabetes mellitus.
- 3- After surgical sympathectomy
- 4- After stricture urethra
- 5- After drugs.
- 6- Neurogenic.
- 7- Idiopathic.

According to Bourne et al.,(1971) it is classified into:

- 1- Iatrogenic
- 2- Non Latrogenic
- 3- Idiopathic

Recently, Hargreave et al.,(1983) mentioned two causes for retrograde ejaculation:

- 1- Congenital causes.
- 2- Acquired causes.