

Case Based Urology Learning Program

Resident's Corner: *UROLOGY*

Case Number 13

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A 33 year-old man is referred to you with the chief complaint of premature ejaculation.

What is premature ejaculation?

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Premature ejaculation (PE), also known as rapid ejaculation, is defined by the AUA Guidelines as “ejaculation that occurs sooner than desired, either before or shortly after penetration, causing distress to either one or both partners”.

How is the diagnosis of PE made?

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The diagnosis of PE is made on the basis of history alone.

There are two types of PE—What are they?

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Primary PE exists since the first sexual encounter.

Secondary PE has its onset after a period of normal sexual function.

What are the components of the sexual history in patients with PE?

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Onset (life long or acquired)

Relationship to specific partners

Occurrence with some or all encounters

Degree of stimulus resulting in PE

Does the PE occur before intromission or after? If after, how long after?

Nature and frequency of sexual activity

Aggravating or alleviating factors

Types and quality of personal relationships

Relationship to drug use or abuse

Does erectile dysfunction (ED) coexist?

Men with primary PE may present with another complaint.

What is it?

What is it?

These men frequently present with the chief complaint of ED.

They view themselves as not being able to maintain their erections. They have no trouble attaining erections but they do not recognize that detumescence is normal after ejaculation.

In men with secondary PE, if ED is also present are the two disorders treated concurrently? If not, which is treated first and why?

In men with secondary PE, if ED is also present are the two disorders treated concurrently? If not, which is treated first and why?

The AUA Guidelines recommends that the ED be treated first. Men with secondary ED who also have PE may not be able to slow down without losing their erection when they feel ejaculation is imminent.

What are three different treatment pathways for PE?

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Behavioral (sex therapy) with start/stop or squeeze techniques.

Topical anesthetics; lidocaine/prilocaine cream (EMLA).

Systemic therapy: selective serotonin reuptake inhibitors or clomipramine (a non SSRI).

What is the rationale for the usage of these systemic therapies?

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A side effect of the SSRI agents and clomipramine (Anafranil) when they are used to treat depression is retarded ejaculation (orgasm). This has led to the off-label use of these agents for the treatment of PE.

For the systemic treatment of PE,
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For systemic treatment of PE, what are the 2 patterns of treatment?

Daily or prn. The choice is often based on the frequency of sexual activity.

What are the side effects of systemic treatment of PE?

What are the side effects of systemic treatment of PE?

Nausea, dry mouth, drowsiness, and decreased libido.

Selected Readings

Montague DK, Jarow J, Broderick GA, Dmochowski RR, Heaton JPW, Lue TF, Nehra A, and Sharlip ID of the AUA Erectile Dysfunction Guideline Update Panel. AUA guideline on the pharmacologic management of premature ejaculation. *J Urol* 2004;172: 290-4.

Topic:

Male Sexual Dysfunction

Subtopics:

Premature Ejaculation