

BÖLÜM 15

Ejakülasyon Bozukluklarının Tanı ve Tedavisi

Aydemir ASDEMİR¹

GİRİŞ

Erkek infertilitesinin etiyolojik faktörlerinden biridir. Normal yollardan fertilitenin olabilmesi için testiste meydana gelen spermatozoanın, normal anatomik koşullarda vajen içine kadar sorunsuz olarak taşınabilmesi gerekmektedir. Ejakülasyon posterior üretradaki semenin periüretal ve pelvik taban kaslarının ritmik kasılmaları ile üretra measından dışarı atılmasıdır. Ejakülasyon süreci birbirini takip eden emisyon ve ekspulsiyon fazlarından oluşmaktadır.

Emisyon: Ejakülat, veziküla seminalis, duktus deferens ve prostat sıvılarını içerir ve bu organların kasılmasıyla arka üretrada birikir. Bu esnada koordineli olarak mesane boynu kapanır. Emisyon T10-L3'den köken alan sempatik nöronlar tarafından koordine edilir (1).

Ekspulsiyon veya Gerçek Ejakülasyon: Emisyonu takiben oluşur. Ejakülat, ekspulsiyon esnasında ritmik olarak pelvik taban kasları, ischiokavernöz ve bulbospongios kasın kasılması üretral sfinkterin gevşemesiyle üretra boyunca ilerler ve eksternal meatustan dışarı atılır. Üretral sfinkterin aralıklı kasılması proksimal üretraya retrograd akışı engeller (2). Ejakülasyon için S2-4'ten kay-

¹ Dr. Öğr. Üyesi, Sivas Cumhuriyet Üniversitesi, Tıp Fakültesi, Üroloji AD., aydemirasdemir@hotmail.com

şaltılarak spermlerin en az hasar görecektir şekilde idrarla teması azaltılır ve yeterli ejakülat toplanarak intrauterin inseminasyon veya yardımcı üreme teknikleri için hazırlık yapılarak kullanımı sağlanır (12). Bununla ilişkili olarak retrograd ejakülasyonu olup idrardan sperm sağlanan olgularda intrasitoplazmik sperm injeksiyonu (ICSI) ile %51.2 oranında gebelik elde edildiği bildirilmektedir. Bu olguların 7'sinde canlı doğum gerçekleştirilmiştir (74).

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