Bölüm 8

PREMATÜR EJAKÜLASYON: MEDİKAL VE CERRAHİ TEDAVİDE GÜNCEL BİLGİLER

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GİRİŞ

Seksüel performans anksiyetesinin ağırlıklı parametresi prematür ejakülasyon (PE) olup prevelansı toplumsal ve tanımsal farklılıklar gölgesinde %4-75 gibi geniş bir aralıkta tariflenmektedir (1, 2).

PE terminolojisi erkek ya da kadının cinsel aktivitedeki tatmin sürecinin ejakülasyonunun erken oluşmasına bağlı bozulmasını ifade etmektedir. Erkeklerde görülen en sık cinsel fonksiyon bozukluğu olup yaklaşık %30 unun yaşamları boyunca bir noktada bu cinsel işlev bozukluğundan şikâyet edebileceği ihtimal dahilindedir (3).

TANIMLAMA:

PE ‘’ejaculatio ante portas‘’ ifadesi ile antik Yunan yazıtlarına kadar uzansa da medikal terminolojide ilk kez hızlı boşalma olgusu ile raporlandığı 1887 yılına kadar objektif kriterler ve kanıta dayalı ele alınamaması gibi nedenlerle kabul edilir bir tanımlamadan uzak kalmıştır (4, 5). Bu kriterlere uygun ilk kabul edilebilir klinik tanımlama ise literatüre Masters ve Johnson’un 1970 yılında tariflediği “Bir erkeğin cinsel ilişki girişimlerinin %50’ sinde partnerinin orgazma ulaşmasına yetecek kadar boşalmayı geciktirememesi” tanımı ile girmiştir (6).

Cinsel aktivitede, ejakülasyonun erteleme kabiliyetinin kaybına bağlı karşı tarafta cinsel tatminsizlik oluşumu olarak nitelenebilecek PE için çeşitli otoriteler ve komiteler kapsamlı tanımlamalar getirmiştir. Kapsamlı ve güncel yönüyle Uluslararası Cinsel Tıp Derneği (ISSM) in 2014 tarihli tanımı referans özellik taşımaktadır. ISSM’ in tanımladığı 3 kriter;

1. Yaşam boyu PE, ilk cinsel deneyimden itibaren vajinal penetrasyona izin vermeyecek kadar hızlı ya da penetrasyonu müteakiben en fazla bir dakika

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uç kısma ulaşmasını önler (52). Literatürde tariflenen randomize kontrollü ve prospektif temelli çalışmalara bakıldığında net bir uygulama standardizasyonu olmadığı ancak çoklu noktaya 30 G enjektör ve ortalama 1 ml lik uygulamaların IELT süresini 3-5 kat artırdığı ve bu etkinin uzun takip sürecinde azalsa da devam ettiği ortaya konmuş. Ayrıca çalışmalar ciddi bir yan etki tariflemezken (spontan gerileyen rahatsızlık, ekimoz ve papül oluşumu) cinsel doyum her iki taraf için de artmış bulundu (53-56).

Ejakülasyon sürecinin karmaşık patogenezinde en iyi ortaya konmuş periferik nörolojik olay bulbospongiöz kasın ritmik konraksiyonunun BoNT ile blokajı sayesinde geciktirilebilmesidir. Literatürde farklı uygulama lokalizasyonları içerisinde bulbospongiöz kas, intraprostatik saha, frenilum, prepisyum ile glans penis ve intrakavernöz uygulamaları insan ve hayvan çalışmalarında yaklaşık 3 kat artmış IELT yanısıra minimal ve geri dönenilir yan etkilerle gösterilmiştir (57).

SONUÇ:

Günümüzde PE için onaylanmış tek tedavi dapoksetindir. Ancak PE' in karmaşık nörobiyolojisi ışığında ortaya konan yeni gelişmeler çok farklı tanı ve tedavi sahalarını araştırmacıların merakına açmış, böylece hem farmakoterapi hem de invaziv yaklaşım içeren yeni tedavi modaliteleri popüler hale gelmiştir. Konvansiyonel endikasyon dışı tedaviler serotonerjik ajanlar ile topikal anestezikler iken bugün özellikle Asya toplumundan Batı dünyasına alternatif tıp yöntemleri, farklı endikasyon dışı farmakoterapiler, iyi tanımlanan denervasyon cerrahileri ve minimal invaziv dolgu materyalleri/ nöro modülasyonlar endikasyon sahasını genişletmektedir. Karmaşık nörobiyolojik doğası aydınlatıldıkça medikal ajan araştırmaları ve girişimsel tedavi çalışmaları gelecek için küratif PE tedavisi umutlarımızı arttıracaktır.

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