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Premature Ejaculation in the Varicocele Patients.

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Abstract:

Introduction: Premature ejaculation (PE) is one of the most prevalence men problems. There are a lot of explanations such as psychosomatic and even genetics problem for it. Because the patients suffering varicocele are more complain from this problem, we decided to evaluate it in these patients.

Materials and Method: In a case control study, we evaluated Premature-ejaculation in a 55 patients with varicocele (20 - 35 years old) that they had come to the andrology clinic for treatment of infertility and other genital problems and were compared their data with a control group of 60 men who were in the same range of age without varicocele. The data statistically were compared by X2 and T-test.

Results: The premature-ejaculation (Intravaginal Ejaculatory Latency Time ((IELT)) < 2 min) was found in 36.3% (n=20) and 8.3% (n=5) of the subjects in study and control groups respectively, (P<0.001). This Study showed that PE has a direct relation with the severity, time length of affection (age group), and varicocle distribution.

Discussion: Since premature ejaculation has been found with a high frequency in men with varicocele, we stress the importance of a careful examination of the patients with PE before any pharmacologic or psychosexual therapy.

Key Words: Premature ejaculation, ejaculation time, varicocele.

Introduction:

Involuntary ejaculation or Premature-ejaculation is one of the most prevalence problems of men. Base on the National Health and Social Life Survey report, 21% of American men ages 18 to 59 years suffering from premature ejaculation (PE). Different reports showed that, less than 5% to more than 30% of men suffering PE [1, 3]. Johnson and Master believe that, only those who have PE that they ejaculate before orgasm in more than 50% sexual intercourse [2]. Alfred Kinsey in 1950 reported that, more than 3/4 of men in more than 50% of sexual intercourse had ejaculation in less than two minutes. Nowadays, most researchers believe that, ejaculation in less than two minutes intercourse can be classified as PE [3, 4].

Most men have PE experience at least one time during their life long. This problem especially can be seen in the younger during the first few years of sexual activity. But most of them can control their ejaculation gradually. PE is divided into two groups: primary Premature ejaculation (PPE) which is during the first few years of sexual activity, and acquired or secondary premature ejaculation (SPE) which is life long [9, 10].

There are a lot of explanations for PE. In one study in which 91% of men that had long life PE at least one of their first level relatives also had long life PE in which explains that PE can have genetic reason [3, 5]. Other explanations for PE are quick reflex of pelvic muscle, psychiatric factors, and finally unrivaled emotion and psychiatric relation between sex mates. In a recent case control study in Turkey PE prevalence was higher in chronic pelvic pain (most common form of prostatitis) [11]. However, inflammatory diseases of prostate, pelvic-nerve damages, malformation of reproductive systems, consumption of some medicines such as pseudo ephedrine can causes PE [6, 8]. Finally because we encountered more PE among patients suffering varicocele we thought that there may be a relation between PE and varicocele, to evaluate this relation we decided to conduct a case control research to evaluate the rate of this relation.

Materials and Methods:

In a case control study for a period of two years, from 2002 to 2004 we select 75 patients suffering clinical and subclinical varicocele among the patients stepped in to the androlgy clinics of kerman medical sciences university hospitals (Shafa and Afzalipoor) for different type of Genito-urinary diseases. 25 patients were excluded because of consumption of antidepressant drugs, having external genital malformation, urogenital infections, or not being ready to involve in the study. From the remaining 55 patients who were 20 to 35 years old and accepted to get involve to this study consent was taken, and then their ejaculation quality and other demographic data were compared to the control group. For control group, we select 60 married patient who were in the same age range with the study group, among patients stepped in to the urology clinic but did not have varicocele and any other known complexity affecting PE (primarily 70 patients get involve in the study as control

group, but 10 of them were excluded with the same reasons whom were excluded in the study group) the most causes of their admission were infertilities, vasectomy and vasovasostomy.

Study was started by clinical evaluation (such as clinical and sonography evaluation of patients to find out the quality of clinical and subclinical varicocele) of patients. The patients were trained to check the real latency ejaculation time (from the beginning of erection to the end of ejaculation) with chronometer (stopwatch method). Each individual was asked to perform copulation not less than once a week and submit this information for a total of four copulations (mean of them determined). The data were analyzed by X2 and t-test using SPSS-12 software.

Results:

The study group (patients suffering varicocele) were 26 ± 4.5 years old compare to control group who were 25 ± 3.2 years old did not have any significant differences. 40% of study group had third grade, 23.6% had second grade, and 16.36% had first grade varicocele, while 10.9% had subclinical varicocele. The average time of marriage in the study group was 3.5 ± 1.6 years while in the control group it was 4 ± 1.2 years which did not have any significant difference. Prevalence of PE in the study group was 36.3% compare to the control group which was 8.3% had significant meaning (P<0.001), beside that the latency time between two group was very different (table 1). The sexual satisfaction of study group, was poorer than control group (statistically had significant difference) , (table 2). Finally we find out that the increasing degree of varicocele and the rate of varicocele expansion have reverse relation with sexual latency time (tables 3 and 4).

Table 1: Comparison of ejaculation latency time (minutes) in patients and control groups.

	Patient Group	Control Group
Mean	1.2	4.2
Median	1	3
Standard Deviation	0.8	1.5
range	0.8-2.3	1.8-6

P Value <0.05 is considered significant.

Table 2: Comparing sexual satisfaction between patients and control groups.

Satisfaction quality	Study Group		Control Group		P Value
	Number	Percent	Number	Percent	
Weak	32	58.18%	15	25%	<0.05
Medium	17	30.90%	7	11.66%	<0.05
Good	6	10.90%	38	63.3%	<0.001
sum	55	100%	60	100%	<0.05

Table 3: The comparison of ejaculation latency times in different degrees of varicoceles.

Varicocele Degrees	Ejaculation Latency Time		Standard Deviation ± Average
	Number	Percent	Minutes
3	24	40%	2.5 ± 0.7
2	14	23.6%	2.8 ± 1.4
1	11	16.36%	3 ± 1.5
Subclinical	6	10.90%	3.5 ± 2.2
Total	55	100%	-

Table 4: The relation between different patient's age group and PE in study group.

ELT(min)	Age Group (years)							
	20 - 25		26 - 30		30>		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0.5 - 1	1	5	3	15	5	25	9	45
1.1 – 1.5	2	10	2	10	3	15	7	35
1.6 - 2	1	5	2	10	1	5	4	20
Total	4	20	7	35	9	45	20	100

ELT = Ejaculation Latency Time

Discussion:

Historically, attempts to explain the etiology of PE has included a diverse range of biological and psychological theories. Psychological theories include the effect of early experience and sexual conditioning, anxiety, sexual technique, the frequency of sexual activity and psychodynamic explanations [15]. in base of such possible psychogenic etiology of PE, it treats Usually by clinical psychologists or psychiatrists and often recommended use of Serotonin Selective Reuptake Inhibitor (SSRI), And other special neuromuscular exercises such as Kegel exercises which are useful to fortify pelvic and sexual muscles [7, 8]. Biological explanations include evolutionary theories, penile hypersensitivity, central neurotransmitter levels and receptor sensitivity (Hyposensitivity of the 5-HT2C and / or hypersensitivity of the 5-HT1A receptors suggested in lifelong PE), degree of arousability, the speed of the ejaculatory reflex and the level of sex hormones [14], and finally lower urinary tract infection as prostatits,in Murat Gonen and et al report, 51 (77.3%) of Chronic Pelvic Pain Syndrome patients had premature ejaculation [11,12,13], but however fewer attention had been paid to the organic genital diseases.

After we observed a lot of patient suffering PE among patients suffering varicocele we assume that there may be a relation between these two diseases. To ensure we start this case control research and we end up with high prevalence of PE among the patients suffering varicocele. We also find out that the higher degree, the more severity, and the longer varicocele duration causes the lesser sexual latency time. Finally the quality of sexual activity of PE patient who are also

suffering varicocele is much lower than those of control group.

Although there is not a clear mechanism between PE and varicocele, but it seems that, the known increases of local temperature of genital area and probably its stimulation effects and also hormonal changes in hypothalamus-pituitary-gonad can have some affect on PE, in which of requires more research. So complete clinical evaluation and especially clinical and sonography evaluation of sexual organs are recommend for PE patients before starting any routine medical treatment. To prevent neural and psychiatry effects of PE in the patients and their wives performance of basic and on time treatment is strongly recommended.

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