LACK OF SEMEN WITH EJACULATION

Aspermia, Dry Ejaculation, Dry Orgasm

Aspermia is the complete lack of semen with ejaculation.

About Lack of semen with ejaculation

Aspermia is the complete lack of semen with ejaculation (not to be confused with azoospermia, the lack of sperm cells in the semen), which is associated with infertility. Many different causes were reported such as infection (TORCH infection, brucellosis, and tuberculosis), congenital disorder, medication, retrograde ejaculation, iatrogenic aspermia, and so on.

One of the causes of aspermia is retrograde ejaculation (occurs when semen enters the bladder instead of emerging through the penis during orgasm), which can be brought on by excessive drug use, or as a result of prostate surgery. It can also be caused by alpha blockers such as tamsulosin and silodosin.

Another cause of aspermia is ejaculatory duct obstruction, which may result in a complete lack of or a very low-concentration semen (oligospermia), in which the semen contains only the secretion of accessory prostate glands downstream to the orifice of the ejaculatory ducts.

Aspermia can be also caused by androgen deficiency. This can be the result of absence of puberty, in which the prostate gland and seminal vesicles (which are the main sources of semen) remain small due to lack of androgen exposure and do not produce seminal fluid, or of treatment for prostate cancer, such as maximal androgen blockade.

The main treatments based on these etiologies include anti-infection,
discontinuing medication, artificial insemination, intracytoplasmic sperm injection (ICSI), in vitro fertilization, and reconstructive surgery.

For men whose infertility is linked to genetic conditions, it is very difficult to predict the potential effects on their offspring. It is strongly recommended that assisted reproductive techniques should not be started until genetic screening results.

Lack of semen with ejaculation may be associated with several diseases including:

**Ejaculatory disorders**

Male sexual function depends on the complex interaction of multiple dimensions of human sexuality: arousal, sexual desire, orgasm, erectile function, and ejaculation. Sexual dysfunction is often multi-dimensional that occurs as a spectrum of disorders involving any or a combination of these factors. Sexual dysfunction is a common problem in males with 35% of men aged 40 to 70 years experiencing moderate to complete erectile dysfunction.

**Retrograde ejaculation**

Normally, the sphincter of the bladder contracts before ejaculation forcing the semen to exit via the urethra, the path of least resistance. When the bladder sphincter does not function properly, retrograde ejaculation - one of the causes of male infertility, may occur. Men often notice during masturbation that they do not have semen release but there is an orgasm. Therefore, retrograde ejaculation is sometimes referred to as a "dry orgasm."

**Idiopathic male infertility**

Unexplained male infertility (UMI) is clinically defined as failure of a couple to conceive after one year of regular sexual intercourse. An estimated 4-17% of couples seek medical treatment in order to rectify their infertility, and it is reasonable to assume that there are many more cases of infertility that are unreported. It has been shown that the male factor is solely and partially implicated in 20-50% of the cases of infertility.

**Prognosis**

Lack of semen with ejaculation is associated with infertility. Mechanical obstruction of ejaculatory ducts or epididymal obstruction blocks the outflow
of ejaculate or in case of retrograde ejaculation; the ejaculate flows backward to the urinary bladder. Thus, the ejaculation during intercourse is not possible, the ejaculate is not present and the sperm does not reach the egg in uterus. The chance to conceive naturally is minimal without surgery to release the obstruction or without the help of assisted reproductive technology (ART).

If a couple is experiencing infertility as a result of retrograde ejaculation the male's urine with ejaculate may be centrifuged and the isolated sperm injected directly into the woman's oocyte during IVF-ICSI procedure. In more severe cases, where are no sperm present, surgical retrieval methods (TESE, micro TESE, etc.) may be used.

For men whose infertility is linked to genetic conditions, it is very difficult to predict the potential effects on their offspring. It is strongly recommended that assisted reproductive techniques should not be started until genetic screening results.

Find more about related issues

Diagnoses

**Ejaculatory disorders**
A class of sexual disorders defined as the subjective lack of normal ejaculation.
Learn more at: [www.fertilitypedia.org/therapy/diag/ejaculatory-disorders](http://www.fertilitypedia.org/therapy/diag/ejaculatory-disorders)

**Retrograde ejaculation**
The semen, which would normally be ejaculated via the urethra, is redirected to the urinary bladder.
Learn more at: [www.fertilitypedia.org/therapy/diag/retrograde-ejaculation](http://www.fertilitypedia.org/therapy/diag/retrograde-ejaculation)

**Klinefelter syndrome**
The set of symptoms that result from two or more X chromosome in males.
Learn more at: [www.fertilitypedia.org/therapy/diag/klinefelter-syndrome](http://www.fertilitypedia.org/therapy/diag/klinefelter-syndrome)
Aspermia
Male diagnosis connected with male infertility characterised by the complete absence of semen.
Learn more at: www.fertilitypedia.org/therapy/diag/aspermia

Idiopathic male infertility
A condition in which fertility impairment occurs spontaneously or due to an unknown cause.
Learn more at: www.fertilitypedia.org/therapy/diag/idiopathic-male-infertility

Sources

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