



# Ejaculatory Duct Obstruction: a Tertiary Centre Experience Over 14 Years

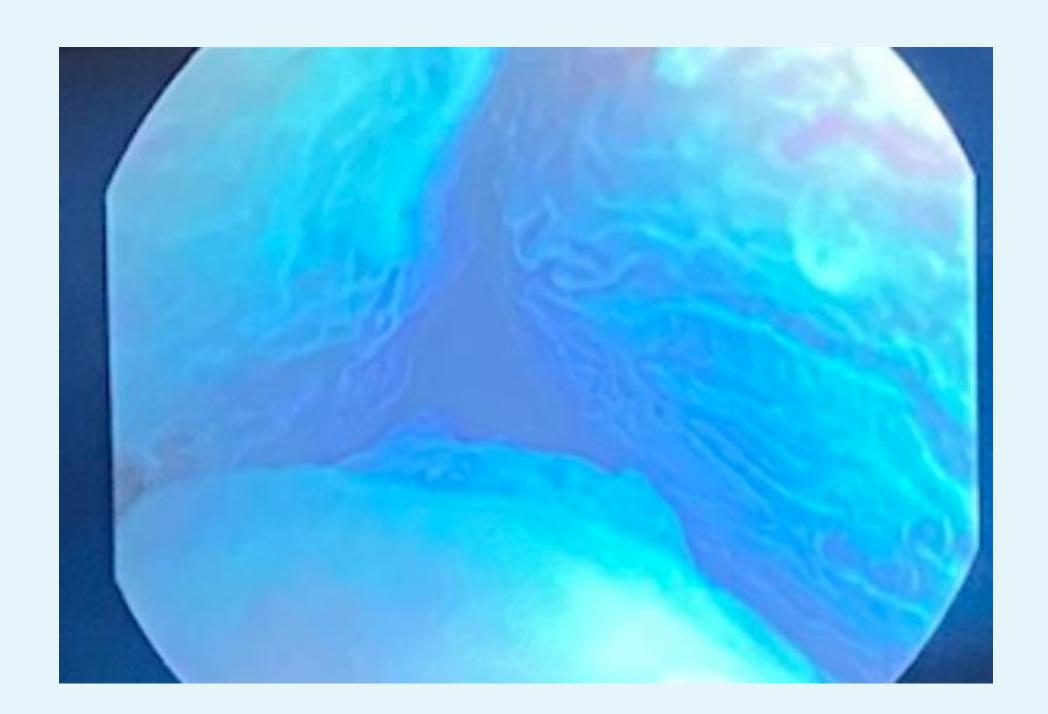
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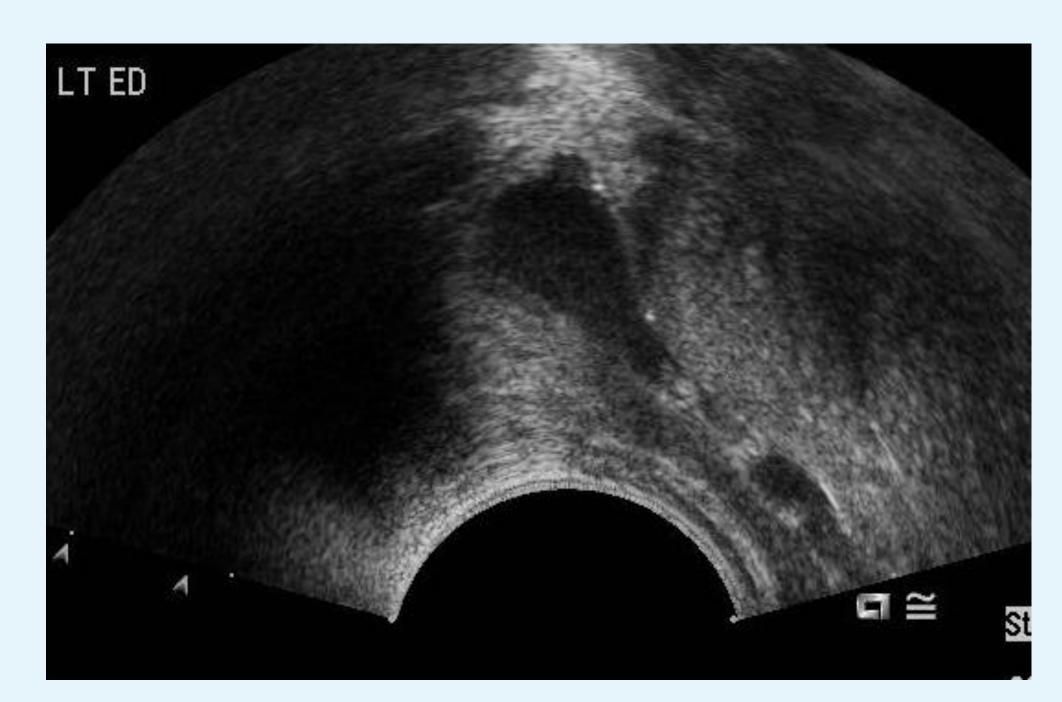
## **Objective:**

Ejaculatory duct obstruction (EDO) is a rare but treatable condition affecting approximately 5% of infertile men, with complete obstruction in up to 1% and incomplete obstruction in 4.4%. Symptoms include decreased ejaculate volume or force, pain during or after ejaculation, haematospermia, and dysuria, often leading to male infertility, particularly azoospermia. The standard treatment for EDO is transurethral resection of the ejaculatory duct (TURED), while seminal vesicle washout may be effective for incomplete obstructions with fewer complications.

#### **Patients & Methods**

A retrospective analysis was conducted on patients who underwent seminal vesicle washout or TURED for EDO at University College London Hospital from April 2009 to July 2023. Evaluations included medical history, physical examination, semen analysis, trans-rectal ultrasonography (TRUS), and MRI. Seminal vesicle washout was performed if Methylene blue testing was positive; TURED was performed if negative.

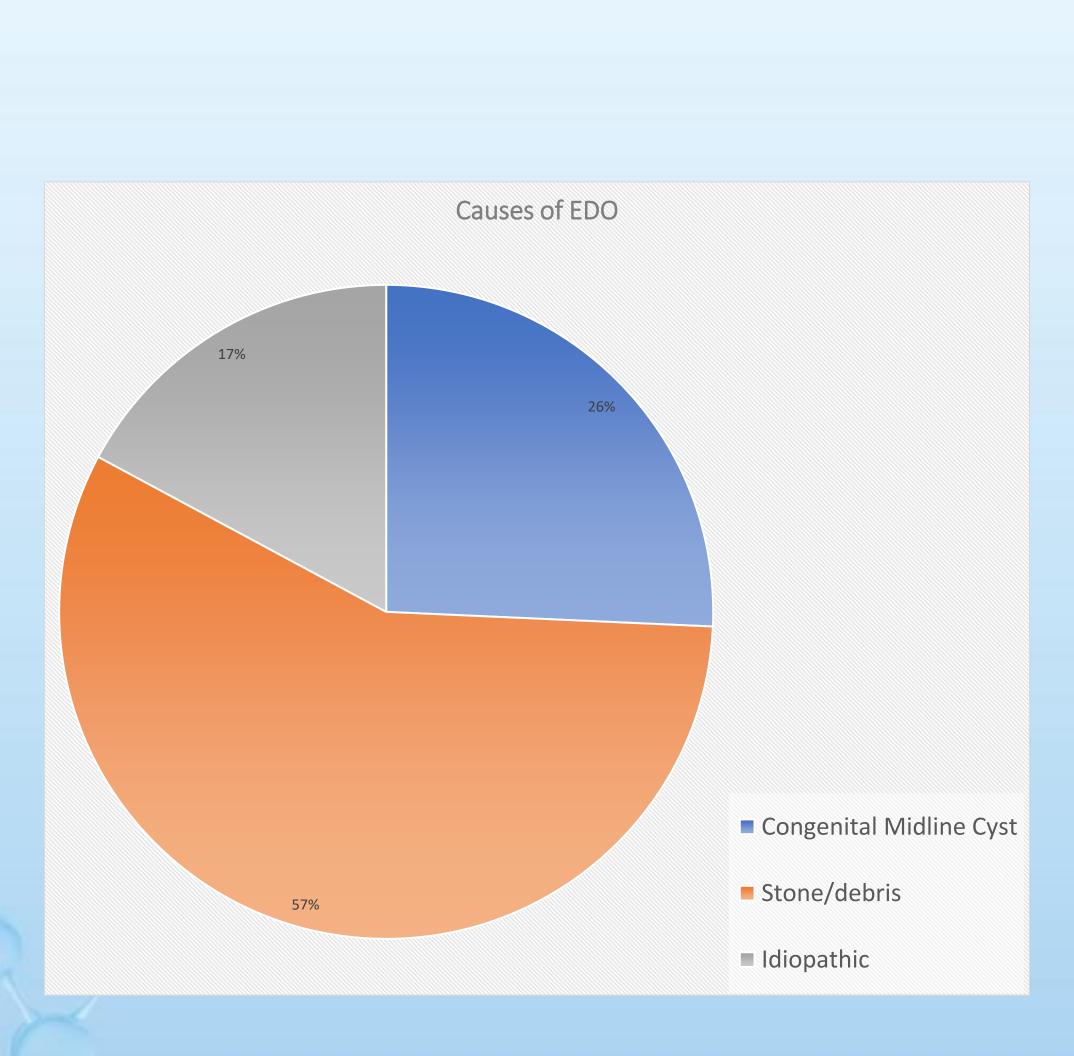


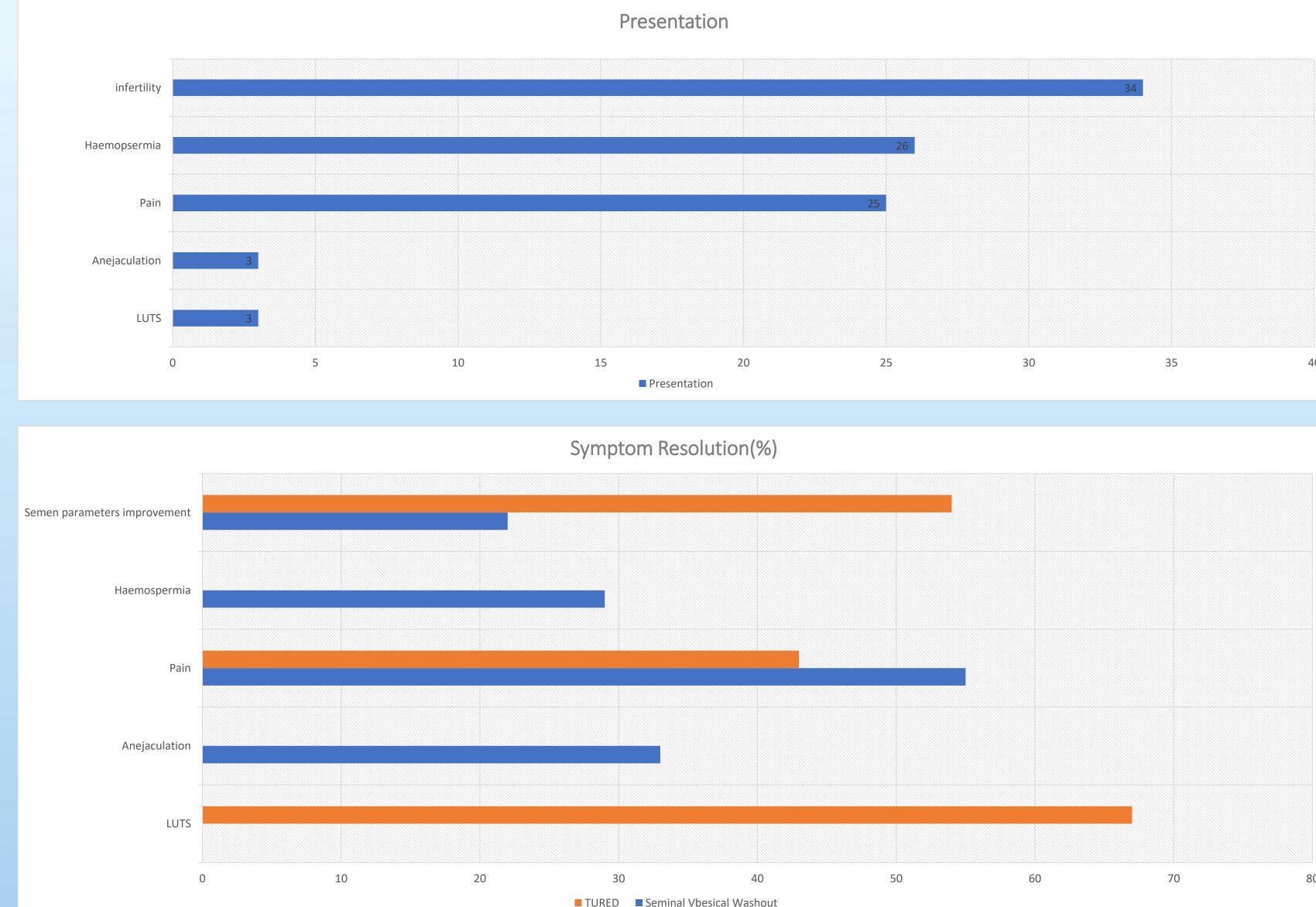




#### **Results:**

Eighty-five cases were analysed: 39 underwent seminal vesicle washout and 46 TURED. The mean age was 38 years. In the washout group, 23% experienced pain, 26% infertility, and 36% haematospermia. Causes included congenital cysts (23%), stones (51%), and idiopathic (15%). Post-treatment, 55% had pain resolution, and 22% showed improved sperm count. In the TURED group, 35% had pain, 52% infertility, and symptom resolution rates were higher than in the washout group. Complications included epididymo-orchitis (6%) and urinary issues.





### **Conclusion:**

EDO is often under-diagnosed. TURED is the gold standard for complete obstruction, while seminal vesicle washout is a safe and effective option, particularly for stone-related cases.