Simple Treatment for Retrograde Ejaculation and Successful Pregnancy

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Mrs X and Mr Y aged 35 years and 39 years respectively, married for 15 years reported at our centre during June 1995 seeking treatment for Primary Infertility. The wife had regular cycles. Her diagnostic laparoscopy revealed normal uterus and ovaries with bilateral healthy patent fallopian tubes. The male partner had absence of ejaculation. His past surgical history revealed that he had undergone bladder neck surgery (Y-V Plasty) at the age of 20 years. During the coital act, he would experience orgasm with the absence of ejaculation. With the above history, a provisional diagnosis of retrograde ejaculation was made. He was advised alkaline citrate 2tsp tds for 3 consecutive days and 3 days of abstinence. Prior to collection, the patient was advised to empty his bladder, drink a glass of water. After an hour, he was asked to masturbate and urinate in 2 wide mouthed containers. The first container had urine while the second container had motile sperms and urine. Hence the diagnosis of retrograde ejaculation was made.

Subsequently, Mrs X was given ovulation induction with 100mg of clomiphene citrate for 5 days from the 5th day of her menstrual cycle. Follicular monitoring was done from the 13th day. When the dominant follicle measurement was 2.0 cms and above, surrogate LH in the form of HCG 5000 iu was administered and intrauterine insemination was done before and after rupture of the follicle.

Prior to the insemination, the sample collected in the second container was prepared with the Percoll double gradient technique as follows:

The sample was first overlayed in double gradient Percoll 90% and 45% in a conical bottomed 13cc tube and spun at 3000 RPM for 15 minutes. The pellet was pipetted out and resuspended in 0.5ml of T6 culture medium and spun at 1500 RPM for 10 minutes to wash out the Percoll. The final pellet was mixed with culture medium which showed a count of 30 million with 50% motility. 0.25ml of the pre-prepared sperms was loaded in a 1cc tuberculin syringe attached to a Makler's device canula and the motile sperms deposited in the wife's uterus. Luteal support was given with Medroxy progesterone acetate 20mg daily for 10 days. On the 30th day, Beta HCG report showed 40mIU. Fetal heart was visualised on the 45th day by transvaginal ultrasonography. Her ante-natal period was uneventful. Patient underwent elective ceasarean at term and delivered a healthy female child weighing 2.9 kgs during March 1996. Once again, the patient is 12 wks pregnant with the similar procedure.

We observe that, though there are various methods of collecting retrograde semen by methods like post ejaculatory catheritization and ejaculation in full bladder, the above mentioned method is simpler, easier and very effective.