

## AB034. Advances in the diagnosis and treatment of ejaculatory duct obstructive diseases

Zengjun Wang, Chenkui Miao, Jie Yang, Jiadong Xia, Jianxin Xue

State Key Laboratory of Reproductive Medicine and Department of Urology, The First Affiliated Hospital of Nanjing Medical University, Nanjing 210029, China

**Abstract:** Ejaculatory duct obstruction (EDO) is a cause of sperm dysfunction caused by obstructive factors in relation to vas deferens and epididymal obstruction. It is also one of the few male infertilities that can be cured by surgery, accounting for 1% to 5% of all male infertility causes. The causes of EDO can be divided into congenital and acquired factors. Congenital factors include loss of development, stenosis, Wolffian tube, Müllerian tube dysplasia, etc. Acquired factors include surgery, trauma, infection or inflammation, stones, tumors, etc. Congenital dysplasia is the most common cause of EDO when compared with acquired factors. EDO can be divided into one-sided EDO and bilateral EDO according to the anatomy of obstruction. According to the degree of obstruction, it can be divided

into two types. Complete obstruction and incomplete obstruction. The clinical manifestations of complete obstruction are typical “four low” semen characteristics, that is, the amount of semen is small, there is no sperm, the pH of the seminal plasma is low, and the refined berry sugar is zero. Incomplete obstruction may have a variety of manifestations such as oligospermia, blood, pelvic pain. EDO has many clinical manifestations. Typically, typical semen exhibits a “four lows” feature. Transrectal ultrasound is an important imaging and surgical treatment for EDO screening. Magnetic resonance imaging provides high-resolution images of the reproductive system. Transurethral resection of the urethra (TURED) is a classic procedure for the treatment of EDO. The application of transurethral seminal vesiculoscopy has become a new trend of minimally invasive surgery in the treatment of EDO, and the latest flexible vesiculovasoscopy (FVV) or vasoscopy techniques may further improve the diagnosis and treatment of EDO.

**Keywords:** Ejaculatory duct obstruction (EDO); male infertility; transrectal ultrasonography; magnetic resonance imaging; transurethral seminal vesiculoscopy; flexible vesiculovasoscopy (FVV)

doi: 10.21037/tau.2018.AB034

**Cite this abstract as:** Wang Z, Miao C, Yang J, Xia J, Xue J. Advances in the diagnosis and treatment of ejaculatory duct obstructive diseases. *Transl Androl Urol* 2018;7(Suppl 5):AB034. doi: 10.21037/tau.2018.AB034