

## POST MICTURITION DRIBBLE IN MEN: IS CORPUS SPONGIOSUM INSUFFICIENCY A KEY TO ITS ORIGIN?

### Hypothesis / aims of study

Despite their frequent appearance and the various hypotheses for its' cause, the reasons for Post Micturition Dribble (PMD) in men are unknown. Manually milking out the urethra through the perineum is the only accepted therapy up to date. However, this provides only symptomatic relief for the patients. The aim of our study was to compare the urethral diameter of a healthy cohort of males to those with symptoms of PMD to give rise to our hypothesis that Corpus Spongiosum Insufficiency (CSI) is a major contributor to this condition.

### Study design, materials and methods

Fifteen consecutive patients (aged 24-49 years) referred to our department with PMD, with no symptoms or signs of Bladder Outlet Obstruction (BOO) or Lower Urinary Tract Symptoms (LUTS) were assessed for Erectile Dysfunction (ED) and their ejaculatory function using a sexual health questionnaire (International Index of Erectile Function –IIEF) in order to assess their corpus spongiosum function during erection. Furthermore, each patient underwent urethrography with 5 different defined pressures (10, 20, 30, 40 and 60cmH<sub>2</sub>O) of an infused contrast agent using a balloon catheter in the navicular fossa. Diameters of the bulbourethra at the 5 different intraurethral pressures were measured. These data were compared to the data we obtained of 10 healthy males using the students t- test.

### Results

Eight out of 15 men with PMD also reported weak ejaculation most of the time. ED was not significantly elevated compared to an age matched population. Urethral diameter of the PMD group was 1.32 (±0.13) cm at 60cm H<sub>2</sub>O and 1.16 (±0.13) cm at 40cm H<sub>2</sub>O and thus significantly wider than that of men with no PMD: 1.10 (±0,08) mm at 60cm H<sub>2</sub>O and 0.94 (±0,05) mm at 40cm H<sub>2</sub>O.

### Interpretation of results

Our preliminary data on a small sample shows a connection between urethral diameters at different pressure levels as well as weak ejaculation with PMD. This supports our hypothesis that CSI plays a key role in the development of PMD.

### Concluding message

Further investigations are necessary to determine the reason for CSI and presumably reveal causal cure for this common complaint.

<b><i>Specify source of funding or grant</i></b>	<b>None</b>
<b><i>Is this a clinical trial?</i></b>	<b>Yes</b>
<b><i>Is this study registered in a public clinical trials registry?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require eithics committee approval because</i></b>	<b>not necessary</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>