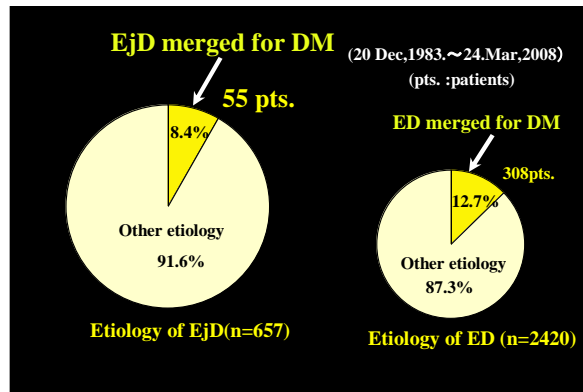


**【Purpose】**

Ejaculatory Dysfunction(EjD) is as important as Erectile Dysfunction(ED) in men with diabetes Mellitus(DM). We analyzed this EjD state.

**【Material】**

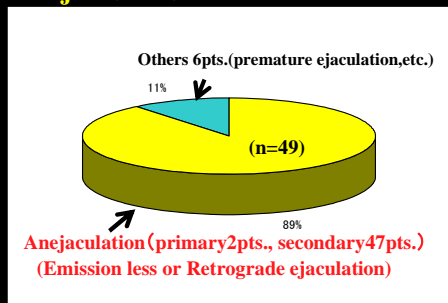
55 patients complaining EjD consequent to DM who visited our clinic from Dec. 1983 to Mar.2008 were reviewed. Age of 55 patients:27~77years old (average 46.14years old).



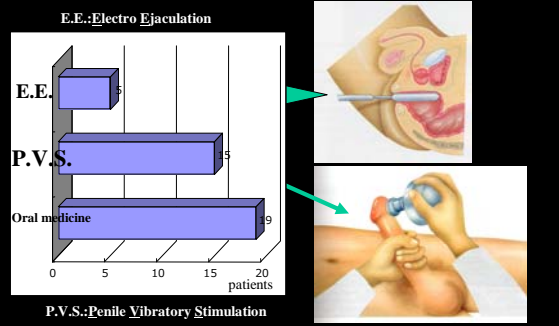
**Background of DM(n=55)**

- ◇Type2DM:44pts.(80%)、Type1DM:11(20%)
- ◇Blood glucose: 69~486mg/dl (ave.198 mg/dl)
- ◇HbA1C: 5.0~13.5% (ave.8.35%)
- ◇DM contraction period: 0.5~33years(ave11.0)
- ◇3Major complications  
neuropathy: 21pts.(42%),retinopathy: 25pts.(50%),nephropathy:9pts.(18%)
- ◇Treatment of DM  
Diet :8pts., Oral medicine :22pts.(40%)  
Insulin :23pts.(42%)、

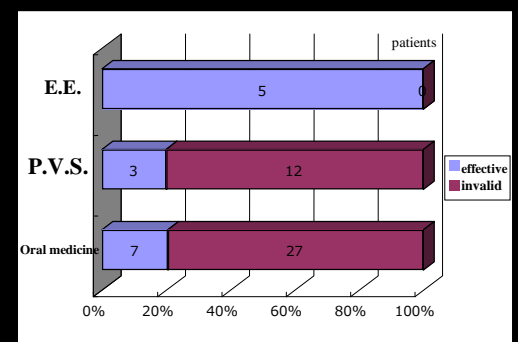
**Type of EjD (n=55)**



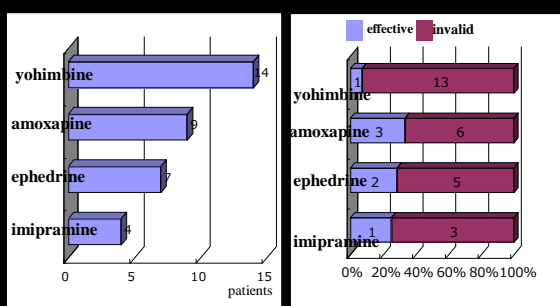
**Treatment of anejaculation**



**Results of treatment for anejaculation**



**Contents&results of oral medicine treatment for anejaculation**



**Summary**

Anejaculation is the most frequent type of EjD in men with DM. First-line therapy is oral medicine(amoxapine etc.). But effective rate of oral medicine is very low. Second-line therapy is artificial ejaculation by electro-ejaculation or penile vibratory stimulation. Especially in case hoping child, addition of Advanced Reproductive Technology is necessary.