Introduction: Retrograde ejaculation is not a recognized complication of ureteric reimplantation surgery. We describe this unusual complication in a 25-year-old man, with no other cause for his ejaculatory dysfunction.

Case presentation: A 25-year-old Caucasian man presented with left hydronephrosis ascribed to a megaureter. Following open reimplantation of the ureter, the patient developed retrograde ejaculation that did not respond to medical therapy.

Conclusion: The key result reported here is that retrograde ejaculation is a possible complication of open pelvic surgery, for which patients should receive counselling. This is relevant for both urologists and general physicians who consult relatively young men with ejaculatory difficulties.
dissection was difficult, with the mega-ureter being quite adherent, and the operative time was two hours. The histopathological findings were consistent with a left mega-ureter in a state of chronic reflux. The patient made a good functional recovery and did not suffer from any further loin pain. A MAG-3 renogram at the follow-up after 2 months showed an increase in the left kidney function from 35% to 43%.

However, three months postoperatively, the patient reported ejaculatory difficulties, and a spermatozoa-containing post-ejaculatory urine sample confirmed a diagnosis of retrograde ejaculation. Cystoscopy revealed normal bladder neck and outflow. He was unresponsive to alpha-agonists and therefore referred for assisted contraception at his request. After a follow-up of three years, the retrograde ejaculation still persists at the time of writing, while the flank pain remains resolved.

Discussion
There appears to be no previous report of retrograde ejaculation following reimplantation of a megaureter. The causes of retrograde ejaculation can be broadly divided into anatomical, neurogenic or pharmacological. Anatomical causes can involve the bladder neck, for example by being rendered incompetent by transurethral resection of the prostate or bladder neck incision; the urethra, such as urethral stricture or posterior urethral valves; or the extrinsic sphincter, such as failure to relax. Neurogenic causes can be a result of disease such as multiple sclerosis, or injury such as spinal cord injury, or following surgery due to disruption of the innervation responsible for ejaculation. Pharmacological causes are generally reversible by withdrawing the causative drug(s). Patients with neurological conditions may respond to alpha-agonists, such as ephe-drine or 50 mg imipramine, which work by closing the bladder neck and thus promoting antegrade ejaculation. There have been some reports on the role of penile vibratory stimulation for the treatment of ejaculatory difficulties, although most have targeted those with anejaculation, such as in spinal cord injury, rather than retrograde ejaculation.

Conclusion
In conclusion, we report a previously unrecognized complication of open ureteric reimplantation. The mechanism of this remains unclear, though it is possibly related to a local effect on the pelvic innervation.

Abbreviations
CT, computed tomography; DMSA, dimercaptosuccinic acid.

Consent
Written informed consent was obtained from the patient for publication of this case report. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

Competing interests
The authors declare that they have no competing interests.

Authors’ contributions
EA acquired the data and wrote the major part of the work. RD reviewed the literature and helped write the manuscript. PD performed the surgery and reviewed the manuscript. All authors read and approved the final manuscript.

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