



Revista Internacional de Andrología

www.elsevier.es/andrologia



ORIGINAL

Can circumcision be a risk factor in premature ejaculation?



Onur Telli*, Tolga Karakan, Hasmets Sarici, Mucabit Kabar,
Berat Cem Ozgur, Muzaffer Eroglu

Clinic of Urology, Ankara Training and Research Hospital, Ankara, Turkey

Received 16 March 2014; accepted 2 April 2014

Available online 1 July 2014

KEYWORDS

Circumcision;
Penis;
Premature
ejaculation

Abstract

Objective: To determine the relationship between postcircumcisional mucosal cuff length due to performance of circumcision and premature ejaculation (PE).

Materials and methods: 180 circumcised men were enrolled in the study, including 60 men with PE circumcision performed by doctors (Group 1), 60 men with PE circumcision performed by non-medical personnel (Group 2) and 60 men without PE. Data considered for analysis consisted of age, circumcision age, education, smoking, penile length, mucosal cuff, penile skin lengths and Intravaginal Ejaculation Latency Time (IELT).

Results: The mean age of study group was 32.7 ± 10.4 (range 24–56). The mean of IELT was 0.6 ± 0.1 min (min) in group 1, 0.5 ± 0.1 min in Group 2 and 4.3 ± 0.3 min in healthy group. The mean of penis length was 123.2 ± 12.8 mm in group 1, 124.6 ± 11.7 mm in group 2 and 124.8 ± 13.4 mm in healthy group. The mean of penile mucosa was 11.7 ± 1.7 mm in group 1, 14.8 ± 3.1 mm in group 2 and 12.8 ± 3.1 mm in healthy group. There was no difference between the three groups regarding the length of the penile mucosal cuff ($p = 0.89$). Patients circumcised by doctors in group 1 had significantly shorter postcircumcisional mucosal cuff length than group 2 patients circumcised by personnel except doctors ($p = 0.42$); but there was no statistical difference in IELT between group 1 and group 2.

Conclusions: The result of this study is that circumcisions performed by doctors have shorter mucosal cuff but the length of mucosa is not a risk factor in premature ejaculation.

© 2014 Asociación Española de Andrología, Medicina Sexual y Reproductiva. Published by Elsevier España, S.L. All rights reserved.

* Corresponding author.

E-mail address: onurtelli@yahoo.com (O. Telli).

PALABRAS CLAVE

Circuncisión;
Pene;
Eyaculación precoz

¿La circuncisión puede ser un factor de riesgo para la eyaculación precoz?**Resumen**

Objetivo: Determinar la relación entre la longitud del manguito de la mucosa secundario a circuncisión y la eyaculación precoz (EP).

Material y métodos: 180 hombres circuncidados y con EP fueron incluidos en este estudio, de los cuales 60 fueron circuncidados por médicos (grupo 1) y 60 por personal no-médico (grupo 2); también fueron incluidos 60 pacientes sin EP. Datos recogidos para el análisis fueron la edad del paciente en el momento del análisis, la edad en la que se realizó la circuncisión, educación, hábito tabáquico, las longitudes del pene, del manguito de la mucosa y de la piel del pene; y la latencia de eyaculación intravaginal (LEIV).

Resultados: La media de edad de los pacientes era de 32.7 ± 10.4 años (rango 24-56). La media de LEIV era 0.6 ± 0.1 minutos (min) en el grupo 1; 0.5 ± 0.1 min en el grupo 2 y 4.3 ± 0.3 min en el grupo sano. La media de la longitud del pene era 123.2 ± 12.8 mm en el grupo 1, 124.6 ± 11.7 mm en el grupo 2 y 124.8 ± 13.4 mm en el grupo sano. La media de la mucosa peneana era 11.7 ± 1.7 mm en el grupo 1, 14.8 ± 3.1 mm en el grupo 2 y 12.8 ± 3.1 mm en el grupo sano. No había diferencias entre los grupos respecto la longitud del manguito de la mucosa ($p = 0.89$). Los pacientes del grupo 1 tenían el manguito de la mucosa del pene más corta que los pacientes del grupo 2 que fueron circuncidados por personal no-médico ($p = 0.42$), pero no había diferencias estadísticamente significativas en cuanto a LEIV entre grupos.

Conclusiones: El manguito de la mucosa del pene es más corta si se realiza por médicos, pero la longitud de la mucosa no es un factor de riesgo para la eyaculación precoz.

© 2014 Asociación Española de Andrología, Medicina Sexual y Reproductiva. Publicado por Elsevier España, S.L. Todos los derechos reservados.

Introduction

Premature ejaculation (PE) is one of the most prevalent sexual complaint of men, affecting about one of three men.¹ In the past 5 years, there has been a remarkable upsurge in interest and research activities concerning PE, which previously was compared to erectile dysfunction (ED).² Although some psychological, organic and sociocultural factors have been proposed to cause PE, the exact pathogenesis of PE remains to be clarified.³ One of the conflicting factor is the effect of postcircumcisional mucosal cuff length on ejaculation and also there are some concerns about leaving so much mucosa by the performer of the circumcision.⁴⁻⁹ Circumcision is routinely performed in Jewish and Muslim culture. Twenty percent of all men worldwide are considered to be circumcised and this ratio may vary in different countries.¹⁰ We examined the relationship between postcircumcisional mucosal cuff length due to performance of circumcision and PE.

Materials and methods

The study was a single centre, retrospective study that was approved by the local ethics committee and all participants provided signed informed consent. From November 2012 to December 2013, all men with the complaint of lifelong PE who came to our clinic (Ankara Training and Research Hospital) were investigated. Totally 221 volunteers aged from 24 to 56 years enrolled in the study. Patients with a history of sexual dysfunction(s) caused by other conditions that are known to cause erectile dysfunction, such

as sympatholytic drug use or diabetes mellitus, ejaculatory dysfunction, such as prostatitis or multiple sclerosis, having received drug therapy that may affect ejaculation time, who were uncircumcised or having lower urinary tract symptoms were excluded from the study. Almost all contributors had sexual intercourse 1-2 times per week. Circumcised men with intravaginal ejaculation latency time (IELT) of less than 60 seconds were considered to have PE.¹¹ IELT was defined as the time between start of vaginal intromission and the start of intravaginal ejaculation. Stopwatch measurements were performed by patient partners to measure IELT. Patients were asked to make stopwatch recordings at least 5 times. All patients with PE met the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV-TR®). History, physical examination (circumcision status) and measurements of penile skin length (PSL), penile mucosal cuff length (MCL) and stretched penile length (PL) were performed by one surgeon.

Statistical analysis

Results are expressed as the mean \pm SD. The variables were investigated using the visual (histograms probability plots) and analytical methods (Kolmogorov-Smirnov test) to determine whether or not they are normally distributed. Chi-square, Fisher's exact test, and independent samples test were used for comparison of variables between the groups. All statistical analyses were performed using SPSS ver.16.5 (Statistical Package for social Sciences for Windows 16.5 Inc., Chicago, IL, USA). A p value of less than 0.05 was set as statistically significant.

Download English Version:

<https://daneshyari.com/en/article/915839>

Download Persian Version:

<https://daneshyari.com/article/915839>

[Daneshyari.com](https://daneshyari.com)