

Editorial referring to the paper published in this issue on pp. 74–78

## The significance of premature ejaculation

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It is an honor to have the opportunity to comment on the article by Koyuncu and colleagues evaluating the possible correlation between intravaginal ejaculatory latency time (IELT) and enuresis [1].

Premature ejaculation (PE) is a very common male sexual dysfunction; the prevalence is over 20% in each age group, so there is a need for identification of such patients, as PE leads to personal distress, diminished self-esteem and sexual problems [2]. It is difficult to study PE in the everyday practice, since patients are often unwilling to discuss their symptoms. On the other hand many physicians do not know about effective treatments [3]. This could lead to a false diagnosis or treatment.

PE is classified as lifelong (primary) or acquired (secondary). The latter form is described as a gradual or sudden appearance of PE following normal ejaculation experiences before onset, and the time to ejaculation is short, but usually longer than in the lifelong form. The secondary type of PE is mostly due to personal distress caused by a new relationship or other stressful event. In the lifelong form, PE is present from the first sexual intercourse, remains during the individual's lifetime, and in which ejaculation occurs too fast (before vaginal penetration or 1-2 min thereafter) [4].

Even though the definition of PE is not unified, an evidence-based one has been determined; it has been applied by Koyuncu et al as well. This definition is limited to men with lifelong PE who engage in vaginal intercourse [5].

Although PE is poorly understood and its etiology is yet to be determined, promising studies are un-

der way to evaluate the pathogenesis of the disease. One such research paper, presented by Koyuncu et al., involves the study of PE in relation to enuresis. This is one of the largest studies, which has been published recently; exceeding previously published articles in terms of patient and control numbers. The authors' aim to search for a correlation between PE and enuresis may lead to a better understanding of the disease, since serotonergic pathways appear to be essential in both entities. One other possible aim of the upcoming studies can be the evaluation of irritable bowel syndrome as studied by Barghi [6].

The authors have evaluated the detailed sexual history of the patients, along with their laboratory tests, in an effort to identify any underlying medical conditions associated with PE. It is really praiseworthy, since IELT alone is not sufficient to define PE, as significant overlap is known to exist between men with or without PE [7]. Although the specificity of PE assessment questionnaires (Premature Ejaculation Diagnostic Tool, Arabic Index of Premature ejaculation) seems to be lower, their use should be considered during research activity [8, 9].

The major limitation of the present research – and, in fact, all studies of this kind – was the retrospective evaluation of nighttime bed wetting during childhood in the study population, but it would be really challenging to perform an absolutely prospective study following-up children with enuresis to see if PE will develop in their cases.

I hope that the authors will persist with their research to evaluate this disease and they will continue to present such high quality papers.

### References

1. Koyuncu H, Serefoglu EC, Karacay S, Ozdemir Ta, Kalkan M, Yencilek F. Is There a Correlation Between Intravaginal Ejaculatory Latency Time and Enuresis? An Exploratory Study. *Cent European J Urol*. 2014; 67: 74-78.
2. Porst H1, Montorsi F, Rosen RC, Gaynor L, Grupe S, Alexander J. The Premature Ejaculation Prevalence and Attitudes (PEPA) survey: prevalence, comorbidities, and professional help-seeking. *Eur Urol*. 2007; 51: 816-823.
3. Rosenberg MT, Sadovsky R. Identification and diagnosis of premature ejaculation. *Int J Clin Pract*. 2007; 61: 903-908.
4. EAU Guidelines, edition presented at the 28th EAU Annual Congress, Milan 2013.
5. McMahon CG, Althof SE, Waldinger MD, Porst H, Dean J, et al. An evidence-based definition of lifelong premature ejaculation: Report of the International Society for Sexual Medicine ad hoc

- committee for the definition of premature ejaculation. *J Sex Med.* 2008; 5: 1590-606.
6. Barghi M. The relation of enuresis and irritable bowel syndrome with premature ejaculation: a preliminary report. *Uro J.* 2005; 2: 201-205.
7. Giuliano F, Patrick DL, Porst H, La Pera G, Kokoszka A, Merchant S, et al. Premature ejaculation: results from a five country european observational study. *Eur Urol.* 2008; 53: 1048-1057.
8. Symonds T, Perelman MA, Althof S, Giuliano F, Martin M, May K, et al. Development and validation of a premature ejaculation diagnostic tool. *Eur Urol.* 2007; 52: 565-573.
9. Arafa M, Shamloul R. Development and evaluation of the Arabic Index of Premature Ejaculation (AIPE). *J Sex Med.* 2007; 4: 1750-1756. ■

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