History
A 28-year-old man presented with lifelong anejaculation, which had become an issue because of family planning. The patient had a history of normal erections and experienced the sensation of orgasm without ever ejaculating. On physical examination, both testes were present in the scrotum, with normal dimensions and a normal epididymis bilaterally. The patient had a slightly tender left testicle, and digital rectal examination findings were normal.

The patient underwent further investigation for the possibility of retrograde ejaculation with urine cytology, the results of which were negative. Genetic testing was performed to exclude Y chromosome microdeletions. Serum-luteinizing and follicle-stimulating hormone levels were normal, with a borderline low level of testosterone (7.6 nmol/L; normal range, 8.0–29.0 nmol/L). All other pertinent laboratory results were noncontributory.

Pelvic MRI was requested to exclude an anatomic cause of anejaculation. MRI was performed in accordance with the standard clinical prostate protocol, with a dynamic contrast material—enhanced study (Figs 1–3). CT of the upper abdomen was also performed (Fig 4). The patient subsequently underwent cystoscopy, which revealed an intravesicular fluid-filled mass near the left ureteric orifice (Fig 5).

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Figure 1: (a) Coronal and (b, c) axial fast spin-echo T2-weighted MR images of the pelvis, with b being superior to c.
Figure 2:  (a) Coronal T2-weighted (repetition time msec/echo time msec, 4574/86.5) MR image of the pelvis. (b) Axial T2-weighted (3000/85.4) MR image of the pelvis.

Figure 3: Unenhanced axial fat-saturated T1-weighted (6.2/3.1) MR images.
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