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Kidney Stone Presenting with Ejaculatory Pain

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ABSTRACT

This case report delves into the unusual case of a young man experiencing severe pain during ejaculation, ultimately discovered to be a symptom of a renal calculus. It highlights the enigmatic world of urological overlap, where seemingly unrelated symptoms can point towards a common source.

INTRODUCTION

Nephrolithiasis, a common urological condition characterized by the formation of renal stones, typically manifests with classic symptoms such as flank pain, hematuria, and dysuria. However, there exists a subset of cases that deviate from the conventional clinical presentation, leading to diagnostic challenges and delayed recognition. This article explores an unusual facet of nephrolithiasis, focusing on cases where kidney stones present with the atypical symptom of ejaculatory pain (1-5).

This comprehensive review aims to shed light on the unique presentation of kidney stones accompanied by ejaculatory pain, delving into the existing literature to compile cases, elucidate potential underlying mechanisms, and discuss the diagnostic challenges faced by healthcare providers. By recognizing and understanding this atypical presentation, clinicians can enhance their ability to promptly diagnose nephrolithiasis, initiate appropriate interventions, and alleviate patient discomfort.

Here it was aimed to present a kidney stone case presenting with ejaculatory pain.

CASE PRESENTATION

A 27-year-old man presented with a six-month history of sharp, stabbing pain during ejaculation. He described the pain as radiating from the perineum towards the lower abdomen and flanks, intensifying during and shortly after orgasm. He denied associated dysuria, hematuria, or flank pain at other times. His past medical history was unremarkable, and he had no history of sexually transmitted infections.

Physical examination revealed normal genitalia and no signs of inflammation. Urinalysis and semen analysis were unremarkable. Transrectal ultrasound ruled out prostatic or seminal vesicle pathology. Given the unusual presentation, further investigations were pursued.

Abdominal and pelvic computed tomography scan revealed a 5mm stone in the lower right calyce of the kidney. Retrograde pyelography confirmed the stone's location and potential for obstructing the ureter during ejaculation, likely accounting for the referred pain.

DISCUSSION

The association between kidney stones and ejaculatory pain is a rare and intriguing clinical phenomenon that demands attention within the realm of urological practice. Understanding the mechanisms and clinical implications of nephrolithiasis-induced ejaculatory pain is crucial for both accurate diagnosis and optimal management. While the precise interplay between renal calculi and genitourinary symptoms is not fully

elucidated, emerging evidence suggests a complex relationship involving anatomical, neural, and inflammatory factors (6-9).

Throughout this article, we will explore the clinical nuances of nephrolithiasis-associated ejaculatory pain, emphasizing the importance of a thorough urological evaluation in cases where genitourinary symptoms coexist with renal stone disease. As the medical community strives to broaden its understanding of nephrolithiasis, this review aims to contribute valuable insights into an uncommon manifestation of a common condition, ultimately fostering improved clinical awareness, diagnostic accuracy, and patient care.

This case illustrates the atypical manifestations of renal colic, which typically presents with flank pain radiating towards the groin. Ejaculatory pain, while uncommon, can occur due to the close proximity of the ureters and seminal vesicles. Ejaculation triggers ureteral peristalsis, potentially causing stone movement and pain if it encounters an obstruction.

This case report serves as a reminder that the world of urology is a network of interconnected pathways, where seemingly unrelated symptoms can originate from a common source. By staying aware of atypical presentations and employing a comprehensive diagnostic approach, clinicians can navigate the maze of urological overlap and arrive at the definitive diagnosis, paving the way for appropriate treatment and improved patient outcomes.

REFERENCES

1. Peerapen P, Thongboonkerd V. Kidney Stone Prevention. Adv Nutr. 2023;14(3):555-569. doi:10.1016/j.advnut.2023.03.002
2. Siener R. Nutrition and Kidney Stone Disease. Nutrients. 2021;13(6):1917. Published 2021 Jun 3. doi:10.3390/nu13061917
3. Howles SA, Thakker RV. Genetics of kidney stone disease. Nat Rev Urol. 2020;17(7):407-421. doi:10.1038/s41585-020-0332-x
4. Thongprayoon C, Krambeck AE, Rule AD. Determining the true burden of kidney stone disease. Nat Rev Nephrol. 2020;16(12):736-746. doi:10.1038/s41581-020-0320-7
5. Wang M, Jian Z, Ma Y, Jin X, Li H, Wang K. Depression increases the risk of kidney stone: Results from the National Health and Nutrition Examination Survey 2007-2018 and Mendelian randomization analysis. J Affect Disord. 2022;312:17-21. doi:10.1016/j.jad.2022.06.008
6. Mehta M, Goldfarb DS, Nazzal L. The role of the microbiome in kidney stone formation. Int J Surg. 2016;36(Pt D):607-612. doi:10.1016/j.ijsu.2016.11.024
7. Goldfarb DS. Empiric therapy for kidney stones. Urolithiasis. 2019;47(1):107-113. doi:10.1007/s00240-018-1090-6
8. D'Costa MR, Pais VM, Rule AD. Leave no stone unturned: defining recurrence in kidney stone formers. Curr Opin Nephrol Hypertens. 2019;28(2):148-153. doi:10.1097/MNH.0000000000000478
9. Corbo J, Wang J. Kidney and Ureteral Stones. Emerg Med Clin North Am. 2019;37(4):637-648. doi:10.1016/j.emc.2019.07.004