Ejaculation with penile vibratory stimulation: 202 spinal cord injury patients

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Keywords: Penile vibratory stimulation; Spinal cord injury; Ejaculation

Introduction. – The aim of our prospective study was to evaluate the prevalence of ejaculation in SCI patients by penile vibratory stimulation, depending on level of injury, the Asia score, pharmacological treatment, voiding mode and disease duration since injury.

Patients and methods. – Our study focused on 202 SCI patients hospitalized from January 2007 to 2009 all with anejaculation. All patients underwent a neurological evaluation, an Asia score, a collection of pharmacological treatments associated with their voiding mode. They all had one or more vibratory sessions with sperm collection and systematic search of sperm in the urine.

Results. – 202 hospitalized SCI patients: 87 cervical lesions, 87 thoracic lesions and 82 lumbar-sacral lesions. 158 have an Asia score A, 28 a peripheral perineum operation, 125 are making intermittent catheterizations. 99 patients treated with anti-cholinergic and 70 with alpha-blocker treatment. 88 patients had at least 48 months of evolution since trauma and 114 over 60 months (60 to 240 months). 78 patients or 39% achieved an ejaculation by penile vibratory stimulation (31 anterograde, 53 anterograde and retrograde, 17% retrograde). The prevalence of ejaculation triggered by penile vibratory stimulation was better for high spinal cord damage (47% cervical, thoracic 35%, 25% lumbar-sacral). The results were better for patients with incomplete versus complete lesion (52% versus 35%) and for patients who urinated by percussion versus self-catheterization (50% vs. 33%) (S). The disease duration did not influence ejaculation (NS).

Discussion and conclusion. – Penile vibratory stimulation improves the possibilities of ejaculation for SCI patients. Our results are dependent on the level of the injury, the nature of complete or incomplete lesion, independent of disease duration since trauma, although in the literature, these notions are controversial. Treatments associated with voiding mode seem to play a significant role in ejaculation.

References

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Ejaculation with penile vibratory stimulation: 202 spinal cord injury patients

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Assessment of sexual function and orgasmic capacity of women with spinal cord injury

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Keywords: Orgasm; Vibrostimulation; Spinal cord injury; Midodrine

Following our previous studies on men, we have adapted our clinical protocol to assess the remaining sexual function of women with spinal cord injury (SCI). Our protocol involves an assessment of perineal sensitivity to help women acquiring a new mental image of their genitals, followed by an assessment of their sexual responses to natural stimulation, or vibrostimulation or vibrostimulation combined with midodrine (5–20mg). The results show that perineal assessment helps 85% of the patients and that 79% can reach orgasm with various forms of stimulation. Blood pressure changes during stimulation to orgasm showed that systolic blood pressure varied from 91 mmHg at baseline to 145 mmHg at orgasm to 103 mmHg at the end of the test. Diastolic blood pressure varied from 49 mmHg at baseline to 82 mmHg at orgasm to 68 mmHg at the end of the test, and heart rate from 68beat/min to 75beat/min to 72beat/min. The sensations described included 6.4 cardiovascular responses perceived at orgasm compared with 2.6 during sexual stimulation without orgasm, 11.4 muscular contractions perceived at orgasm compared with 7 without orgasm, 10 autonomic responses perceived at orgasm compared with 2.6 without orgasm and 1.4 dysreflexic responses perceived at orgasm compared with 0.6 without orgasm. The data are similar to those from men with SCI and validate the neurophysiological model of sexual function in patients with SCI (Funded by GENULF).

References

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Sexual disorders in 83 patients with systemic sclerosis

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Assessment of sexual function and orgasmic capacity of women with spinal cord injury

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References
Objective.— The objective of this first descriptive study was to evaluate the frequency of sexual disorders in a group of patients with systemic sclerosis (SSc), as well as their association with anxiety, depression, handicap and quality of life.

Patients and methods.— Eighty-three patients (69 women) answered a questionnaire sent by post between February and April, 2010, estimating the frequency of sexual disorders with a mean FSFI score of 15.7 ± 6.3 [2–26.1]. The values of its 6 domains were the following: desire 2.4 ± 1.3 [1.2–5.4], arousal 3.2 ± 1.5 [0–5.7], lubrication 3.8 ± 1.8 [0–6], orgasm 3.6 ± 1.7 [0–6], satisfaction 3.8 ± 1.7 [0.8–6] and pain 3.7 ± 2.1 [0–6]. These symptoms were associated with limitations due to the physical state evaluated by SF-36 (OR 0.828, 95% CI [0.714–0.961]) in women having a limited or cutaneous limited SSc. Eight among 9 men had an erectile dysfunction, with a mean IIEF score of 14.5 ± 6.5 [4–21].

Discussion and conclusion.— An English study [1] describes that 70% of SSc women had a FSFI score < 26.55. Bhadauria et al. [2] evaluating 60 SSc women, found vaginal dryness, urgencies, dyspareunia, decrease of the intensity and number of orgasm; besides the sclerodactyly, gastroesophageal reflux, muscular weakness, changes in tongue, nails and nipples making difficult contact and arousal; and a vaginal tightness altering penetration.

Finally, in SSc women, the frequency of the sexual disorders was comparable with that of an English population. In men, the low number of participants requires to be widened to allow solid conclusions.

References

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Latest advances in evaluation of autonomic dysfunctions following spinal cord injury

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Keywords: Spinal cord injury; Autonomic functions; International standards

It is well known that autonomic dysfunctions, including abnormal cardiovascular control, are common consequences of spinal cord injury (SCI) in humans. However, the International Standards for Neurologic Assessment, commonly referred to as the American Spinal Injury Association (ASIA) neurological examination, only evaluates motor and sensory functions following SCI. In order to improve the evaluation of autonomic function in individuals with SCI, and in the future to assess the effects of therapeutic interventions, ASIA and the International Spinal Cord Society (ISCoS) established a committee to develop a set of definitions and classifications for disorders of autonomic function in SCI. Four major areas were identified: general autonomic dysfunction, bowel, bladder and sexual dysfunctions. For each area, a comprehensive set of definitions was also identified. It is recommended that these dysfunctions following SCI be assessed and documented by clinicians. For example, among general autonomic dysfunctions the recognition and assessment of the following conditions should be performed: level of arterial blood pressure, presence of orthostatic hypotension, autonomic dysreflexia, arrhythmias, temperature dysregulation, sweating dysfunctions and broncho-pulmonary dysfunctions. Members of the committee propose that in the future, in addition to already established motor and sensory assessment standards, the assessment of autonomic functions be a part of clinical evaluation of individuals with SCI. Autonomic standards were recently translated into Chinese and have already been introduced into practice at numerous centres around the world. Finally, our clinical practice could also benefit from use of recently published series of SCI data sets focused on various aspects of autonomic functions.