

HOSTED BY



ELSEVIER

Contents lists available at ScienceDirect

## Sleep Science

journal homepage: [www.elsevier.com/locate/ssci](http://www.elsevier.com/locate/ssci)

## Case report

## Sexsomnia: A case of sleep masturbation documented by video-polysomnography in a young adult male with sleepwalking

Shih-Bin Yeh<sup>a,b</sup>, Carlos H. Schenck<sup>c,d,\*</sup><sup>a</sup> Department of Neurology (and Sleep Center), Changhua Christian Hospital Yun Lin Branch, Chiayi City, Taiwan, ROC<sup>b</sup> Department of Neurology (and Sleep Center), St Martin de Porres Hospital, Chiayi City, Taiwan, ROC<sup>c</sup> Minnesota Regional Sleep Disorders Center and Department of Psychiatry, Hennepin County Medical Center, 701 Park Ave. South, Minneapolis, MN 55415, USA<sup>d</sup> Department of Psychiatry, University of Minnesota Medical School, Minneapolis, MN, USA

## ARTICLE INFO

## Article history:

Received 9 April 2016

Received in revised form

25 May 2016

Accepted 30 May 2016

Available online 28 June 2016

## Keywords:

sexsomnia

Sexual behaviors in sleep

Masturbation

Parasomnia

Video-polysomnography

Shift work

NREM sleep

Sleepwalking

Clonazepam

## ABSTRACT

The first case of video-polysomnography (vPSG) documented sleep masturbation in a male is reported, and the second reported case of shift work induced sexsomnia. A 20 y.o. soldier with childhood sleepwalking (SW) developed sleep masturbation and SW triggered by military shift work. vPSG documented two episodes of sleep masturbation from N2 sleep in the fourth sleep cycle and from N3 sleep during the fifth sleep cycle. There was no sleep-disordered breathing nor periodic limb movements. vPSG thus confirmed confusional arousals from NREM sleep as the cause of the masturbation. Bedtime clonazepam therapy controlled the SW but not the masturbation.

© 2016 Brazilian Association of Sleep. Production and Hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Masturbation during sleep as a clinical disorder was first reported in 1986 [1]. A 34-year-old married man masturbated to ejaculation every night after being asleep for 2–3 h. The nightly sleep masturbation (from which he could not be aroused) occurred despite having sexual intercourse with his wife every evening before bedtime. There was considerable marital distress from the sleep masturbation. Video-polysomnography (vPSG) was not performed. The current peer-reviewed world literature on sleep masturbation as a parasomnia contains 11 cases (7 females, 4 males) [2,3]. Another three cases of sleep masturbation in females were mentioned in a recent abstract [4]. Only one prior case of sleep masturbation has been documented by vPSG, involving a 60-year-old woman whose sleep masturbation emerged during N3 sleep [5]. Her sleep masturbation emerged late in the course of a longstanding, complex parasomnia history, which is typical for most reported cases of sexual behaviors during sleep (i.e. sexsomnia; sleepsex) [2,3,6], apart from those cases associated with

obstructive sleep apnea [2,3,7]. We now report the first vPSG documented case of sleep masturbation in a male, which is also the second vPSG documented case of any form of sexsomnia. Shift work played a strong role in the emergence of the sleep masturbation.

## 2. Case report

A 20-year-old Taiwanese man serving obligatory military duty presented to the sleep clinic of S-B Y because of sleepwalking (SW) and sleep masturbation episodes on his military base. His SW history began at the age of 6 years, which remitted approximately 5 years later. After graduating from high school, he began serving his military duty. No SW occurred while he was a new recruit at the training base, when he had a regular sleep-wake schedule and no sleep deprivation. However, SW emerged soon after he left the new recruit training base to begin his formal soldier duties, standing sentry and going on military training missions that entailed a frequently irregular sleep-wake schedule and sleep deprivation. He was observed by other soldiers to have sleep talking and to engage in SW episodes to other bedrooms on the military base. Military personnel also observed that he would masturbate while asleep. When told about this, he did not believe it, but rather

\* Corresponding author at: Minnesota Regional Sleep Disorders Center, Hennepin County Medical Center, Minneapolis, MN, USA.

E-mail address: [schen010@umn.edu](mailto:schen010@umn.edu) (C.H. Schenck).

Peer review under responsibility of Brazilian Association of Sleep.

thought they were “just kidding around” with him. He was always completely amnesic for any observed episode of sleep masturbation. When he came home on holidays from the military, his mother also observed SW episodes, which prompted his presentation to the sleep clinic.

Medical history, and physical and neurologic examinations were negative, without birth injury, head trauma, loss of consciousness, psychiatric history or positive family sleep history. Brain MRI was normal.

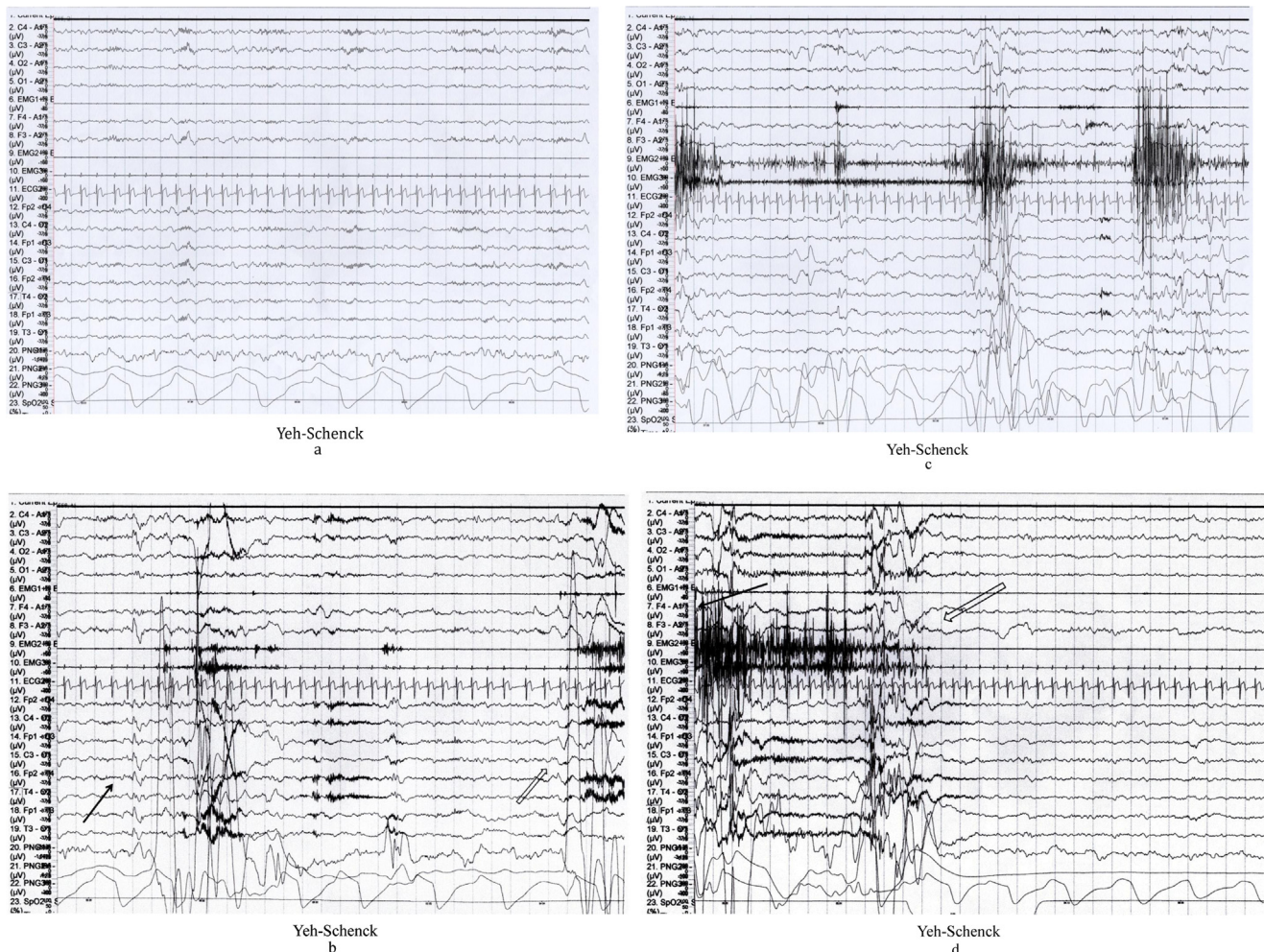
Overnight, hospital-based, vPSG monitoring was performed, utilizing standard recording and scoring methods [8]. This included eye movements; expanded EEG (seizure montage) with fast recording speeds; submental and anterior tibialis electromyograms (EMGs); airflow, chest and abdomen respiratory effort; electrocardiogram; and continuous time-synchronized audiovisual recording. He was not taking any medication. His sleep-wake schedule for the 4 days before the vPSG study was as follows: He had been sleep-deprived during the third and fourth days before the vPSG while standing sentry for the military at night, followed by daytime training missions. For the two days before the vPSG study, he slept at home from approximately 11 pm to 7 am.

There was one episode of sleep talking lasting 12 s during N3 sleep during the first sleep cycle, and two episodes of sleep

masturbation. The first episode of masturbation (5:37:48 a.m. to 5:40:21 a.m.) occurred from N2 sleep during the fourth sleep cycle (video 1; Fig. 1). The second episode of masturbation (6:34:22 a.m. to 6:39:15 a.m.) occurred from N3 sleep during the fifth sleep cycle (video 2; Fig. 2). A hypnogram depicts these two episodes of sleep masturbation during the overnight sleep cycling (Fig. 3). His body position was in the supine position during the two sleep masturbation episodes, and he remained in light sleep during both episodes (Figs. 1,2). Snoring occurred, without any sleep hypopnea/apnea or oxygen desaturation. Snoring was not the proximal trigger for either episode of sleep masturbation. In the morning, he was completely amnesic for his two episodes of sleep masturbation. REM sleep atonia was preserved, and there were no periodic limb movements. The macro sleep structure was intact over a total of five sleep cycles. Total sleep time was 5 h, 57.5 min. Sleep efficiency was 96.5%. Sleep latency was 6.5 min. REM latency was 78 min. Sleep stage distributions were N1, 3.0%; N2, 58.2%; N3, 15.2%; and stage REM, 21.1%. WASO (wake time after sleep onset) was 6.5 min. The sleep architecture was therefore normal.

Supplementary material related to this article can be found online at <http://dx.doi.org/10.1016/j.slsci.2016.05.009>.

The final diagnoses were SW, sexsomnia during confusional arousals as a NREM parasomnia [6], and sleep talking. Clonazepam,



**Fig. 1.** (a) Nocturnal polysomnogram (PSG) (30 s per epoch) during N2 sleep (epoch 555) immediately preceding the first sleep masturbation episode (epoch 556 – Fig. 1b). EEG montage (channels 12–19) shows K-complexes and spindles. The electrooculogram (channels 7–8) indicates no rapid eye movements. The electrocardiogram (channel 11) shows no change in heart rate. Channels 20–23 represent the nasal/oral airflow, chest respiratory effort, abdomen respiratory effort and O<sub>2</sub> saturation, which do not show any sleep apnea or oxygen desaturation during the epoch. (b) Onset of first sleep masturbation episode from N2 sleep (epoch 556). The spontaneous arousal began at 5:37:25 a.m. (solid arrow), and the masturbation started at 5:37:48 a.m. (hollow arrow). (c) Epoch 560 during the first episode of sleep masturbation. Light sleep persists during the masturbation. (d) The ending epoch (epoch 562) of the first episode of sleep masturbation. The patient partially arises from the bed and stops masturbating at 5:40:21 a.m. (solid arrow). He then lays down on the bed at 5:40:21 a.m. (hollow arrow), and continues sleeping.

Download English Version:

<https://daneshyari.com/en/article/3026582>

Download Persian Version:

<https://daneshyari.com/article/3026582>

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