

# A Comprehensive Review of the Clitoris and Its Role in Female Sexual Function

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## ABSTRACT

**Introduction.** The clitoris is often considered the female version of the penis and less studied compared to its male counterpart. Nonetheless, it carries the same importance in sexual functioning. While it has more recently been allocated the appreciation it deserves, the clitoris should be examined as a separate and unique entity.

**Aim.** To review clitoral anatomy, its role in sexual functioning, the controversies of vaginal eroticism and the female prostate, as well as address potential impacts of pelvic surgery on its function.

**Methods.** We examined available evidence (from 1950 until 2015) relating to clitoral anatomy, the clitoral role in sexual functioning, vaginal eroticism, female prostate, female genital mutilation/cutting, and surgical implications for the clitoris.

**Main Outcome Measures.** Main outcomes included an historical review of the clitoral anatomy and its role in sexual functioning, the controversies regarding vaginal sources of sexual function, and the impact of both reconstructive and nonmedical procedures on the clitoris.

**Results.** The intricate neurovasculature and multiplanar design of the clitoris contribute to its role in female sexual pleasure. Debate still remains over the exclusive role of the clitoris in orgasmic functioning. Normal sexual function may remain intact, however, after surgical procedures involving the clitoris and surrounding structures.

**Conclusions.** The clitoris is possibly the most critical organ for female sexual health. Its importance is highlighted by the fact that the practice of female genital cutting is often used to attenuate the female sexual response. While its significance may have been overshadowed in reports supporting vaginal eroticism, it remains pivotal to orgasmic functioning of most women. **Donna Mazloomdoost and Rachel N. Pauls. A comprehensive review of the clitoris and its role in female sexual function. Sex Med Rev 2015;3:245–263.**

**Key Words.** Clitoris; Orgasm; Sexual Function; G-spot; Female Ejaculation; Female Genital Mutilation

## Introduction

The clitoris is universally recognized as the focus for female sexual pleasure [1]. It bears an intricate and magnificent anatomy composed of internal and external structures. However, the clitoris has been plagued with poor representation and controversy throughout the ages. Despite interest in female sexual function dating to the time of Hippocrates, much of our current knowledge of clitoral anatomy and function has developed from recent studies [2,3]. Whereas

significant progress has been made, the clitoris is poorly characterized compared to its male counterparts. Indeed, the clitoris has been less studied than the penis and is often represented simply as a smaller version of that structure [4]. Confusion even exists as to the origin of its name; the word “clitoris” may have roots in Greek, Semitic, South Arabian, or Eastern African descent [5].

While the first documentation of the clitoris likely occurred centuries prior by Greek, Persian, and Arabic medical writers, both Realdo Colombo and Gabriele Falloppio claimed to have discovered

this anatomical structure in the sixteenth century [3]. Though they were not the first to describe the clitoris, these two anatomists may have given credence to its role in sexual function compared to prior descriptions [3]. Nonetheless, clitoral representation did not resemble modern depictions until the 19th century [4]. Labeling of the clitoris in medical texts then disappeared from the 1950s until the feminist movement in the 1970s. Its departure coincided with the time period in which Freud insisted the vaginally achieved orgasm was superior to clitoral orgasm (CO), perhaps influencing its removal from anatomical education. Freud claimed that the ability to achieve vaginally activated orgasms (VAOs) was central to a woman's psychological development; however, this idea was later refuted by the works of both Kinsey and Masters and Johnson [4].

When the clitoris returned to anatomical texts, the labels were often very simple. Depictions of the female genitalia largely focused on their role in male sexual enjoyment [4]. In the current century, however, the clitoris has become a symbol of the advocacy for women's rights in campaigns against female genital cutting (to be discussed later in this review) [6]. Emphasis on the clitoris has evolved, and more research has been dedicated to properly understanding this important organ. Furthermore, ability to view the clitoris in multiple dimensions using ultrasound, magnetic resonance imaging (MRI), and cadaveric dissections has enhanced our ability to characterize its anatomy.

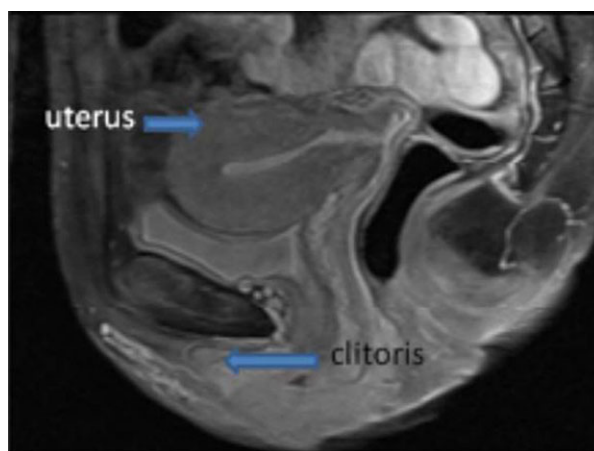
### Clitoral Anatomy

The clitoris is often misrepresented as a small structure, when it is in fact a multiplanar erectile organ located medial and inferior to the pubic arch and symphysis [7]. The clitoris has a "boomerang" appearance on MRI imaging, as it descends downward during its movement from the pubic bone into the adiposity of the mons (Figure 1) [8].

Given its multifaceted nature, it has been referred to as the "clitoral complex" [9,10]. The clitoris is best understood when divided into its individual components consisting of a glans, prepuce, body (or corpora), crura, bulbs, suspensory ligaments, and root (Figure 2) [11–13]. These elements and its neurovascular supply are pivotal to its role in sexual functioning [14].

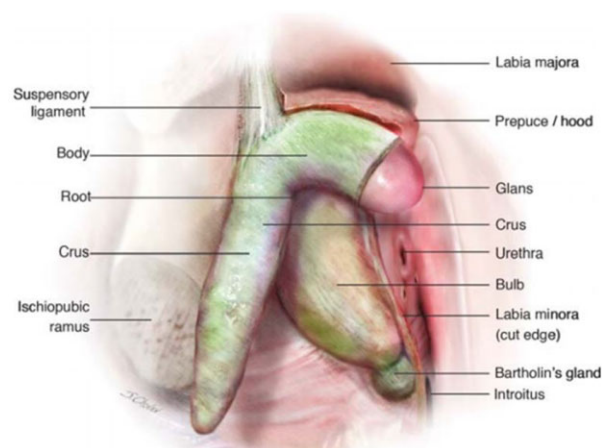
#### The Glans and Prepuce

The glans and prepuce are the visible portions of the clitoral complex. It lies externally and at the



**Figure 1** MRI image demonstrating the multiplanar structure of the clitoris.

superior apex of the vestibule. The prepuce covers the glans, which is otherwise in direct contact with skin, as no tunica albuginea (discussed later) exists there [15]. The prepuce is a skin covering formed by the labia minora and has been likened to penile foreskin [9,15]. The frenulum is a skin fold found posterior to the glans and marks the delineation of the prepuce and skin of the labia minora, which are otherwise continuous [13]. External measurements of the clitoral glans were recorded in 200 premenopausal women to develop standard normative dimensions. The mean transverse diameter of the glans was found to be  $3.4 \pm 1.0$  mm. The longitudinal diameter was  $5.1 \pm 1.4$  mm, and the total length described as  $16 \pm 4.3$  mm. Age, height, weight, and current use of oral contraceptives were found to have no impact on clitoral size; however,



**Figure 2** The components of the clitoral complex.

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