

Sexual Urological Emergencies

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ABSTRACT

Introduction. Sexual intercourse is often a reason for an emergency room visit because of urinary tract traumas.

Aim. To present an organized description of the most common urological emergencies during sexual intercourse and its management in emergency settings.

Methods. We reviewed the most common urological emergencies that occurred related to sexual intercourse. Our literature search was conducted in Medline, Embase, and Cochrane databases in October 2014 to identify the different sexual urological emergencies needing immediate care: type, etiology, presentation, radiologic and/or surgical intervention, and outcomes.

Main Outcome Measure. We identified original articles, review articles, and editorials addressing the subject, restricting the search to the last 14 years (2000–2014), also including additional papers, outside this time frame, that we believed to be relevant.

Results. Men of younger age were the most affected. Trauma to the genitourinary organs resulted primarily from autoeroticism and hetero and homosexual relations. The major pathologies we came to identify in this setting were: penile fractures, false penile fractures, penile strangulation, penile necrosis, and urethrovesical foreign bodies resulting from autoeroticism practices. We reviewed each one separately according the articles selected previously.

Conclusions. Sexual activity is mechanically dangerous, and it is not that uncommon for injuries to occur with patients referring to the emergency department for help. Young men are the most common group affected, with penile fracture being consistently the most common urological emergency concerning coitus. Some injuries concerning the low urinary tract or genitalia can usually be treated directly in the emergency department, whereas penile fracture or penile strangulation might need surgical intervention. Urethrovesical foreign bodies result mainly from sexual or autoeroticism practices and need individualized management. Emergency department personnel need to be trained in order to promptly recognize and manage these kinds of injuries. Rigorous data collection would surely improve treatment success and preventive strategies. **Gaspar SS, Dias JS, Martins F, and Lopes TM. Sexual urological emergencies. Sex Med Rev 2015;3:93–100.**

Key Words. Sexual Intercourse; Coitus; Urethra; Trauma; Sex-Related; Bladder; Urogenital Trauma; Urethral Foreign Bodies

Introduction

In a recent review from Morey et al. [1], published in August 2014, trauma is defined as an “injury caused by external force from a variety of mechanisms, including traffic- or transportation-related injuries, falls, assault (e.g., blunt weapon, stabbing, gunshot), explosions, and so on.” They continue by stating how it is the leading cause of death in younger people, a frequent cause of mor-

bidity and disability and, in respect to the genitourinary organs, the kidney being the most commonly injured organ. Sex-related trauma falls out of this definition, nor does it readily comes to mind when we talk about the most common urological emergencies. Indeed, sex or sexuality play a major role in gender relationship, physical and emotional health, and are also essential aspects of normal human function, general welfare, well-being, and quality of life [2–4]. Coitus, or sexual

intercourse, has its origin in the Latin *coire*, which means “go together” [5], and it represents the insertion of the erect penis into the vagina. It is nowadays used with a broader meaning, even indistinguishably when talking about homosexual or heterosexual intercourse, with anorectal penetration falling under the same definition. Sexual intercourse is often associated with specific morbidity and even mortality, especially when couples thrive for more intensity within their sexual lives. Given the proximity of the sexual organs to the lower urinary tract, urinary tract trauma (as well as of the sexual organs themselves) during sexual intercourse is often a reason for an emergency room visit, but this does not usually constitute an emergency, so to speak, needing immediate medical resolution. Our objective was to compile and review the most common urological emergencies that occurred during/following sexual intercourse or related to it and its management in an emergency setting.

Material and Methods

Literature search was conducted in Medline, Embase, and Cochrane databases in October 2014 in order to identify and categorize the different sexual urological emergencies, concerning its type, etiology, presentation, radiologic, and/or surgical intervention as well as outcomes. Publications not concerning humans were not considered, excluding any sexual practices with animals (bestialism). Only urologic emergencies, needing immediate care, and resulting from sexual activity were considered. We identified original articles, review articles, and editorials addressing the subject. All articles published in the English language were selected for screening. The online electronic literature search involved unrestricted, fully explored Medical Subject Headings using terms related to coitus-related trauma, and urogenital injuries also related to sexual intercourse, both in adult men and women. We based our search on the combination of the following search terms: “Sexual intercourse,” “coitus,” “urethra,” “trauma,” “foreign bodies,” “sex-related,” “bladder,” “urogenital trauma.” We restricted the publication dates to the last 14 years (2000–2014).

Two independent reviewers selected all relevant articles. The authors independently eliminated and simultaneously all duplicates. The relevant articles were selected on the basis of reading the full text manuscripts. The eligibility criteria for inclusion were based on relevance concerning

urological emergencies resulting from coitus (either of homosexual or heterosexual nature) or from the acts of eroticism or related to sex toys or devices. Irrelevant ones were excluded. If there was any doubt concerning the eligibility of a study, abstracts and/or the full text were examined. Additional papers were identified from the reference lists of these articles. Other reports, outside the time frame stipulated, that we believed were also important for contextualizing the problem in question were also included.

Results

The most common sexual-related injuries concerning etiology, epidemiology, clinical presentation, clinical and surgical management, as well as outcomes are presented. Men of younger age were the most affected. Trauma to the genitourinary organs resulted primarily from autoeroticism and hetero- and homosexual relations. The major pathologies we came to identify in this setting were: penile fractures, false penile fractures, penile strangulation, and penile necrosis, as well as urethrovaginal foreign bodies resulting from autoeroticism practices.

Discussion

A review published in 2013 [6] concerning genitourinary injuries that required a visit to the emergency department (from 2002 to 2010) involved about 142,144 adults. It is the largest review of this kind until now. The most common injuries were in men (69%), and the large majority involved the external genitalia. Sexual urological emergencies are not common. Most genitourinary injuries occurred with sporting or household items, with sex toys being responsible for 4.3% of all penile injuries. In another work from Pfortmueller et al. [4], which concerned admissions related to sexual activity for a total of 445 patients, 10.34% were of traumatic origin, with the most frequent trauma being a torn frenulum, followed by penile excoriation, penile hematoma, testicular torsion, penile pain, and scrotal pain.

According to Yacobi et al. [7], the most common injuries related to the urogenital organs are the ones that result from autoeroticism and hetero- and homosexual relations. In the first group, injury can be the result of constricting devices or the introduction of a foreign body in the urethra or the bladder. Penile fracture was the dominant complication associated with coitus. In

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