

# Sexual Emergencies in Pre-Menopausal and Menopausal Women

Alberto Dominguez-Bali<sup>1</sup>, Carlos Rey, Catherine Dominguez-Bali, Yanicka Shepherd<sup>1</sup>, Sarah Mourtada, Monica Pevida

## BACKGROUND/ SYNOPSIS

Sexual emergencies in pre-menopausal and menopausal women is a subject poorly studied and described in the medical literature. In these stages of life, not only for the practice of sex but, curiously, for the lack of it. They are seen as medical curiosities, but really, they are frequently found, and, on some occasions, they have a lethal prognosis.

## OBJECTIVE/PURPOSE

We present a collection of cases from our two centers, located in Miami, Florida, and the emergency room of the hospitals in which we work, showing an extensive and important number of conditions that affect almost every single area of the medical practice, involving gynecology, surgery, obstetrics, emergency medicine and less thought, cardiology, hematology, ophthalmology, and neurology. The spectrum of these disorders is extensive and not well known and they can vary according with the place, culture, and societies. We will provide the methods of diagnosis and treatment of this ample variety of conditions.

## METHODOLOGY

We used the charts and the cases evaluated and treated, in the emergency room of our hospitals and in the two centers in Miami, Florida, and we perform an extensive review of the literature for each pathology. A retrospective and prospective (in progress) review of the cases that we have seen during the last 25 years are presented.

## RESULTS

Our review includes. **I.** The common coital emergencies in neurology: benign coital headache, subarachnoid hemorrhage, intracerebral bleeding, subdural hemorrhage, cerebral vascular accidents and sudden facial paralysis; in urology: urethral vesical foreign bodies, obstructive uropathies, urethral lacerations, penile strangulation with ischemia and necrosis; in cardiology: sudden cardiac death, myocardial ischemia and infarction; in gynecology: vaginal lacerations and/or evisceration and death with previous gynecological surgeries, total vulvo/labial obliteration due to lack of sex for decades with urine retention and renal failure; in obstetrics: severe postpartum dyspareunia and bleeding secondary or not to episiotomy or vaginal lacerations, postcoital preterm labor, preterm rupture of membranes; in immunology: local or systemic anaphylactic allergic reactions. **II.** Common autoerotic emergencies in gastroenterology: foreign objects in rectum, vagina, oropharyngeal or mandibular lesions; in erotology: erotic and autoerotic asphyxiation. **III.** Sexual assault with all its consequences in men and women at any age from newborns to geriatric ages and from fondling to rape and assassination. **IV.** Sexual Dysfunctions: hyperactive arousal disorders (compulsive hunt for orgasms with/without attempt or real suicide), hypersexuality related to SSRI use. **V.** Sociosexual Issues: killings or castration for jealousy during sex and/or infidelity.

## CONCLUSION

Sexual emergencies are a very ample number of disorders that include many specialties of the medical field. The epidemiology of these pathologies varies from country to country, state to state, and includes women of any age, race, religion, and culture.

## CONTACT INFORMATION

Dr. Alberto Dominguez- Bali

adb@drdominguez-bali.com