

Medico-legal Concerns of Common Sexual Dysfunction in Partners among Egyptian Sample

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Abstract

Erectile dysfunction (ED) is defined as affection of erection; it ranges from mild to severe degree while impotence is an absolute erectile dysfunction. ED affects physical and psychosocial health and has a significant impact on the quality of life of sufferers and their partners and families. It is a common disorder of men; however vaginismus is a recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that affects the quality of life and sexual satisfaction level.

Objectives: The aim of the current study is to determine the real causes of common sexual dysfunction cases in Egyptian courts which the alleged male impotence and whether it is due to actual organic/vascular causes in male partner or vaginismus of the wife among Egyptian candidates.

Subjects & Methods: a comparative study was taken over between the processing of the researched cases on the level of the legal authority and that of the private sector, based on laboratory and radiological investigations to diagnose the causes of apareunia of the couples subject to research in both spouses.

Results: (96.7%) with incapability to perform the sexual intercourse were having the problem of vaginismus whereas a very small percentage of the husbands were suffering from an organic reason with variable degrees of erectile dysfunction (3.3%).

Conclusion & Recommendations: hymen is not a reliable sign to indicate male impotence, examination for vaginismus should be done in every case of alleged male impotence and examination for vaginismus.

Keywords: Male impotence, vaginismus, erectile dysfunction, legal institute, Egyptian candidates.

Introduction

Erectile dysfunction (ED) is the persistent inability to attain and/or maintain an erection sufficient to permit satisfactory sexual performance.⁽¹⁾

ED affects physical and psychosocial health and has a significant impact on the quality of life of sufferers and their partners and families. Studies of ED suggest that

approximately 20% of men have moderate to severe ED. It also, considers a common disorder of aging men with a prevalence of 5% in men 40 years of age, increasing to 25% at age 65 years and older.⁽²⁾

Infertility may be the result of sexual problems. Therefore, infertility examination should include an evaluation of couple's sexual behavior. In many cases, all infertility treatments have to be stopped and psychological aid has to be offered for sexual dysfunction.⁽³⁾

vaginismus is a recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that affects the quality of life and sexual satisfaction level of both the female and male partners and may be

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the actual cause of sexual problem. ⁽⁴⁾

Vaginismus may be classified as primary or secondary, partial or complete. Primary or lifelong vaginismus presents from the first attempt at penetration. In secondary or acquired vaginismus, a woman loses the ability to have intercourse following physical or psychological trauma, infection, menopausal changes, or pelvic pathology or simply any local pain. ⁽⁵⁾

Male sexual dysfunction as relates to their vaginismic partner may be either a result of or a reaction to the vaginismus. Frequently, the male partner of vaginismic patients develops secondary impotence as a reaction to their partner's disorder. ⁽⁶⁾

According to ⁽⁷⁾ who described the key symptoms of vaginismus as (a) difficult or impossible vaginal penetration for the majority of attempts, due to pelvic floor muscle tension; (b) avoidance of vaginal penetration in the majority of opportunities due to recurrent/chronic genital pain; and (c) significant anxiety (or panic) being primarily responsible for this avoidance; disgust, dread, or fear may also be experienced.

Materials and Method

Study population:

This is a comparative study including a retrospective cross sectional study of 23 alleged male impotence couples, that came for examination at the Authority of Forensic Medicine Administration, Ministry of Justice, Cairo - Egypt, age groups of the spouses were between 20 and 40 years compared to 120 couples that were examined in private sector, over a period of 24 month-time; age groups of the spouses were between 20 and 40 years.

Method:

In **group 1** concerning legal institute, a retrospective archive review was performed on all selected couples. The results were analyzed in terms of age of the husband, local examination of the husband genitalia, radiological investigations of the husband, local examination of the wife.

In **group 2** concerning private sector, investigations

were taken over to exclude the organic cause of male impotence like penile Doppler, and subsequent cavernosography and cavernosometry in indicated cases which showed affected penile arterial flow and/or venous leakage in the pictures and reports of the colored penile Doppler imaging. On the other hand, a neurophysiologic evaluation of the wives were taken over using a special vaginal probe to measure the tone of bulbospongiosus muscles to settle the presence or absence of "vaginismus".

Ethical Considerations:

The study approval was taken by the ethical review committee of medical research, Faculty of Medicine, Cairo University, Egypt and informed consent forms were obtained from all participants. The study information including the purpose and details were explained to participants of both groups.

Results

The state of intact hymen was examined in cases of alleged impotence; it had been found that the hymen is not a reliable sign to indicate male impotence with insignificant P value. As showed in (table 1), out of 23 couples who were examined in group 1; 10 of them were potent with 9 (90%) of their examined females had intact hymen, one (10%) had ruptured hymen and 13 of them were impotent; 9 (69.2%) of them had intact hymen, 4 (30.8%) of them had ruptured hymen.

Vaginismus was examined in female partners in group 2 in relation to male examination to assess the organic causes of male impotence (table 2) it shows that out of 120 couples that were examined, the results were surprisingly settling that the vast majority (116 of the couples) with incapability to perform the sexual intercourse were having the problem of vaginismus (96.7%) whereas a very small percentage of the husbands were suffering from an organic reason with variable degrees of erectile dysfunction (3.3%) besides another category of husbands complaining of psychological impotence secondary to vaginismus of the wife.

However in group1 out of 23 couples of alleged male impotence only one couple was examined for vaginismus with significant P value, which indicates

that examination for vaginismus should be done in every case of alleged male impotence, as in examination of the couples in group 2, organic causes of male ED were excluded after confirming vaginismus of the wife.

In table (3) the relation between vaginismus and ED as causes of alleged male impotence were shown, out of 23 couples in group 1; 13 of them had erectile dysfunction (56.5%) and 10 (43.5%) had no ED however in group 2 116 (96.7%) of couples had no ED, only 4 (3.3%) of them had ED with significant p value which indicate that the percentage of ED in the group 1 was higher than that in group 2 in which the most cases of alleged male impotence were vaginismus. It indicates that group 1 was deficient in searching for vaginismus as a cause of alleged male impotence and concentrated only on organic causes of ED, but in the second group, couples were examined for both vaginismus and organic causes of alleged male impotence.

In (table 4) the relation between venous duplex radiological findings and the existence of alleged male impotence in group 1 were shown, out of 23 examined couples; 7 of them were potent with normal venous duplex, 10 of them were impotent with affected abnormal venous duplex and 3 of them were impotent with normal venous duplex with significant P value which indicate that venous duplex is a reliable method in diagnosis of organic ED.

In (table 5) out of 23 couples in group 1 were examined using local injection of the penis as a method for identification of organic ED in diagnosis of cases of alleged male impotence; 13 cases were impotent; 6 (46.2%) of impotent cases had no local response, 2 (15.4%) of impotent cases had mild response, 3 (23.1%) had moderate response and 2 (15.4%) had complete response however in 10 potent cases; no cases (0%) had no response or mild response to local injection, one case (10%) had moderate response and 9 (90%) of cases had complete response to local injection with significant p value which indicate that local injection response of the penis is an effective method in diagnosis of organic ED.

Discussion

The alleged impotence of the husband has been a quite famous claim of so many wives over the history,

besides being a claimed reason for remaining virgin after the lapse of a variable duration of time after marriage.

The term “impotence” comes from Latin and means loss of power; a more accurate term is “erectile dysfunction.” Over the past decades, the causes of impotence had been shifted; almost all cases of impotence had been attributed to psychological factors. Now it is estimated that up to 85% of impotence cases are caused by medical or physical problems and 15% are psychologically based. It is often difficult to determine if the cause of erectile dysfunction is a physical or psychological one, or even some combination⁽⁸⁾

Whereas vaginismus is common in the cases of alleged male impotence; this is the narcissistic attitude which is common among the overprotective personalities and this is an alarm for considering other possible reasons for the non-penetration. Taking this matter of vaginismus into consideration saved a lot of marriages after its diagnosis and treatment, as Male sexual dysfunction as relates to their vaginismic partner may be either a result of or a reaction to the vaginismus. Frequently, the male partner of vaginistic patients develops secondary impotence as a reaction to their partner's disorder⁽⁵⁾

In this current study Total number of 23 couples (group 1) were examined in legal authority compared to 120 couples (group 2) were examined in private sector over a period of 24 month-time for alleged male impotence to determine the real causes of the alleged male impotence in courts and whether it is due to actual organic/vascular causes or vaginismus of the wife.

It had been found that the hymen is not a reliable sign to indicate male impotence, out of 23 couples who were examined in legal authority (10) of them were potent with 9 of their examined wives had intact hymen, one had ruptured hymen and (13) of them were impotent; 9 of their wives had intact hymen, 4 of their wives had ruptured hymen.

The hymen has no known biological function and its rupture is of no medical consequences. However, its psychological and cultural significance as a sign of virginity has been enormous. It may or may not be ruptured by sexual intercourse so it is not an accurate

indication of virginity or potency ⁽⁹⁾

Out of 120 couples in private sector that were examined for vaginismus, the vast majority 116(96.7%) of the couples had incapability to perform the sexual intercourse, they were having the problem of vaginismus in their female partners whereas a very small percentage of the husbands were suffering from an organic reason with variable degrees of erectile dysfunction (3.3%) besides another category of husbands complaining of psychological impotence secondary to vaginismus of the wife.

The prevalence of vaginismus among women reporting sexual problems or seeking sex therapy is estimated between 5% and 42% and due to the sensitive nature of the condition, there may be many women affected who never seek clinical attention. So, despite its widespread occurrence, vaginismus has ever been enormous under-research.⁽¹⁰⁾

⁽⁵⁾Found in their research that women with vaginismus avoided sexual intercourse; they had history in their family and among close relatives, also they found inadequacy in their partners' level of sexual knowledge. They had typical fears and they had problems in all other domains of sexual function as well as the vaginal entry.

However in the group examined in the legal authority, out of 23 couples of alleged male impotence, only one couple was examined for vaginismus but all cases were examined for organic causes of male impotence, this indicates that examination for vaginismus should be done in every case of alleged male impotence after exclusion of organic ED which is deficient in that group examination.

In legal authority group males were examined by venous duplex for organic ED and it was found that out of 23 examined couples; 7 of them were potent with normal venous duplex, 10 of them were impotent with affected abnormal venous duplex and 3 of them were impotent with normal venous duplex.

Men with sexual dysfunctions above 55 years of age and comorbidities are more likely to have multi-organ vascular dysfunction and may necessitate further testing because erectile failure may be the first presenting

symptom requiring investigation and treatment even in the absence of cardiovascular risk factors so patients should be offered ultrasonography penile blood flow studies before referral to surgery or more invasive vascular investigations.⁽²⁾

Almost 30% of erectile dysfunction is due to the presence of systemic disease which affects the blood supply to the penis resulting in impaired erection or complete impotence. Penile color-coded duplex sonography (CCDS) combined with the pharmac-erection test represents a first-line noninvasive approach to investigate arterial and veno-occlusive function. The combined investigation of power and standard color Doppler ultrasound may yield more details of penile vascular anatomy.⁽¹⁾

The revealed results percentage of examined males for ED in private sector was (3.3%) while in the legal authority was (56.5%) which indicate that the main examination in the legal authority is for organic impotence without exclusion of other causes like vaginismus which is one of the most important causes of secondary male impotence and failed sexual relation while in private sector, there was examination for both male and female partners and exclusion of all possible causes.

Out of 23 couples in legal authority were examined using local injection of the penis as a method for identification of organic ED; (13) cases were impotent; 6 of impotent cases had no local response, 2 cases had mild response, 3 cases had moderate response and 2 cases had complete response however in (10) potent cases; no cases had no response or mild response to local injection, one case had moderate response and 9 cases had complete response to local injection

The intracavernous injection test gives limited information about vascular status. A positive test is a rigid erectile response (unable to bend the penis) that appears within 10 min after the intracavernous injection and lasts for 30 min. This response indicates function and the erection may coexist with arterial insufficiency and/or veno-occlusive dysfunction. The test is inconclusive as a diagnostic procedure and duplex Doppler study of the penis should be requested, if clinically warranted.⁽¹¹⁾

CONCLUSION AND RECOMMENDATIONS

The Current study distinguishes itself from other studies by the selectivity of the population. To reach trustworthy results, this comparative study was taken over between the processing of the researched cases on the level of the legal authority and that of the private sector, based on laboratory and radiological investigations to diagnose the causes of apareunia of the couples subject to research in both spouses.

All cases of alleged male impotence should be examined for all impotence causes, taking into consideration of vaginismus as one of the main causes which should not to be missed and psychological male dysfunction secondary to vaginismus and this detailed examination should be considered in legal authority beside private section.

Vascular affection is one of the main causes of organic male dysfunction especially venous disorders; it is diagnosed using penile duplex.

Conclusively hymen is not an accurate parameter of virginity or potency

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