

Orgasm Induced Seizures: A Rare Phenomenon

[SP Chaukimath](#) and [PS Patil](#)¹

Department of Psychiatry, Shri B.M. Patil Medical College, BLDE University, Vijayapura, Karnataka, India

¹*Internee, Department of Medicine, Bangalore Medical College and Research Institute, Bengaluru, Karnataka, India*

Address for correspondence: Prof. Shivakumar P. Chaukimath, Department of Psychiatry, Shri B.M. Patil Medical College, BLDE University, Bangaramma Sajjan Campus, Solapur Road, Vijayapura, Karnataka, India. E-mail: spchaukimath@yahoo.com

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Abstract

A variety of stimuli can cause reflex seizures, Some triggers include light, music and cognitive phenomenon. There are case reports however where the phenomenon of sexual activity has been a trigger for epileptic seizures. Most of these cases reported are in women so far, and were found to be localized to right cerebral hemisphere. We report a case of a 36-year-old male with orgasm-induced seizures, with other atypical features compared to majority of previous reports.

Keywords: Orgasm, Orgasmic seizures, Reflex epilepsy

Introduction

Reflex seizures are well known entities developing in response to a discrete or specific stimulus. Reflex seizures are the ones that “Objectively and consistently are demonstrated to be evoked by a specific afferent stimulus or by the activity of the patient. Afferent stimuli can be: Elementary, that is, unstructured (such as light flashes and startle) or elaborate, that is, structured. Activity may be elementary, e.g. motor (a movement); or elaborate, e.g. cognitive function (reading and chess playing), or both (reading aloud).”^[1] Photosensitive epilepsy is the most common type of this kind of epilepsy. Reflex seizures have 5–6% prevalence among patients with epilepsies.^[2] In patients with reflex seizures, probably there are regions of cortical hyper excitability that overlap with the areas activated during sensory stimulations. When this part gets activated in response to a reflex

stimulus, it may lead to partial or generalized seizures.[3] Sexual orgasm is not recognized as a stimulus for reflex epilepsy according to the International League against Epilepsy. Seizures evoked by sexual orgasms were the first reported in 1960[4] followed by few more case reports and a six case series.[5] We report a male patient who initially had only orgasm induced seizures and presented with atypical features.

Case Report

A 36-year-old male reported with a history of seizures following sexual intercourse. He was married for 15 years and had normal sexual interactions till about 5 years ago. He reported episodes of loss of consciousness and falling on his wife immediately after ejaculation. It was followed by tonic clonic movements in all four limbs as reported by his wife. Each episode lasted a few minutes. He would feel the heaviness in his head and dazed feeling after regaining his consciousness. He did not report feeling any discomfort during foreplay and the initial part of sex. This continued after every act of sexual intercourse and ejaculation leading to a gradual reduction in the frequency of sexual intercourses. It led to marital strain and feeling of frustration and helplessness in the patient. These seizures were seen exclusively after sexual intercourse initially, and 3 years later he reported experiencing 5–6 episodes during which he dropped objects held in hand, was unresponsive and slumped to the ground, each lasting few seconds. It happened at different times of the day and was not associated with the sexual interaction. His neurological examination did not reveal any significant finding. There was no history of any head trauma in the past. He never consumed alcohol or any other substance of abuse, and he was not taking any other medication other than antiepileptic.

Interictal electroencephalograms done during earlier consultations at different places were normal. Computed tomography scan and magnetic resonance imaging (T-3) testing of the brain revealed no structural abnormality. His blood examination findings were normal. At various places, he was treated with phenytoin sodium and clobazam with no change in frequency of the seizures. We added sodium valproate and levetiracetam and gradually increased the dosage of both the drugs to 1000 mg/day, He responded well and seizures were under controlled totally. Three months after initiation of treatment patient reported great relief as seizures were controlled and his marital relationship improved.

Discussion

Galen recognized forms of seizures provoked by a specific stimulus in the second century AD, numerous types of reflex seizures have been reported since then[3] seizures and sex are related to each other in different ways, somatosensory seizures can cause vaginal sensations. Orgasm as the aura is reported in several case reports. It is also suggested that orgasmic aura has the lateralizing sign to the right hemisphere. A case series reported six out of seven cases having lateralization to right hemisphere most of these among women.[6]

Orgasm acting as a trigger for seizures is less frequently reported though various other sensory and cognitive stimuli are well known in reflex epilepsies. The majority of the cases reported are in women again and they are usually complex partial seizures with localization in right hemisphere.[7,8] Various lesions such as posttraumatic scarring,[7] hippocampal sclerosis,[8] were revealed in neuroimaging. It is postulated these seizures arise from right hemisphere and this is the locus for human sexual experience. Autonomic changes during orgasm may provoke seizure from this hyper excitable epileptogenic area.[8]

Our case is different in many aspects, being a male patient with generalized tonic clonic seizures which initially occurred exclusively at orgasm. The neuroimaging did not reveal any structural defects. He showed excellent response to treatment in contrast to partial or no response to treatment in several case reports.[8]

This case adds to the phenomenon of orgasm being a trigger for reflex seizures though quite uncommonly reported so far. There is a need to recognize it as a possible stimulus as patients on their part may be reluctant to disclose it. These seizures cause great personal distress and significantly affect marital relationships. Though female preponderance and partial seizures is the pattern so far, our patient has shown that atypical presentation can happen.

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Conflicts of interest

There are no conflicts of interest.

References

1. Blume WT, Lüders HO, Mizrahi E, Tassinari C, van Emde Boas W, Engel J., Jr Glossary of descriptive terminology for ictal semiology: Report of the ILAE task force on classification and terminology. *Epilepsia*. 2001;42:1212–8. [PubMed: 11580774]
2. Ritaccio AL. Reflex seizures. *Neurol Clin*. 1994;12:57–83. [PubMed: 8183213]
3. Ferlazzo E, Zifkin BG, Andermann E, Andermann F. Cortical triggers in generalized reflex seizures and epilepsies. *Brain*. 2005;128(Pt 4):700–10. [PubMed: 15728654]
4. Hoenig J, Hamilton CM. Epilepsy and sexual orgasm. *Acta Psychiatr Neurol Scand*. 1960;35:448–56.
5. Ozkara C, Ozdemir S, Yilmaz A, Uzan M, Yeni N, Ozmen M. Orgasm-induced seizures: A study of six patients. *Epilepsia*. 2006;47:2193–7. [PubMed: 17201724]
6. Janszky J, Ebner A, Szupera Z, Schulz R, Hollo A, Szücs A, et al. Orgasmic aura – A report of seven cases. *Seizure*. 2004;13:441–4. [PubMed: 15276150]
7. Sengupta A, Mahmoud A, Tun SZ, Goulding P. Orgasm-induced seizures: Male studied with ictal electroencephalography. *Seizure*. 2010;19:306–9. [PubMed: 20471288]

8. Bancaud J, Favel P, Bonis A, Bordas-Ferrer M, Miravet J, Talairach J. Paroxysmal sexual manifestations and temporal epilepsy. *Electroencephalogr Clin Neurophysiol.* 1971;30:371. [PubMed: 4103564]

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